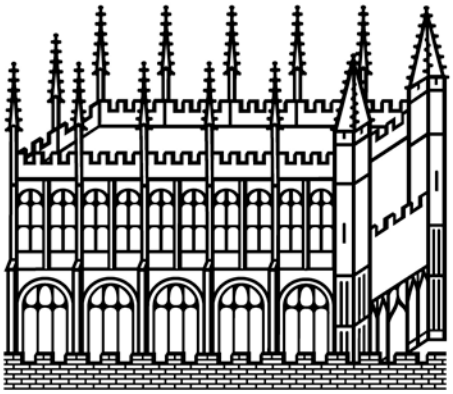

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Original Communications.

IMPAIRMENT, OR LOSS OF VISION, FROM SPINAL CONCUSSION, OR SHOCK. (a)

By Jabez Hogg,

Surgeon to the Royal Westminster Ophthalmic Hospital, &c.

(*Continued from p. 531 of last Vol.*)

Case X.—*Railway Injury—Rapid Development of Symptoms—Cataract—Retino-Choroiditis.*—Mrs. S., æt. 60, was riding in a second-class railway carriage on the North-Eastern line, March, 1871, when a collision occurred, and she was thrown with considerable force against the opposite side of the compartment. She was stunned, shaken, and her forehead much bruised. She became nervous, and out of health, and remained under medical treatment for some weeks. Up to the time of the accident Mrs. S. had been a good business woman, had successfully conducted for some years a pawnbroker's shop, but was now quite incapacitated, indeed, could not see to read, and barely write her name, and could no longer conduct her business. In March, 1872, I was requested to see her in consultation with Mr. Welford, of Sunderland; she required at this time assistance to get about ; the left eye was cataractous, sight was totally obscured, and in the right large quantities of pigment were seen moving about, retino-choroiditis, threatening total blindness. Mr. Welford, who had attended Mrs. S. for some years, had not noticed cataract ; on the contrary, he always believed she had good sight, for she had not required glasses. I attributed her loss of sight to the blow on the forehead, which affected the nutrition of the eye, was in fact the cause of the pigmentary retinitis through implication and irritation of the fifth nerve.

Mr. Welford has lately furnished me with further particulars of Mrs. S.'s present state. It appears that when at church one Sunday evening in September last she was seized with sudden blindness of the right eye. Although feeling poorly and fatigued she insisted upon going to church, where she suddenly saw "a black-pall fall down before her eye." The next morning she could not tell whether it was day or night. The pupil was much contracted. Iodide of potassim in 5-gr. doses, and tincture of belladonna 5 drops three times a day was continued for a month, when sight began gradually to return, for she saw the hour by the clock, and could distinguish coin, a sovereign from a shilling.

Case XI.—*Railway Injury producing Anæmia of the Cord—Hysterical Spine—Partial Recovery.*—Mr. W. H. M., æt. 38, a post-office travelling clerk, in a collision, June 28, 1871, between Derby and Newcastle. He was at the moment occupied at his desk, when he was thrown forwards and backwards, falling flat on his back. He soon recovered his feet, and although shaken, was able to proceed on his journey. It was not until after his return journey to Derby he discovered that his back was much hurt ; he was passing a large quantity of pale-coloured urine, and his bowels were confined ; had suffered from piles. Mr. Fowles, his ordinary medical attendant, made a careful examination of his person, and found several bruises about the lumbar region. He then complained of headache, giddiness, loss of sight, and palpitation of the heart, which confined him to his room for three or four weeks, when he was seen by the medical officer of the railway company and also by Dr. Waller Lewis, who recommended rest, sea air, &c. No change occurred, however, in his symptoms ; he was frequently subject to violent attacks of palpitation of the heart, and was very hysterical. Dr. Lewis again saw him in consultation, and reported him unfit for duty.

His impaired vision had caused both himself and wife considerable anxiety, and on the 19th of August he consulted me. I learnt that three years previously he had been an unfortunate victim in an accident near the Camden Town Station, and since then had suffered from almost constant headache and sleeplessness. He was often unable to control his movements, and had therefore been obliged to constantly resort to narcotics. Manifest hyperme-

(a) A paper read at the Medical Society of London, Nov. 8th, 1875.

tropia was present in his case, and he required + 36 glasses to neutralise it; even then he was unable to read for more than a few minutes without fatigue. This power was increased to + 18, and about the same time hyperæmia of the retina was observed. He now appeared to be suffering from considerable functional disturbance, was extremely hysterical, and indulged in fits of crying. The impairment of vision I thought in some measure due to the hysterical symptoms, and ventured to predict his ultimate recovery. On inquiry a few weeks since, and nearly five years after the accident, I was informed that Mr. M.'s hysterical condition much affected his general health, and that during the year 1871 he was off duty, on sick leave, 139 days. In 1872 he was in another slight accident on the Midland Railway, and was off duty 186 days. In 1873 he was off duty 52 days; in 1874 he was only away during the usual official holiday; and in 1875 was away on sick leave for 74 days. I look upon his case as a good example of hysteria or anæmia of the spine.

CASE XII.—*Tramway Accident—no Direct Injury to Head or Spine—Gradual Development of Symptoms—Palsy and Anæsthesia on one Side; Hyperæsthesia of the other—Slow Recovery.*—Mr. W. B——, æt. 34, on the evening of the 16th of January, 1874, was on his way to an evening party when the brougham in which he was riding was caught by a tram-car, and turneed over. Mr. B. was riding with his back to the horse, his two sisters sitting opposite to him, and when extricated was lying under them. They were all taken out through the window, and as the accident occurred close to the friend's house they received immediate attention. After a short interval of rest Mr. B. felt able to join in the dance, which was kept up until three in the morning. He returned home, and although feeling a little bruised and sore, he went off as usual to business. In the course of the afternoon, and about eighteen hours after the accident, he felt ill, pains in his limbs, numbness in the right hand, and a feeling of nausea. On the following day, the 19th, these symptoms increased, and in addition he experienced difficulty in swallowing, with severe pains about the lower cervical and upper dorsal regions. The right hand became paralysed and anæsthetic, while the left was hyperæsthetic. He felt every breath of cold air, even moving the bedclothes produced a shudder—"a feeling as if scalded ice was touching him." On the 20th he lost power over the right leg, and the palsy appeared to be gradually creeping over him; the sphincters were unaffected. His condition at the end of a week was pitiable and alarming in the extreme, and I was requested to see him in consultation with the family attendant Mr. Llewellyn.

I found Mr. B. lying in a perfectly supine position, breathing hurriedly, and scarcely able to reply to my questions; he was very hysterical, and sobbed when I asked him to give me his hand to feel his pulse, he was conscious of being unable to raise it. He answered with considerable hesitation, and spoke in a low feeble voice. The temperature of the two extremities differed as much as two and two and a-half degrees, that of the right being 90°, and the left 92½°. He complained of great pain in the head, and which extended down to the shoulders; his head required to be supported on either side by pillows; hearing on the right side was much duller than on the left, indeed, the loss of sensation on this side was very marked. Full doses of morphia were required to allay pain and secure sleep.

On my attempting to examine the eyes with the ophthalmoscope the ray of light from a candle produced lachrymation, photophobia was intense, and I was obliged to desist. There was no paralysis of the sphincters; his brain was bright and clear, and he pressed me to tell him whether I considered him in much danger. We insisted upon perfect rest, ordered nourishment and stimulants to be constantly administered, and prescribed full doses of iodide of potassium.

Ten days afterwards I again saw him, and heard that Dr. Moxam had in the interval been called in, and concurred in the treatment. He was now slightly better, could, with some effort, move his right foot; there was less lachrymation and intolerance of light, and I was able to examine the internal eye. The disc and fundus of the right was much inflamed, and on the outer peripheral margin several capillary hæmorrhages were seen. The fundus of the left seemed to be obscured by some opacity, probably of the vitreous, inflammation of the vitreous body. The light, however, much distressed him, and I was obliged to desist; vision was certainly not so good in this eye.

Ten days elapsed before I saw him again, when he was more cheerful; could move his right leg and hand; the tenderness about the cervical region had much subsided; sleep was more natural; the removal of the bed-clothes no longer gave annoyance. Bowels a good deal constipated, doubtless from the quantity of morphia administered; on the whole satisfactorily progressing.

Ten weeks after the receipt of injury I again saw him; he was then lying on a sofa near the fire; could bear removal daily from bed; the extremities were fast recovering sensation, and he was able to raise his right hand and arm; hearing was improving, and he could rotate his head without causing pain; was still unable to sleep without morphia.

Clinical Records.

DIVISION OF THE EXTERNAL LATERAL LIGAMENT OF THE KNEE. (*a*)

By Mr. J. E. KELLY,

Surgeon to the Jervis Street Hospital; Professor of Anatomy and Physiology, Ledwich School of Medicine, Dublin, &c.

As this operation, proposed by Langenbeck, and performed by him, Bilroth, and others, is comparatively rare among us, the following cases may be interesting.

Genu valgum, or knock-knee, when existing to a high degree, is notably intractable to minor orthopædic treatment. The firmness of the joint and the difficulty of applying efficient pressure in an advantageous direction constitute such formidable obstacles that any addition to our resources should be most welcome. A cursory glance at the mechanism of the deformity will clearly show the advantages of Langenbeck's operation. Like the other distortions due to the disturbed growth of bone or modelling pressure, it generally commences before puberty, and presents the same series of phenomena. Waving the question of the causative association of rachitis with this deformity, when a child begins to walk it widely separates its feet in the effort to maintain the erect posture; the structures on the inner side of the knee are necessarily strained, and if they are deficient in normal tonicity or resistance, they yield. Their extension is associated with a corresponding relaxation of the structures on the outside of the joint, which quickly adapt themselves to this condition by permanently contracting. Diminution of the tibio-femoral angle is consequent on the separation of the inner condyles of the femur and the tibia, and all the weight of the body is borne by the external condyles, until the entire articular surfaces are again allowed to coincide by the process of modelling pressure affecting the young bone. Thus is the deformity rendered permanent, and it is also progressive, as, in proportion to the diminution of the tibio-femoral angle, the influences which caused the lesion become more favourably circumstanced for manifestation. An additional distorting force is introduced by the direction in which the biceps femoris and the other muscles of the outer group act when the deformity is established.

The first factor in the production of the deformity is relaxation and contraction of the internal and external lateral ligaments respectively, together with the neighbouring structures; the second, the modelling pressure on the

(*a*) Read before the Surgical Society of Ireland, Dec.

bones; and the third, the action of the external group of muscles. The treatment of the disease rationally aims at reversing the first and second of these factors, and removing the third. By section of the external lateral ligament its artificial relaxation is obtained, and the internal ligament is allowed to contract; the judicious application of mechanical apparatus reverses the modelling pressure by removing it from the outer to the inner condyles; the division of the tendon of the biceps removes the principal disturbing muscular force.

I have subcutaneously divided the external lateral ligament four times in three patients. I shall briefly communicate the interesting details of these cases :—

CASE I.—John ——, æt 4, a very delicate child, might well be described, as Scarron summed up his own deformities, as resembling the letter Z. He was unable to walk except when clutching a stick or some person's clothes. He had genu valgum on the right side and genu varum on the left; his pelvis was oblique, and he had well-developed scoliosis, or lateral spinal curvature. The distortion commenced in the right leg, and was detected shortly after the child commenced to walk. In a little time the left leg became affected, and the spine curved; both of those were evidently compensatory to the primary distortion. My first efforts were directed towards mechanical treatment, but the results were negative. I then divided the external lateral ligament of the right knee, and reapplied the same apparatus which had been so ineffectual previously. The child quickly acquired the power of walking, and continues to improve daily. The limbs have become muscular, and when he played with his brother I have confounded them more than once, until a direct examination of the limb enabled me to recognise my little patient.

CASE II.—Mary ——, æt. 14, of a heavy leucophlegmatic temperament, may be regarded as a most unfavourable subject for such an operation. I divided both external ligaments, and applied a double apparatus. The accompanying woodcuts, taken from photographs in my possession, convey the best idea of the case and the results. She can now run up and down stairs, and is as active as most girls of her age and temperament. By the operation her stature has been considerably increased.

CASE III.—James ——, æt. 12, had recovered with ankylosis from suppurative articular inflammation. Although the case was one of little promise, I operated as a measure preparatory to subsequent mechanical treatment. The case passed from under my care, but I am satisfied the indication, if properly applied, will be most useful.

The section of the external lateral ligament is made close to the head of the fibula, where, typically, a space intervenes between the adjacent synovial membranes of the knee and of the tibio-fibular articulations. This space is sometimes obliterated by the communication of the two synovial cavities. When it exists it is bounded above by the synovial membrane of the knee-joint, below by that of the peroneo-tibial articulation, internally by the external surface of the condyle of the tibia, and externally by the external lateral ligament and the closely-associated tendon of the biceps femoris. Across the space, and in the track of the knife, passes the inferior external articular artery, and closely along its posterior margin runs the external popliteal nerve. The penetration of the knee-joint does not appear of any moment in the operation, as, at least, in some of the cases on record, in fact, in all, unless this space is selected, it must have occurred without any record of special symptoms arising during the course of the convalescence. In one case, owing to the free hæmorrhage, I am satisfied that the above-mentioned artery had been divided. In this instance nothing unusual manifested itself. The third structure meriting special mention is the external popliteal nerve, which, I need hardly say, lies close to the tendon of the biceps muscle, behind which the knife enters. A little practice will educate the touch to recognise the nerve as it slips from under the finger. Immediately as the nerve slips away, the knife must be entered boldly and carried down almost to the surface of the tibia, and then pushed forward until its point projects under the skin, when the section must be made. If the knife be not passed deeply the strongest portion of the ligament will be left intact. A slight lateral movement will test the efficiency of the section, and if it should be found insufficient, the operation may be immediately completed, or postponed for a short time. Remembering the proximity of the external articular artery, and with a view of preventing hæmorrhage into the knee-joint if the latter should be opened, I am in the habit of binding a narrow pad very firmly along the course of the incision. In my earlier cases I applied ice most sedulously for a few days, but I have ceased to regard it as a necessary procedure. Four or five days after the operation the splints may be applied. With regard to the mechanical apparatus, very few points merit our attention, owing to the simplest being most efficient. Fixity in a position exactly subtending the tibio-femoral angle is the main point; the slightest lateralisation immeasurably lessens the utility of the apparatus, or renders it absolutely useless. I have attained this important object by the use of the ordinary pelvic girdle and a socket in the boot, a little anterior to the heel. The connecting bar may have an ankle and hip hinge, but it must have none at the knee, as the slightest flexion of the knee-joint enables the patient to evade pressure. If rapid extension of the limb were important, it might be attained by the division of the resisting bands of the fascia lata, especially of that serving as the point of attachment for the tensor vaginæ femoris. It may be desirable, except in extreme cases, to retain these powerful connecting structures, and they are useful in directing the mechanical force or pressure to the inner condyles.

THERE were an extraordinary number of accidents necessitating surgical interference in London last week; in three days no less than 50 serious accidents were taken to St. Thomas's Hospital alone.

DURING the year now closing some rare examples of old age have been recorded, says the *Standard*, among the Fellows of the Royal College of Surgeons of England, four having died whose united ages amounted to 376 years, thus giving an average of 94 years to each persor. Their respective names and ages were as follows :—R. Stanley Ireland, of Dublin, 96, diploma dated June, 1801; James Snow, of Lincoln, 95, April, 1802; James Dawson, of Ambleside, 95, February, 1805; and Henry Franklin, C.B., Inspector-General of Army Hospitals, 90, February, 1812.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE Society held its second meeting on Friday, the 10th of December, at the Royal College of Surgeons in Ireland, the President of the College in the chair.

Mr. J. E. KELLY read a communication on

DIVISION OF THE EXTERNAL LATERAL LIGAMENT OF THE KNEE,

which will be found at page 2. In the succeeding discussion,

Dr. M'SWINEY said he thought it was due to his colleague to say that he had the advantage of seeing one of the cases before the operation, when the deformity was fully as great as it was represented in the woodcut. He was also present at the operation, and saw the girl some eight or ten months after it, and the improvement was fully as great as shown in the woodcut. Judging from the case, he saw nothing that could be more complete or satisfactory than the operation was.

Dr. ROBERT MCDONNELL said he did not rise with the view of discussing the paper read by Mr. Kelly. He desired to say that he also had had an opportunity of seeing the case, not before, but after the operation, and he must say that the result was extremely satisfactory. The limbs were quite straight, and the woodcut gave a correct and truthful idea of the improvement which had taken place. The account he got of the case and the examination he had made quite satisfied him with regard to the advantages of the operation,

The PRESIDENT remarked to Mr. Kelly that there was nothing to reply to, and Mr. Kelly being of the same opinion,

The PRESIDENT, before calling on Dr. Haughton to read his paper on "Suspension," said that as the communication would occupy more time than was allowed according to the rules of the Society, he would ask the members to suspend the standing orders in order that he would not have to interrupt Dr. Haughton.

The standing orders were accordingly suspended.

Dr. HAUGHTON then inquired whether there were any reporters of the daily public press present, as if there were he would have to decline entering upon the subject of his paper.

Mr. WILLS RICHARDSON replied that there were no reporters present except the one appointed by the Society.

Dr. HAUGHTON said his reason for making inquiry was that he had been asked by several societies, both in London and Dublin—and it would be no dishonour to this Society to say that they occupied a higher position than it did—to read this paper before them, and he had refused, on the ground that he would not be made the instrument of gratifying a morbid curiosity. He wished emphatically to say that his paper would never have seen the light if it was not that he was persuaded that this was a proper audience before which to lay it, and that his reading it to-night might serve in the future some important ends.

ON A COMPARISON OF THE ROPES WHICH HANGED KILKENNY, CARR, AND MONTGOMERY, WITH PRACTICAL DEDUCTIONS THEREFROM.

The Reverend Professor HAUGHTON, F.T.C.D., F.R.C.S.I. (*Hon. Caus.*), said—There was no young man entering the medical profession, and seeking his career in the army, as was very well known to many around him, that might not be called upon at any moment, in a colonial dependency or foreign country, by his commanding officer to see that an execution was carried out in a humane and proper way; and he could see nothing more distressing or painful than the position of the young medical officer called upon to superintend a scene of that kind without rudimentary knowledge of such matters. But he felt also bound to bring forward the paper before the Society on that evening because of the lapse of time—five years—which had occurred since a very distressing event in their city brought a distinguished member of their profession—Mr. Minchin—into a position in which strong public comments were made upon him. He (Dr. Haughton) proposed to publish in his paper for the first time after this lapse of time the report which he, at the request of Earl Spencer, made personally to himself, and which he (Dr. Haughton) drew up on that occasion. Earl Spencer informed him that he (the Viceroy) was completely satisfied by the statements in it; but the report was not then made public. There was no reason now that it should not be made public, and why Mr. Minchin should not have the full benefit of the justification contained in it, which he (Dr. Haughton) believed he then made for him. On the 20th of July, 1865, the last public execution took place in the county of Dublin; it was that of Patrick Kilkenny, at Kilmainham. He (Dr. Haughton) was present at that execution, by permission of the late Lord Mayo, and for reasons that were stated in the report, which he would presently read. It was not any morbid curiosity or any improper desire to assist at such scenes that induced him to be present, but a laudable scientific zeal in pursuit of knowledge. On that occasion he took no part in designing the fall of the drop; he was simply the hurler on the ditch watching what was done and recording it. The man's weight was 160 lbs., and he got what appeared to him (Dr. Haughton) the extraordinary drop of 14 feet 6 inches. He weighed the man, and he measured the drop with his own hands, so that there could be no doubt about those facts. He was assisted at the post-mortem examination, which they were permitted to make, by Dr. Arthur Wynne Foot. They found that the anterior articulating surfaces of the second vertebra were fractured near their posterior border, the fracture of the bone extending as far as the foramina for the vertebral arteries. The knot was occipital, and the soft tissues of the neck, including the trachea, œsophagus, and sterno-mastoid muscles, and the carotids and jugulars, were completely cut across except the skin. There was not the slightest abrasion or injury done to the skin. Death was instantaneous. He stood beside the man, whose thumbs crossed rapidly the palms of his hands, and he seemed to be dead the moment he came to the bottom of the fall. On the 28th of July, 1870, Andrew Carr was hung. It was the first private execution in Dublin, and took place in Richmond Bridewell, and the responsibility of advising with regard to the mode of execution devolved upon Mr. Minchin, who was surgeon to the gaol. Mr. Minchin, finding that Carr was 158 lbs. in weight, and only two pounds lighter than Kilkenny, suggested that, in accordance with an established formula, the drop should be about 14 feet. He (Dr. Haughton) asserted unhesitatingly that, from the knowledge which existed at that time, Mr. Minchin was perfectly justified by humane considerations in recommending such a fall to be given. The result, however, was different. His head was cut off. There was a transverse fracture of the second vertebra, and displacement of the second vertebra from the third. The knot in this case was occipital, the same as in the case of Kilkenny. There was no difference, in fact, in these two cases, except in the rope. An inquiry was held very properly into this matter, and after the investigation was over, Earl Spencer requested that he (Dr. Haughton) should forward, through Mr. Lentaigne, Inspector of Prisons, a scientific report on the whole case. This he accordingly did, and the report he made was as follows:—

Trinity College, Dublin,
22nd December, 1870.

DEAR MR. LENTAIGNE,—In reply to your communication of 10th September, enclosing the evidence taken by yourself and Dr. Hatchell respecting the execution of Andrew Carr on the 28th July last, I wish to make the following observations, which possibly may be of some use to the authorities charged with the responsible duty of carrying out the extreme sentence of the law on some future occasion.

I was not consulted respecting the execution of Andrew Carr, nor was I present at it; and my knowledge of this

subject was acquired in the following way :—Having been engaged for years in collecting materials for a work on Animal Mechanics, and never having had an opportunity of examining the body of a man who had met with a sudden death, I asked and obtained leave from the authorities to make an examination of the body of Kilkenny, who was executed in 1865 at Kilmainham Gaol. My object in so doing was to obtain the exact weights of certain muscles in the living body, and thus to interpret the results I had obtained by weighing the muscles of those who had died from natural causes.

Having been present at the execution of Kilkenny, in pursuance of the above-named object, I availed myself of the opportunity to study the conditions of death by hanging.

Mr. Price, Governor of co. Dublin Gaol, has stated in his evidence that the direction given at the time of Kilkenny's execution was that he should get a drop of 9 feet. And Mr. Boyd, Governor of Richmond Gaol, has stated that Mr. Price remarked at the consultation the day before Carr's execution that 14 feet drop was too great, and would take off the man's head.

Mr. Price is no doubt correct in stating that he gave the order for a 9 feet drop in the case of Kilkenny ; but it is certain that Kilkenny got a much greater drop than 9 feet, for I measured with my own hands the interval from Kilkenny's feet when suspended to the level of the platform on which he previously stood, and found it to be 14 feet 6 inches. The difference between the drop ordered and the drop actually given probably arose from the executioner measuring the drop from feet to neck, and not from feet to feet, which would give a difference of 5 feet.

Dr. Hemphill's evidence shows that, in the execution of Burke, at Clonmel Gaol, a drop of 16 feet was given, measured from feet to feet.

So far, therefore, as previous experience could guide him, in my opinion, Mr. Minchin, Surgeon to Richmond Gaol, was quite justified on humane grounds in ordering a drop of 14 feet in the case of Andrew Carr, for his weight was comparable with that of Kilkenny and of Burke, (*a*) but care should have been taken to ascertain that the ropes used were of similar degrees of elasticity.

Mr. Rorke, J.P., has stated in his evidence that the rope which hanged Kilkenny was much more elastic than the rope which hanged Carr ; and it is well known that the shearing force of an elastic cord or rope is less than that of an inelastic or rigid rope. The elastic rope is like a cable coiled round a post, by means of which the way of a large ship may be safely stopped, provided we allow the coil to slip gradually ; while the rigid rope is like the same coil held tight, a process which will snap asunder even the strongest cable without producing much effect in stopping the way of the ship.

Mr. Price stated that at Kilkenny's execution the rope was stretched 2 feet by the fall.

Assuming this to be the case, I have calculated that the shock on the neck was applied as follows, through the 2 feet of stretching :—

Expansion.	Shock applied to Neck.
0—3 inches	40 ft. lbs.
3—6 ,, ...	120 ,,
6—9 ,, ...	200 ,,
9—12 ,, ...	280 ,,
12—15 ,, ...	360 ,,
15—18 ,, ...	440 ,,
18—21 ,, ...	520 ,,
21—24 ,, ...	600 ,,
	2560 ft. lbs.

Thus the entire shock of 2560 ft. lbs., instead of being applied suddenly, was brought to bear on the neck by a gradually increasing strain—a process much less likely to destroy the structure of the tissues of the neck.

I may add that, in point of fact, in the case of Kilkenny the injury done to the bones of the neck was limited to the gentle fracture of the transverse processes of the 2nd cervical vertebra, and that the skin was not injured in the least degree.

In conclusion, I would observe that the long drop has been used in Ireland from time immemorial, with the humane object of shortening the sufferings of the criminal, and the records of Irish executions show that the drop has ranged from 9 feet to 16 feet.

In English executions the drop ranges from 2 to 3 feet only ; and I am informed by Mr. Gibson, Surgeon to Newgate, that during his long experience he has known but one case in which death was rapid (case of Müller, executed for murder of Mr. Briggs on Metropolitan Railway).

Taking all the foregoing circumstances into account, I am fully of opinion that Mr. Minchin was justified in making practical use of the old Stoic maxim for the alleviation of pain mentioned by Cicero—

"Si longus, levis ; si gravis, brevis."

I am, dear Mr. Lentaigne,

Yours very faithfully,

SAMUEL HAUGHTON, Clk. M.D.,

Fellow of Trinity College, Dublin.

John Lentaigne, Esq., J.P.,

Office of Inspectors.

He took for granted in that report the statement of the actual amount of the spring of the rope, and he had no doubt of the correctness of it ; but he thought it right to make experiments on the ropes themselves. For this purpose he got possession of the rope that hanged Carr, the rope that hanged Montgomery, and the rope that hanged Kilkenny. He got those ropes on the condition that he might use them in his experiments, but that he must return them whole. He did not think it necessary to bring the ropes to the meeting, as no person in the room, unless he were a ropemaker, would see much difference in them. The results of the experiments were recorded at the time with great care. They were made under the direction of Dr. Downing, Professor of Engineering. Having fastened one end of the rope firmly to the end of a horizontal table, it was passed across the table by means of pulleys over a wheel at the other extremity, and terminating with a scale pan, which could be loaded with varying weights. Two needles were fastened at points of the rope twelve feet apart, and under these needles graduated cards fastened to the table. When the scale pan was loaded with increasing weights the ropes stretched, and the needles both moved forward through an amount measured on the graduated cards. The difference in the motion of the needles gave, then, the amount of stretch of the twelve feet of rope for the weight used. Kilkenny's and Carr's ropes were what are technically called 2-inch ropes. The measurement of the rope was by circumference, and not by diameter. Montgomery's was a 3-inch rope, and much more clumsy than the others. The stretching of the ropes was respectively as follows :—Of Kilkenny's rope, 1-2107 ; the rope that took Carr's head off, 1-8144 ; and Montgomery's rope, 1-10464. The stretching power of Carr's rope was about one-fourth that of Kilkenny's. In other words, when they placed a weight upon the scale pan to stretch Kilkenny's rope, to move it from 5 to 6 inches—or any given number they liked—it took four times as much weight in the scale-pan to stretch the rope that hanged Carr. This was explained by Mr. Rorke, a manufacturer of ropes, on a principle of stretching ropes, which he (Dr. Haughton) did not understand, not being a ropemaker. It would be shown by a series of calculations with which he would not trouble the meeting, that when a rope is stretched by a weight to a certain point it springs below that and comes back. That was called technically the spring of the rope. It was observed, and he believed correctly, by Mr. Boyd and Mr. Price, to be two feet in the case of Kilkenny. The spring of the rope was proportionate to the square root of its elasticity. The spring of the rope that hung Carr was only half the spring of the rope that hung Kilkenny, so that all he had written in his report to Earl Spencer about the subdivision of the strain over the two feet took place in Carr's case, over one foot. They could easily understand how much more efficacious that was in destroying the neck. If the same rope that hanged Kilkenny had been used in Carr's case his head would have remained on, because the strain would have put on a spring of two feet instead of one. These facts were

(*a*) Weight of Burke, 168 lbs.; weight of Kilkenny, 160 lbs.; weight of Carr, 158 lbs.

not known, as he had said before, at the time Carr's execution was ordered; therefore no blame could attach to the persons who were responsible for it. He now turned to the practical conclusion that the ropes should be tested before an execution, and that if the rope be found very stiff and inelastic, then a shorter drop should be given than in the case of a longer rope. In both of the cases the knot was occipital. Now he came to a case which called attention not so much to the rope as to the position of the knot, and which would be well worthy of attention if they were called upon to superintend such a distressing thing as an execution. Montgomery was hanged on the 26th of August, 1873, in Omagh Gaol. It was a private execution, and he (Dr. Haughton) was indebted—so also were the readers of the MEDICAL PRESS—to Dr. Murray, of Trinity College, for the only report made of this execution. It would be in the recollection of those who might have had an interest in that celebrated murderer that the whole county Tyrone was visited on the morning of the 26th of August by the most terrific thunderstorm that ever was remembered in that part of the country. It produced the effect of washing the soap off the rope which had been hung from the gallows during the night, and the executioner, on coming in the morning to adjust the rope round Montgomery's neck, found to his great astonishment that the rope would not run freely. The governor of the gaol called upon the executioner to be quick, and in the hurry the knot was put on clumsily, and accidentally it slipped round under Montgomery's chin and nearly slipped off his face. Montgomery was 180 lbs. in weight, and he got a drop of seven feet. The knot was sub-mental, not occipital, and the shock came directly on the vertebræ—on the back of the neck. He was killed almost instantaneously. Though his death was rapid, he made two attempts at breathing, and twitched the right foot. It certainly was a rapid death. No post-mortem examination was allowed. There was an inspection by (the late) Dr. Thompson, of Omagh, who came to the conclusion that there was fracture of some of the cervical vertebræ—possibly the second, owing to the mobility of the neck; but he remarked that there was no compression of the windpipe or blood-vessels in front of the neck. Death had been caused in this clumsy execution in all probability, as Dr. Thompson had said, by the fracture of the spine. He (Dr. Haughton) was authorised in connection with this to quote a case which had been placed at his disposal by his friend Dr. Darby. It was the case of a poor gentlemen who many years ago resided in the co. Wicklow, and who was a lunatic. His wife and keeper lost sight of him for a short time, and he had time, it appeared, to retire into the garden. In searching for him the keeper went by a wrong passage into the garden, in consequence of which an interval of, it had been computed, two minutes had elapsed from the time he could have committed suicide to the time the keeper found him. The gentleman had committed suicide by hanging himself to an apple-tree. He (Dr. Haughton) was informed that this was a man who, though a lunatic, was fond of his personal appearance, and he carefully muffled up his chin with a silk handkerchief or muffler, then made a bit of rope tight under his chin, and dropped himself not more than two feet from one of the boughs of the apple-tree. He was hung intentionally, the same way as Montgomery was accidentally, by the chin, in order to save his appearance, and he (Dr. Haughton) was informed by Dr. Darby that there was no pressure of the rope on the vessels of the neck. There was no disfigurement of the face. In all probability, notwithstanding the short drop, death was not caused by suffocation or by any injury of that sort, but by injury to the spinal cord. These two cases showed the length of the drop which it might be desirable to give, and which, when the knot was occipital, might be considerably diminished if they contrived to make the knot in front. He was consulted in the spring of this year by the county engineer of Tipperary in connection with an execution which took place on the 9th April, 1875, at Clonmel. Some time before, an execution had taken place which shocked the whole country, owing to its having been carried out so awkwardly and clumsily that the unfortunate man fell on to the ground and struggled for forty minutes. The circumstance aroused the feelings of every person of education, as well as those of the lower classes, and a strong feeling prevailed that such barbarity ought not to be allowed. He (Dr. Haughton) was consulted by the county engineer, who was entrusted with the erection of the scaffold, and was asked for the best advice he could give. The man was executed by Marwood (who was the successor of Calcraft—an advocate of the short drop), and the horrors of the short drop were now at an end. Marwood, who favoured the long drop, had revived what there was ample evidence in Irish literature to show was the ancient practice in this country—the knot placed under the butt of the ear. Anyone acquainted with Irish literature would recollect Dean Burrowes' song, "The night before Larry was stretched," which afforded evidence of this fact. An eye-witness had informed him (Dr. Haughton) that in the execution of Russell at Clonmel the knot was tied under the left ear. The drop was seven feet, and there was no motion save that "he twisted bodily quarter way round towards his right hand." On the 26th April, 1875, Marwood executed a labourer, named Hole, at Bristol. His weight was 210 lbs., and the drop 5 feet, with the knot placed under the butt of the jaw. Baker and Cooper were executed by Marwood at Liverpool in July of the present year, and the drop was by measurement 6 feet 3 inches. Some persons in the habit of attending executions at Liverpool, when they saw the ropes dangling before the culprits were brought out, made an exclamation to the effect that the ropes were "three times as long as old Calcraft used." Mr. Gibson had informed him (Dr. Haughton) that Calcraft's favourite drop was 2 feet. Mr. Gibson had often seen people struggling for twenty minutes and upwards. Calcraft could not be induced to adopt a longer drop, and, like most old people, was thoroughly conservative in his notions. He (Dr. Haughton) would mention, in conclusion, two cases that had been supplied to him by Dr. King, which, if anything were wanted to confirm the perfect safety of giving a drop much longer than 6 or 7 feet, without much, if any, elasticity of rope, supplied corroborative testimony. They were not, of course, in a case like Carr's, to recommend a 14-feet drop unless the rope was very elastic. With a very elastic rope, if sufficiently long, attached to an elastic beam, they might from the top of St. Paul's dip a man fastened to that rope into the Thames and bring him up again without his head coming off, if they took time. For all practical purposes a 10-feet drop was, in his opinion, enough. On the 27th of August, 1853, Hurley was executed at Galway. His weight was 147 lbs., and the drop was 7½ feet. There was no dislocation or fracture of the vertebral column, or injury of the ligaments of the spinal cord. Lydon was also executed at Galway, on the 11th May, 1858. They gave him a drop of 11 feet, his weight being 133 lbs. These cases showed that the old Irish practice was a drop of 10 or 11 feet. The anatomical injury in Lydon's case was much slighter than Dr. Foot and himself found in the case of Kilkenny, where the drop was 14 feet. That portion of the anterior common ligament of the spine which passes from the body of the second to that of the third cervical vertebra was ruptured, so that the left halves of the bodies of both vertebræ were separated from each other by an interval of ⅛ inch, but there was no displacement. It was quite certain that the anatomical injury of a fall of 10 or 11 feet, with care in selecting the quality of the rope, was not very serious. Death was very rapid, and possibly as a practical rule for those who would not like to take the trouble to examine how many feet more you could go with this rope, and how many more with that, it would be well to adopt as a formula a drop of 10 feet, and to place the knot under the chin. This would in all cases give a speedy death, and save the surgeon from the unpleasant consequences of an accident.

DISCUSSION.

MR. TUFNELL.—What form of knot would you suggest?

The Rev. Dr. HAUGHTON said that Marwood's knot was always the running noose, and he used a two-inch rope. The old-fashioned hangman's knot was not now in vogue. It did not run so quickly as the other, and the pressure did not come on the neck so quickly. Montgomery was, however, hung with the hangman's knot.

Mr. BUTCHER said the Society might feel indebted to Dr. Haughton for coming forward with his observations, which were of extreme value, when it was remembered that it was the duty of any surgeon to contrive to alleviate pain and to shorten the sufferings of such a mode of death. The point struck him forcibly, and it was one that had not been cleared up by dissection, but which from an accident he had seen occur in reference to this manner of death, induced him strongly to suggest that the rope should be placed in a particular position. Mr. Butcher then related two remarkable instances of death, in one of which a horse run rapidly into a stable, striking the forehead of the rider against the top of the stable door. In the other case a horse ran away with a carriage, and in rushing under a bridge the head of the driver came in contact with it. On an examination of both those cases the transverse ligament of the atlas was torn across, and the odontoid process of the axis was thrown backwards on to the spinal cord, crushing it and causing instantaneous death. He did not think a person could fall many feet without the transverse ligament being ruptured. The knot should go under the chin, and the man's weight being thrown down, forced the ligament, the odontoid process was then thrown backward into the spinal column, and death immediately followed. He spoke now from those accidents to which he had referred, and which he had an opportunity of examining afterwards.

The PRESIDENT asked Dr. Haughton whether he had met with a case. He (Mr. Hamilton) thought it was recorded in Beck's "Medical Jurisprudence," in which a comparison was instituted between two executions in which one man was said to have given the body a peculiar twist, and that was supposed instantaneously to have had the effect of rupturing the neck ligaments.

Dr. HAUGHTON said he was acquainted with the cases.

Dr. HENRY KENNEDY said he would wish to make one remark, and that was as to the difference of strength of the materials of the neck, if he might so express it. He need not tell anyone who had been in the habit of examining the human body that great differences existed as to the development of the muscles, ligaments, bones, and processes, and frequently enough to entitle them to say that there was a great difference in the strength of one man's neck as compared with that of another. He thought that would have an important bearing on the subject which Professor Haughton had brought forward. He (Dr. Kennedy) had seen great differences, and all anatomists would bear him out in the fact that the differences of strength in the neck—the differences in the strength of the materials of the neck—of the human subject were considerable, so much so as to lead necessarily to a great difference in the strain, no matter how the rope or knot was applied.

Mr. TUFNELL said that Dr. Haughton had spoken of the position of a medical man in the public service having possibly to attend an execution. Such had been his (Mr. Tufnell's) lot. He had had to attend the execution of a man, but in that case they had to hang him with a cotton rope as thick as his wrist. In that case the man died by strangulation, and suffered a great deal. He thought in that case it would have been desirable to have had the knot placed anteriorly, so as to have chucked the head backwards. He had seen the case of a boy carrying a basket on his head with the handle under his chin, and another boy came behind him and gave him a pat on the back. The result was that the head was thrown back and he was killed instantly. In the case of execution to which he had referred, it was at first proposed to run the man up to the yard-arm.

Mr. B. WILLS RICHARDSON said he thought the cases alluded to by the President had been originally described by Louis, the great French surgeon, who had investigated the subject of suicidal hanging, and who said that it was remarkable that all the people hanged in Paris—this was of course before the time of the revival of the guillotine—died of apnœa. In the cases of all those hanged in Lyons the executioner gave them a twist when he was shoving them off the ladder, and thus it was that with that short drop their necks were broken. These cases were recorded by Louis, and Boyer also mentioned them.

Dr. M'SWINEY said that he had hoped that Professor Haughton would have been able to lay down some strict scientific rules whereby they could accurately determine in any given instance the length and diameter of the rope to be used in relation to the fall from the drop and weight of the criminal. It was perfectly clear that three circumstances had to be taken into account in an execution—the length of the fall, the diameter and circumference of the rope, and its elasticity. Dr. Haughton, with his usual ability, had made that perfectly clear to the meeting, but it appeared to him (Dr. M'Swiney) that Dr. Haughton's conclusions were not as satisfactory as his opening statements. He did not furnish them with any fixed ratio or proportion whereby they would be advised in any given instance as to the circumference of the rope, the amount of elasticity (as determined by his own experiments), having reference to the weight of the individual and the length of the fall. Anyone who had investigated the question of executions knew that there were the greatest differences (as yet unexplained) in the amount of injury inflicted upon the criminal surrounding the question. Every variety of injury, starting from zero up to such an extreme instance as the decapitation of Carr, had been recorded after examinations made by competent persons of the bodies of those who had been executed—muscles, vessels, nerves, or skin either entirely divided or only partially injured—or even no appearance of injury at all. The ropes had varied in size, and the situation of the knot had been one time in front, at one time behind, and at another time at the side—according to the idea of the executioner; but no fixed principle had been laid down for the determination of what the proper adjustment on those occasions should be. He confessed that he had hoped that that would have been the upshot of the learned professor's paper, but he (Dr. M'Swiney) failed to perceive that that was so. It was obvious that Professor Haughton's investigations had advanced the subject greatly, but he (Dr. M'Swiney) would venture to say that there remained further investigation and inquiry before they could guarantee that no such accident as that which shocked everybody on the occasion of the decapitation of Carr would take place. The form of death was stated by those authorities in medical literature to be dependent on the situation of the knot. Thus, when the knot was in front it was laid down as a fact that often from the rope slipping too high up the death was from apnœa. When the knot was posterior, there was, when the fall was considerable, a violent injury inflicted on the spinal cord, and death was usually instantaneous, either from the injury inflicted upon the cord or—what was most commonly the case—from fracture or displacement of the vertebræ. When the knot was situated at the side, pressure on the nerves in that situation, as well as on the carotid arteries and other blood-vessels produced the fatal result, which resembled death by apoplexy. Post-mortem examinations had also clearly proved that death sometimes occurred from asthenia in these cases—sometimes in a form which seemed analogous to syncope. In fact, great mystery still surrounded the whole question, and the appearance presented *post mortem* varied infinitely. From the great amount of contradiction in the statements made by different persons in different countries it was obvious that the difficulty of arriving at a correct knowledge was very great. He did not think that the learned professor had as yet supplied them with a formula whereby they might be enabled to secure in every instance the immediate or speedy death of the criminal without such a disaster as occurred in the case of Carr.

Dr. DARBY said that, with regard to the case in which Dr. Haughton had been kind enough to mention his name, he might mention that the rope used on that occasion was what was commonly described as a sash-line, and very small indeed. It was imbedded deeply into the skin at the back of the neck. There was no congestion of the face or deformity of any kind.

Dr. JACOB said he thought it could hardly be complained of Professor Haughton that he had not laid down a definite instruction as to the course to be adopted because, while he had the other data and had shown them to the Society in a very complete way, he had admitted that he had not the datum which rested on the elasticity of the rope and the length of fall, and as it was an element or factor in the result which largely entered into the calculation, of course it was impossible for Professor Haughton to do more than indicate the drop which ought to be adopted. What he (Dr. Jacob) had hoped to hear was the best position for the knot in certain cases, and he would think that would turn in great measure on mechanical prin-

ciples, on the application of the rope, and on the strength or weakness of the ligaments of the vertebral column, and the structures of the neck viewed from their various aspects. With regard to what Dr. M'Swiney had said, that when the knot was placed in front death must take place from apnœa, he (Dr. Jacob) thought he must dissent from him. At the time Montgomery was executed it struck him (Dr. Jacob) at once that the mistake which the executioner had made in the hurry of manipulation had been the means of effecting a more theoretically complete execution than that which had been provided for previously, because in placing the knot under the man's chin he removed the point of suspension to a point much more nearly at right angles with the spine than the sub-aural or occipital position would give.

Dr. HAUGHTON: The executioner placed the knot on the occiput; chance put it under the chin. It was a pure accident, and therefore the executioner deserved no credit for it.

Dr. JACOB, in continuation, said he was not anxious to obtain credit for the executioner in the matter. The placing of the knot at a given distance from the point where the force is applied—the distance from the chin to the occiput—must necessarily throw a more or less perpendicular strain on the vertebral column, which was desirable. As to the application of the strain or compression to the larynx, trachea, or any of the soft parts of the neck, he took it to be regarded in our present light as a bungled execution where such occurred. He thought they must agree with Dr. Haughton that the old system of the knot at the occiput with an angular space immediately covering the back of the neck was theoretically and practically bad. The only question to his mind on which there remained doubt was the application of force under the chin, or the application of force under the butt of the ear, which Professor Haughton seemed to eulogise as the most skilful means of execution of the present day. Which of those were to be preferentially adopted? He should say that the first should be obviously the best to produce fracture of the transverse ligament as a matter of mechanical application, and it was for anatomists to say whether or not they could fix a point of the spinal cord where force in a given direction might better be applied. He thought that point of Professor Haughton's was worthy of attention, and he trusted some anatomists would be induced to state their views on the subject.

Mr. PEARSALL said that as strong confirmation of what Professor Haughton had said with reference to a considerable fall being necessary, any one who had read the details of executions recorded in the *Newgate Calendar* would remember that the culprits were launched from a cart, which must have left the drop a very short one, and nearly always the narrative wound up by stating that the man suffered a great deal.

The Rev. Professor HAUGHTON, in reply, said that Dr. M'Swiney had said that the commencement of the paper was quite clear and the end obscure. He (Dr. Haughton) regretted that he failed to convey his meaning, but it was probably owing to the fact that he was really anxious to save the time of the meeting. Dr. Jacob had quite misunderstood him (Professor Haughton) in saying that he preferred the knot under the ear to the chin. It was quite the contrary, and he said, though there was the classical evidence of Dean Burrowes' song to show that such was the practice of former times, that Marwood now used the sub-aural knot, and that was enormously beyond Calcraft's practice. He (Dr. Haughton) dissented from that, and when he was consulted on the subject of the Clonmel case he proposed that a short iron bar about an inch in diameter and 6 inches long should be placed under the chin and the knot fastened into that. The chin would rest on the bar of iron. The knot should be fastened around this bar, brought round the back of the neck and wove through a loop at the opposite end of the bar. By this means the rope would be in direct opposition with the spine, and death would be produced in the most rapid possible method—in a way that he considered was the most rapid mode of producing it, and which he was glad to find men of such great experience as Mr. Butcher and Mr. Tufnell confirming. He would beg the meeting to remember that he was helpless in this matter, that his suggestions, however well made, were very slow of bearing fruit, because in this conservative country there was no more conservative branch of the executive than that controlling the execution of criminals. He had shown in his published book that Calcraft, when he hanged the men with 1½ feet, and scarcely ever 2 feet of a drop, was the lineal descendant and representative of a state of things utterly different from modern civilisation. The old sentence was that "you shall be taken from the place where you now stand and hanged by the neck until you be dead." But that did not mean dead as we mean—it meant merely insensible. The man was to be hanged up gently for ten minutes and then placed before a large fire. The executioner was then to disembowel him and throw the entrails on the fire. Hanging was not intended in those times to kill the criminal. He was merely anæsthetised, then drawn and quartered, and he (Dr. Haughton) believed the old sentence had been carried out literally according to the custom of past generations, and that Calcraft was only doing what was done in the days of the Plantagenets. He (Dr. Haughton) had no doubt it would in those days be regarded as a most terrible innovation to carry out what was done at the present time. They must remember, however, how helpless a man was who connected himself with such a conservative institution. Mr. Gibson, who had spent fourteen or fifteen years of his life in trying to improve the executions at Newgate Prison, was so situated since private executions became the law, that it was impossible to give more than a 2-feet drop without showing the whole exhibition to the general public outside. For a long time Mr. Gibson suggested to Calcraft, and endeavoured to persuade the Governor of Newgate, to allow a large cellar in the prison yard to be opened, so as to allow the culprit to drop down into it, after the Irish fashion. Well, Mr. Gibson had to wait until Calcraft resigned before his request could be complied with. Now they had Marwood in place of Calcraft, and Marwood gave a drop of 6 or 7 feet, and hanged with the sub-aural knot. That was a great improvement on the occipital knot and the 2-feet drop. Death was effected by the submental knot in the very way that rabbits were killed when struck on the back of the neck. Dr. M'Swiney had complained very seriously of the want of anatomical details in connection with these executions. Well, in one of the two cases he (Dr. Haughton) had recorded—that of Montgomery's accidental death by the knot being under the chin—owing to a compliance with the expressed desire of the culprit that his body should not be cut up, no post-mortem examination was made. Dr. Thompson had to be content with a mere handling of the neck. With regard to what the President had said about the twist, he (Dr. Haughton) inquired many years ago carefully into that, and he could find no anatomical evidence such as the President suggested. The only accurate records of dissected bodies recording injuries to the spine were those he (Dr. Haughton) had published himself, and the two cases of Dr. King. Dr. M'Swiney complained that he (Dr. Haughton) gave no rules. It was impossible to give a rule. He had not had the means of experience. If he offered his advice it might be refused, such was the obstinate conservatism of the executive in this country. And such was the obstinate conservatism of the Newgate authorities that it took years upon years to establish the small reform he had alluded to. There were three elements to be considered with reference to the subject of his communication. The first was the weight of the man; the second, the nature of the rope; and the third, the amount of the fall; and until some light was thrown on the question by anatomists dissecting men who had been hanged, they would know no more than at present. He had gone a great step towards improvement, and he felt he had no apology to offer the Society for having brought the subject before them. Some one or two of his friends—more careful of his character than he was himself—had said it was undignified of an anatomist and a clergyman to deal with such a nasty subject. He was indifferent about his character; it was quite able to stand alone and bear the attack of an open enemy, as well as the secret backbite of a friend. Dr. Kennedy had said that necks had different strengths. He (Dr. Haughton) did not see how that remark applied. The degree of force applied by the variation of the elasticity of the rope was unfortunately greater than the variation in the strength of necks could be supposed to be. As nearly as possible the strain on the neck was in the proportion of five to three. That was an enormous difference. That difference showed them that the element of the elasticity of the rope was one to be carefully guarded against. He would sum up by saying that generally a moderately elastic rope did not cut like a rope like a ship's cable. If they had a moderately elastic rope with a drop of 10 feet he thought they would be safe.

The Society then adjourned.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 5, 1876.

THE ABOLITION OF PAIN.

The *Daily Telegraph* appears to be sorely distressed to think that medical science has not been able to place in the hands of the public a drug which would not only be a panacea for all kinds of pain, but which any one could use as he liked without running any risk of doing himself any harm. This is certainly a very modest request, and we wonder what will be the next thing that the *Daily Telegraph* will demand of the profession. To supply the public with a nostrum which they could send for to take away their pains as surely and as safely as they can send for a glass of ale to quench their thirst is certainly a novel idea, but a little behind the times. We thought that the age of the "Philosopher's Stone," of the "Universal Solvent," and the "Elixir Vitæ" had passed away. We are sorry to see we are mistaken. We are sorry to see that the credulity and scientific ignorance which gave rise to a belief in those wonderful discoveries are not yet extinct, and that a leading journalist of the nineteenth century believes in the possibility of finding an universal nostrum as potent and far more valuable than any that have hitherto entered the imagination of man. We should not perhaps have taken any notice of the little article in which we are so seriously called to account, thinking it might very probably be written by one whose physical torments had warped his judgment and had soured his temper; but some months ago our censor made similar complaints respecting the shortcomings of medicine, and now that he has returned to the attack, we cannot resist the temptation of thanking him for his kind suggestions, as well as for the high opinions he must have of our magnanimity, and of our readiness at all times to sacrifice our own interests to those of the public. Our facetious contemporary *Punch* has, while contemplating the health in store for the inhabitants of our future "Hygeiopolis," represented the poor doctor going about begging for halfpence; and if the promised land is one where not only bad drains, but bad pains, will be almost unknown we think that *Punch's* idea is more than a joke, and that at our expense his dream will be too surely realised.

But, to be more serious, we regret to see that so influential a paper as the *Daily Telegraph* has, by its remarks, rather encouraged than otherwise their invalid readers to indulge in a habit which never will be practised with impunity. Those remarks were made with reference to the recent death of Lady Chesterfield and of Mrs. Childers—the former having taken an over-dose of laudanum, the latter of chloroform. We are sarcastically asked, "Can medical science, which, we are told in numerous annual lectures and at scientific congresses, is always active and always gaining fresh triumphs—can it do no more than tell people, maddened with pain, that they run a serious risk in relieving their agonies by the only means available?" We are then told that since Dr. Simpson's invention of chloroform we seem to have stood still, that we have not discovered "the mode of rendering it safe in *uninstructed hands*" (the italics are our own); or, what is worse, "discovered any new anodyne a few extra drops of which would do no harm;" that some such revelation of science is what we want, rather than barren lectures on caution; and, finally, we are asked what good has come from the numerous experiments of the last thirty years? what vivisection has to say for itself in the matter? and so forth. The absurdity of all this rhodomontade is patent enough, and we hope too much so for the public to take any notice of it. It was, moreover, rather an unfortunate subject on which to call us to account, considering that if there is one thing more than another for which medical science has within "the last thirty years" reason to be proud, and humanity for ever grateful, it is the discovery of chloroform, ether, nitrous oxide gas, and other anæsthetics. But to expect that these or any other potent agents can be made safe in "uninstructed hands" is the height of folly. We may ask of our critics if they know any potent agent, from a drug to a torpedo, that is safe in uninstructed hands? And, again, it requires very little consideration to see that such "a revelation of science" as the *Daily Telegraph* looks forward to is an impossibility. The abolition of pain must always depend either upon the removal of the cause, or upon dulling or otherwise affecting the sensibility of the nervous system. It is evident that the removal of the cause must, where possible, rest entirely upon the skill of professional men. And when this is impossible, and powerful anodynes or other agents have to be resorted to as palliatives, it is from the nature and functions of the nervous system equally evident that the more certain and powerful the narcotic, the more will be the risk incurred by using it incautiously. The brain and nervous system are only proof against a limited dose of narcotism, and if this is exceeded, a fatal result ensues. Now this limit, or toleration of narcotics, varies, as everyone knows, according to the constitution and idiosyncrasy of the individual; and it is not always possible for a medical man, much less for the patient himself, to be certain that a large dose, given in a desperate case, will not be attended by serious consequences. There are pains so excruciating that the quantity or strength of drugs which would be required to completely remove them would far exceed that which would, in some individuals, be sufficient to destroy life. Therefore, however successful

we may be in discovering, at some future time, drugs that are more certain and convenient than those now in use, they never will be such as can be safely left to the indiscriminate use of the public.

THE MEDICAL COMMISSIONERSHIP OF THE IRISH LOCAL GOVERNMENT BOARD.

THE resignation by Dr. John MacDonnell of his office as Medical Commissioner has, as we anticipated, been presented at the end of the year, and great interest is excited within the profession in Ireland, and especially amongst Poor-law medical officers, as to the succession to his important and lucrative office. The candidates, as we have already stated, are Dr. Rawdon Macnamara, representative of the College of Surgeons in the Medical Council; Dr. Malachi Burke, Medical Superintendent of Registration; and Dr. Croker King, one of the Inspectors under the Board; and we trust their relative merits will be well considered, and that no political ear-wiggery or personal intriguing will be allowed to exercise an influence against the selection of the best man for the service. Dr. Macnamara is unanimously admitted by the profession to possess all that should make him suitable for such preferment. He has proved his administrative activity and competency in circumstances similar to those which the office would present. He has had experience in the Poor-law Medical Service, and is thoroughly acquainted with its working, and is known to combine the *fortiter* which is wanted to deal with contumacious officers and the *suaviter* necessary for diplomatic dealings, at the same time that he enjoys the rank in the profession which entitles him to consideration. Dr. Croker King has been for some years associated with the Poor-law Medical Service in Ireland, and is known to be a man of talent, and thoroughly conversant with the subject. We appreciate fully the propriety of the principle of promotion within the service, though we cannot regard that consideration as pre-eminent to all others in the selection of a successor to Dr. MacDonnell. Dr. Malachi Burke having been for some years the Medical Superintendent of Registration, is, no doubt, a good statistician, and possesses a certain knowledge of the Poor-law system; but these qualifications are hardly those which may be looked for in the occupant of so important a post.

The policy of abolition, against which we have written some weeks since, is, we hear, rather in the shade, in consequence of the simultaneous expression of condemnation which it evoked. In spite of what may be said to the contrary, we have reason to know that it was seriously entertained, is not yet abandoned, and would possibly be revived if the profession were to relax their opposing vigilance; and it is not at all unlikely that the office may be kept in abeyance until late in the session of Parliament, with a view to possible further legislation, which may deal with the amendment of the Lunacy and Sanitary Systems in Ireland.

The retirement of Dr. John MacDonnell requires from us more than a mere record. A reference to past volumes of the MEDICAL PRESS is sufficient to remind us that we have many times contested with the Medical Department of the Irish Poor-law Commission the policy of its acts, and have been unsparing in our disapproval whenever we found medical men harshly or despotically dealt with, or when any step was contemplated (such as the Central Union Drug Store job) which we thought would be prejudicial to the service. Having thus candidly differed from the Medical Department of the Poor-law Commission upon occasional instances of what we considered injustice or imprudence, we have the less hesitation in saying that Dr. John MacDonnell leaves the service with the well-deserved regard of the Poor-law medical officers as a body. Many of them, in adverse circumstances, have found him ready to yield as far as the real good of the service permitted, and we would much mistake his kindly nature if we debited him alone with occasional arbitrary acts from which individuals have suffered. Of recent years the Medical Department of the Local Government Service has been unexceptionable in its management, only needing more activity to make it as perfect as a public administration can be, and we give Dr. MacDonnell the credit which we believe he has earned, of having tempered the slap-dash despotic system upon which affairs were formerly transacted.

We do most earnestly trust that—if for only this once—a good appointment will be made to the Medical Commissionership; but our experience of the exercise of Irish medical patronage hardly permits us to hope that the merit of a candidate or the good of the service will have much to say to the selection. If the canvass for this office be like that of similar places in Ireland, we know well how the wires are being pulled at Dublin Castle—how every county in Ireland is being ransacked for personal influences—how every M.P. is being whipped in—how every out-of-the-way cousinship is being worked to advantage—and how little is thought of the irremediable damage to a great service which would result from the installation of Incompetency at the head of it. Will we ever light on a Government which will shut its ears to the importunities of hangers-on, and appoint the public servant for no other reason than that "he knows what he has to do, and does it?"

THE SCIENTIFIC EXECUTION OF THE DEATH PENALTY.

THE breathless yet painful popular interest which has been excited by the infliction of a well-deserved death penalty on the murderer Wainwright will cause the profession to read with increased attention and interest the contribution to the discussion of the scientific points in such a proceeding which we publish from the pen of Professor Haughton, of the University of Dublin, in our issue of to-day. The learned professor has been moved to devote his attention to a subject which some may think beneath the level of his scientific reputation, not only by the bearing of the study of physical force applied to the human body upon his well-known researches in Animal Mechanics, but from a feeling that humanity required that he should not hesitate to do all in his power to alleviate suffering in cases of legally inflicted death.

This is a philanthrophic purpose, falling properly within the province of the reverend author, and he gives in his paper good reason for his feeling in the matter when

he quotes the statement of Mr. Gibson, the Surgeon of Newgate, that, under Calcraft's *régime*, he has frequently seen the victim struggle for more than twenty minutes before becoming inanimate. We need not follow Professor Haughton through the course of his investigations, or his reasons for his conclusions. He comes to the following firm deductions from his facts :—

1. That the old system of taking the convict's life by suffocation is inhumanly painful, unnecessarily prolonged, and revolting to the spectators whose duty it is to be present.

2. That the object of an effective execution by suspension should be the immediate rupture of the spinal column by the fall.

3. That the use of a "long drop" (which by habit has become known as the Irish method), is not only much preferable from a humanitarian point of view, but is the only method by which the desired object can be effectively attained.

4. That the short fall and the position of the knot employed for so many years by Calcraft are barbarisms which should cease to be permitted.

5. That the fracture of the spinal column can best be instantaneously effected by placing the knot under the chin and allowing a fall of at least ten feet.

6. That in the carrying out of a capital sentence care should be exercised in the selection of a suitable rope.

In the execution of Henry Wainwright, it would seem, from the published accounts that these principles were adopted by Marwood, the executioner, and with perfect success, and that the instantaneous rupture of the spine resulted from placing the knot under the culprit's chin—a position which was unintentional in Montgomery's case, but was purposely adopted in Wainwright's. Professor Haughton deserves credit, not only for his devotion of himself to this matter, but for the courage which he has displayed in publicly associating himself with an unpalatable subject and a painful subject of inquiry.

CHARITABLE APPEALS.

Foreigners, and those persons quite unacquainted with the sociology of this vast metropolis, must look with perfect astonishment on the long list of charitable appeals that crowd the columns of the daily press. Appeals for help cut a pretty periodical figure, and must appear unaccountably strange to those who are accustomed to see the management of charity in the hands of the State. In this country every conceivable form of poverty and suffering finds its disinterested (!) advocate ready to do battle in its behalf, and fight its way to the large-hearted amongst the human race. How much, or rather how little, of the actual proceeds which these appeals extract from the pockets of the benevolent go towards relieving the poor and in support of the afflicted is quite another matter, and would be difficult to predict—indeed, it is known that by far the larger portion never reaches the classes for whom it has been subscribed.

The greater part of the charity-monger's work is unnecessary and uncalled for, and serves directly to give encouragement to the oft exposed and almost defunct begging-letter impostor, who finds a new way of plying his old trade, and in a far more profitable manner. Recent police exposures, set on foot by the Charity Organisation Society, show how easy it is to levy black-mail in the cause of charity (!), and on behalf of an imaginary "Society to Aid Widows and Orphans of the Fire Brigade," or a "Home of Hope" for "fallen young women, for whom little provision has been made," or any other mock institution with no other object in view than that of helping people to live who disdain to follow any honest calling. The daily newspapers have something to answer for in this business, since without let or hindrance their columns are open to all comers and all professed "*charitable appeals*," good, bad, and indifferent; and apparently editors think it no part of their duty to ascertain beforehand the merits or demerits of quasi-charities, and therefore it becomes very like the blind leading the blind, and whereby the benevolently-disposed fall into the ditch.

It would indeed be a hopeless task to make any attempt to show how far the majority of the miscalled charities that are thus permitted to appeal to the public fail in their duties to suffering humanity, or what return they make for the thousands annually lavished upon them; it is well enough known that only a very small number attempt to cover ground which has not been for many years far better occupied and covered, and in every way better adapted to serve the cause of the necessitous and really deserving poor. Subscribers to charities are not aware of the fact that two-thirds of donations given in answer to these appeals are absorbed by executive and promoters, and the other third goes towards relieving boards of guardians from performing duties thrown upon them by Acts of Parliament. The action of the press in other ways exerts a prejudicial and often demoralising influence upon society, since it shows schemers how easy and simple a thing it is to obtain money under false pretences, while it gives encouragement to what is looked upon by some people as a pardonable species of deception—that of putting forth appeals for help by a better class of charities, those entitled to append the word "Royal" before their other names, and whose wants, one would think, are amply supplied. We notice one glaring instance during the past week. The president and treasurer of the special institution is a Member of Parliament, and who acknowledged a fortnight ago the receipt of a legacy of £2000, nevertheless now grounds a strongly-worded appeal "to the charitably disposed" upon the "reputation of the surgical staff, which includes *two* well-known names (only imagine the blushes of the two eminent men, whose names are given, seeing themselves blazoned forth in the morning papers, while their colleagues, equally eminent, are left out in the cold—and all in the cause of charity!), which has caused the hospital to be universally known and its beneficent work appreciated to such an extent" that it is unequal to the task imposed upon it, and more beds are urgently needed, *although increased in number little more than twelve months ago.* Such a mode of puffing the reputation of certain favourite members of the staff and the merits of the institution is very reprehensible, indeed, is a most questionable and sensational way of bringing grist to the mill.

The *Times*—feeling some compunction of conscience in the matter and considerable difficulty in determining the rival claims of the various people who appeal to them,

and the worthy and unworthy among the competing hundreds—is apparently anxious to retrace its steps with a good grace. It acknowledges that by the present method it is hardly possible to separate the honest from the dishonest, and therefore offers a suggestion for a better method of collecting and distributing gifts among the several competitors. "Subscriptions," says the editor, "should be placed in the hands of a competent committee of gentlemen, who should undertake the task of distribution upon certain principles and under definite conditions." It would be, however, a most thankless task; but anything would be better than the present scramble, and by means of which the most undeserving and unscrupulous are certain to obtain the lion's share. It may be worth while to try a scheme of the kind. Doubtless a good many people would gladly welcome some guarantee that their money would be bestowed with a certain amount of thought and judgment in place of the present objectionable and haphazard method.

QUACK IMPOSTORS AND ILLEGAL PRACTICE.

We appear to be living in an age of impostors and humbugs, and at a time when the parasites and vampires among the community contrive to drive a lucrative and flourishing trade. Between spiritualism, fortune-tellers, necromancers, water doctors, and pill-mongers, the weak and foolish were never more thoroughly exposed to be cheated and victimised. One could almost fancy the country is passing through a retrograde movement, or that we are returning once more to the dark ages of three or four centuries ago. It is quite disheartening to think that while we are spending hundreds of thousands annually upon the education of the poor, all classes refuse to be enlightened upon medicinal matters, the treatment of disease and all that pertains to health and life. The water-doctor and necromancer of Banbury, therefore, still carry on a roaring trade, and contrive to delude the inhabitants of Long Compton and its neighbourhood that the arch-quack has the power to "exorcise evil spirits" and cure diseases by drinking his nasty concoction. A member of the medical profession who was examined as a witness on a recent trial for the murder of an old woman near eighty years of age deposed to the general prevalence throughout South Warwickshire in the supertitious belief in the powers of such monsters as "necromancers" to perform cures. Under a wicked and absurd delusion of the kind engendered by one of the fraternity, the poor half-witted creature James Heywood proceeded to the house of a decrepit old woman, Ann Tennant, for the purpose of "exorcising the evil spirit" which possessed him, by drawing the blood of his victim with a pitchfork, and thus destroying the power he was told she exercised over him. Can any tale be more horrible or degrading to human nature than this? The scoundrel of a "water-doctor," who was by far the worse of the two culprits in the foul deed, ought to have been placed in the dock by the side of Heywood and tried for the murder of this innocent and harmless old woman, who lost her life solely through his jugglery and agency. These water and herb doctors are the pests of society; nevertheless they are quietly permitted to ply their noxious calling, even to the destruction of mind and body of numbers of credulous persons. During the past week, however, there has been a show of putting down one of the fraternity practising in the town of Wolverhampton under the dignified title of Dr. Wardle, Agent to the Medical Reform Association, Boston, U.S. This man, it appears, was charged by the police with illegally using the title of Dr. and obstructing the highway by placing three caravans on an open space at the south end of the Waterloo Road. The proceedings were taken under the Medical Act, and the evidence showed that defendant sold his dangerous nostrums and distributed handbills in which his name appeared as Dr. Wardle, herbalist, &c. He produced an American diploma, which the magistrates termed a worthless document, fined the defendant, and ordered him to leave the town of Wolverhampton at once.

Notes on Current Topics.

The Lord Mayoralty of the City of Dublin.

On New Year's Day Dr. George B. Owens was installed, with all the usual pomp and circumstance, in the Lord Mayoralty of the City of Dublin, a position of honour of which any citizen might justly be proud. Dr. Owens has always enjoyed a wide-spread popularity amongst his professional brethren, and the reception which he received on his installation testifies that that popularity extends to all classes of his fellow-citizens. He was received with demonstration almost uproarious in its enthusiasm, and received a very warm eulogium from the various speakers on the occasion. On his return to the Mansion House he entertained his friends at a *déjeûner*, at which the President of the College of Surgeons, Dr. Banks, Mr. Porter, Surgeon to the Queen, Mr. Tufnell, late President of the College of Surgeons, and many other medical men were present. We are always gratified to see medical men in the front in public life, and congratulate Dr. Owens on his elevation to the civic chair.

Beastings.

Many a reader will recollect having been treated to a bowl of rich pink-coloured milk drawn from the cow immediately after calving. Their enjoyment of the recollection will be somewhat marred by the reading of an analyst's evidence in a recent sanitary prosecution at Woolwich. A milk dealer was summoned by the Local Board of Health for selling impure milk. Mr. Wigner, the analyst, said the milk, though very rich, was of a saffron colour, and he found *more than half the cream was blood*. He admitted that milk of a high colour and peculiar character was provided by nature for young calves, but said that in his opinion the cow which supplied this milk was suffering from foot and mouth disease. Defendant said it was usual to sell such milk, which was called "beastings," and was frequently used for making custards. Mr. Wigner replied that he was aware people cooked and ate it in the north of England, but it was as horrible as eating blood puddings. Mr. Balguy, the magistrate, said he had himself enjoyed many a meal of it; and Mr. Wigner replied that it might not be unhealthy when

cooked, but that it was sent as a purgative for the calf, and might, if given to an infant, produce vomiting, purging, and death.

Typhoid Fever at Croydon.

DR. BUCHANAN has been investigating the circumstances connected with the late outbreak of typhoid fever at Croydon, and to this end has specially directed his attention to the supposed causation of the disease from bad water.

Health of the Army.

ACCORDING to the Blue Book of the Army Medical Department just published, 8.28 per thousand of the troops serving at home died in 1873; 759 were taken into hospital, and 25 discharged as invalids. In foreign stations the admissions to hospital were 13.14 per thousand; there were 16.25 deaths, and 39.13 sent home, with 10.22 per thousand discharged as invalids. The average of the ten years preceding 1873 showed that 14.96 per thousand admissions took place, that the deaths were 24.96, the invalided 41.03, and the discharged 18.93. The health of our troops abroad is now much better than formerly, especially in China and India, and in Ceylon.

Hospital Nursing.

THE fearful tragedy lately enacted at the Norwich Hospital will, we trust, act as a warning to those entrusted with the management and care of hospitals. It will be seen, by what transpired at the inquest, that greater discrimination is needed on the part of those who undertake the responsibility of recommending patients for admission. The previous history of the patient, and especially if there be a suspicion of a maniacal tendency, should always be given, so that greater watchfulness may be exercised on the part of those left in charge. Good and careful nursing is a most essential element in the management of the sick, and in this particular the Norwich Hospital seems to have been greatly wanting. A most unaccountable laxity indeed was displayed in this department, for who would dream of a number of sick people being left without a proper night attendant? The best and most experienced nurse should be in charge of the patients during the night, as it is always during the dusky hours that paroxysms of delirium are invariably the most dangerous and difficult to manage. Deaths more frequently occur during the night-time, and on this account a trustworthy nurse should be in charge of the patients. It is grievous to think that, had an experienced person been on duty at Norwich, the terrible murder of these innocent boys might have been prevented.

Insufficiency of Asylum Accommodation in Ireland.

THE inspectors of lunatic asylums in Ireland record in their report just issued a complaint that the accommodation in Irish district asylums, not simply meaning the numbers they are made to contain, is much below requirements, as they have at present almost a thousand in them beyond their legitimate complement. Some are overcrowded by nearly a third, as those at Limerick, Armagh, and Londonderry—others less so. Taking a broad practical view of the subject, they consider that all these limited institutions should not only be restored to a normal condition by additions, but supplemented when necessary, so as to meet local requirements, thereby effecting a complete provision for probably 8,200 beds, the existing but imperfect one being restricted to 7,347.

Dublin Scientific Club.

THE Club which has been in existence for some years has been reorganised this winter. Its object is to afford its members and associates an opportunity of bringing forward in an informal and conversational manner subjects of interest connected with any department of scientific knowledge. A brief outline of the progress of one branch of science will in future be given by the Chairman, and form the introductory business of the evening, after which opportunity will be afforded to those present to make communications on scientific subjects.

The Club meets on the first Monday in each month of the session as below, in the theatre of the Royal Dublin Society. The members of the club dine together at the Shelbourne Hotel at six o'clock on the evening of each meeting.

During 1876 the meetings will be as follows:—
January 3, Professor Ball, F.R.S., Astronomy.
February 7, G. Johnstone Stoney Esq., F.R.S., Physics.
March 6, Professor Hull, F.R.S., Geology.
April 3, Professor Emerson Reynolds, Chemistry.
May 1, Professor W. R. M'Nab, M.D., Biology.
November 6, Professor W. F. Barrett, F.R.S.E., Physics.
December 4, A. MacDonnell, Esq., C.E., Engineering.

The Curative Efficiency of Irish Lunatic Asylums.

The actual recoveries in Irish lunatic asylums during the last twelvemonth amounted to 932, the discharged, improved, or convalescent to 244, and the deaths to 623. Calculated on admissions the cures reach 43·40 per cent., if on all resident 9·80; while cures and improvements combined are equal to 53·20 per cent. in the former, and 12·5 in the latter contingency. With regard to deaths, the mortality—particularly if the severity of a long winter and the liability of the insane to pulmonary affections be considered—may be regarded as particularly low, when not exceeding 6·80 per cent., the average in lunatic institutions generally being 8·40. Included within the deaths are 4 from suicide, and 5 succeeding on accidents in an aggregate daily population of 7,254 patients, of whom in the year 1,174 were received on magisterial warrants and by depositions as evincing dangerous tendencies.

Tobacco and Malingering.

IT was stated at one of the New York medical societies recently that prisoners in certain American prisons were in the habit of passing tobacco into the rectum to prevent themselves being forced to work. This causes an alarming reduction of the pulse. This is indeed a most dangerous experiment in physiology, and such criminals ought to know that tobacco is so poisonous that a weak solution such as that used for strangulated hernai formerly has been known to produce death in a few hours.

The One Grade Irish Pharmaceutical Licence.

In a letter to the *Pharmaceutical Journal* Mr. Barnard Proctor adopts exactly as we put it to our readers our view of the impolicy of the course decided upon by the Irish Pharmaceutical Council in establishing only one grade of dispensers in Ireland.

The Irish Pharmaceutical Society, he says, having concluded to establish only one grade of dispensers, and that under the title of Pharmaceutical Chemists, it is not much to be wondered at that they should aim at a lower standard of examination than that conferring the same degree in England. Had they set their standard as high as ours they would necessarily so limit their candidates that Ireland would remain insufficiently supplied with legally qualified dispensers; and if they are satisfied with a standard no higher than our minor or modified examinations, which are considered enough to show that a man is qualified as a dispenser, common sense and justice are outraged by their assumption of equality with the higher grade on this side of the Irish Sea.

So beautiful a combination of the sister arts of blundering and plundering is not often met with. While they are endeavouring to rob the title of Pharmaceutical Chemist of its hard-won value they are also blundering in a way that it will take a generation or more to recover from. Time will be required for them to see the folly of their ways, to retrace their steps, to obliterate as far as possible the effects of their present procedure, to cast men of sterling metal in the mould which long experience has proved to be satisfactory, and to allow the holders of Brummagem qualifications to die out before the Irish Society can look for reciprocity or meet with the approbation of honest and honourable men.

While concurring with Mr. Proctor as to the unwisdom of the exclusiveness of the Council, we are not, of course, supposed to countenance the ridiculous claim which the English Society sets up to a patent right in the title of Pharmaceutical Chemist. The name simply implies the carrying on of a particular trade which happens to be under control of an Act of Parliament, just as the words Medical Practitioner signify a duly licensed physician or surgeon. No college claims the title of Medical Practitioner as its trade-mark, nor can any one be made amenable for using such a title, and if the English Pharmaceutical Society considers it necessary to brand its licentiates with some distinctive title, it should obtain authority—if it does not already possess it—to confer the exclusive use of some such letters as L.Ph.S.Eng.

Death of Professor Boeck, of Christiania.

The eminent syphilographer, Professor Boeck, is dead. He was chiefly known as a warm advocate of the practice of syphilisation, which met with few to approve, still fewer to employ it, and a multitude to denounce it as barbarian and unscientific. Professor Boeck travelled about, and visited many countries, Britain included, in the endeavour to disseminate his views.

The New International Club.

On Saturday last "The Hanover Square International Club" opened its doors under favourable auspices. A very large and fashionable attendance of its supporters and subscribers assembled together in the tastefully-fitted and spacious drawing-room of the club and partook of an elegant luncheon expressly provided for the occasion. This high-class International Club has secured the patronage and support of a large number of noblemen and gentlemen, amongst others, Prince Edward of Saxe-Weimar, Count Gleichen, Prince Batthyany, the German, Danish, Turkish, Belgian, Italian, Spanish, United States, and various other Ambassadors, as well as a number of the English nobility, clergy, officers of the Army, Navy, Civil Service, Members of Parliament of all complexions, and professional and private gentlemen of all nations. It bids fair to become a great success, and most assuredly it will supply a want long felt in this metropolis. General J. B. Creach is the Hon. Secretary.

Dr. Warburton Begbie has kindly presented £105 to the Medical Benevolent College.

The London Fever Hospital contained last week 124 patients, of whom 109 were there for scarlet fever. There were 85 deaths from this disease in London and 56 from measles, with 70 from whooping-cough.

The Maharajah of Vezianagram has engaged an American lady to open a dispensary at Benares, exclusively for the benefit of native women; while the enlightened Sir Salar Jung has done the same thing in Hyderabad.

We are sorry to have to record the death of Mr. James Huston, late Aural Surgeon to Guy's Hospital. That gentleman was well known as an accomplished aurist. He had retired from the profession, and occupied himself with the study of philosophy and with questions of social science. He was a truth-loving and benevolent man, and his friends will long and deeply deplore his loss.

The Lettsomian Lectures of the Medical Society of London were commenced by C. Theodore Williams, M.A., M.D., F.R.C.P., Physician to the Hospital for Consumption and Diseases of the Chest, Brompton, on Monday last, and will be continued on the 17th and 31st, at 8.30 p.m. Subject—"The Influence of Climate in the Treatment of Pulmonary Consumption."

The great biennial prize of the French Academy has been given, with the necessary consent of all the other academies, to Dr. Paul Bert Professor of Physiology at the Sorbonne, and a deputy in the National Assembly, for his labours and published work "On the Influence of Barometric Pressure on the Phenomena of Life."

The Dublin Obstetrical Society will meet on Saturday, the 8th inst., at eight o'clock, at the College of Physicians, when the following communications are set down for reading:—

Dr. Johnston, Clinical Report of the Rotunda Lying-in Hospital, 1875.

Dr. McGuire, The Use of the Forceps in Undilatable Os Uteri.

Dr. Churchill, Some Cases of Retained Ovum.

Papers by Dr. Roe and Dr. A. V. Macan.

The election of a Professor of Botany in the University of Dublin takes place on the 29th inst. by the Provost and Senior Fellows of Trinity College. The emoluments

and advantages of the Professorship consist of the following items :—

1st. A fixed salary of £200 per annum.

2nd. An additional salary of £50 per annum, as Curator of the Herbarium.

3rd. An additional payment of £100 per annum, on condition that the Professor shall deliver Term Lectures and give Botanical Demonstrations to Students in Arts, as regulated by the Provost and Senior Fellows.

4th. Fees for Lectures, to Medical Students, £3 3s. each.

The vacancy in the Professorship takes place—in accordance with the School of Physic Act—every seven years, as a matter of rotation, and the outgoing Professor, Dr. Edward Percival Wright, will most probably retain his office.

Advantages of Early Treatment in Mental Diseases.

THE advantages derivable from an early treatment in mental disorders as represented by speedy recoveries have been fully borne out in Irish district asylums during the past year, for out of the cured and improved, 1,176 in number, 429 were discharged in the course of four months ; and in the interval of from four to eight months, 339, the total between both periods being 913, or two-thirds of the whole. Similarly as regards the recuperative powers of the mind in the earlier stages of life, the inspectors note that 361 were removed in perfect health who were under 30, and 569 between 30 and 40, constituting nearly four-fifths of the whole discharged. No doubt extensive as have been the advantages derived from district asylums in Ireland, they whuld be still more perceptible but for their being in many instances congested with hopeless cases ; during the past year between aged and demented, the idiotic and epileptic classes 339 individuals were received into them likely to become residents for their remaining existence, accumulating from one twelvemonth to another. The inspectors learn from the carefully compiled statistics before them, that the lunatics probably curable *on the 1st of* the present year were limited to 1,703, the *uncurable* to 5,140 ; idiots and epileptics to 742, making up an aggregate of 7,585 ; nevertheless the inspectors consider that by comparison they have no reason to complain, as in England the Commissioners report that in the public hospitals for the insane under their control, there are 30,098, who though affording little or no hope of recovery, still as a body require asylum treatment ; in other words, the incurable there predominate by twelve to one. The number of relapsed cases that had been previously in hospital once or twice before and admitted in the past year was 392, and from three to as many as six times, 37, a circumstance indicating the recurrent tendency of mental diseases, which would appear to be much stronger among females in whom moral causes predominate than among men, who, on the contrary, are more susceptible of physical influences. In 1,013 patients out of 5,360 an hereditary predisposition to insanity was traceable. We could obtain on this head no reliable information in 2,160 cases of the 7,585 in district asylums on the 31st December, 1874—within the close relationship of parents, brothers, sisters, and first cousins, there were out of the 1,013, 339 individuals.

Social Condition of the Inmates.

THE social condition of the inmates of Irish asylums as shown in the late report of the inspectors presents a remarkable feature in regard to marriage and celibacy, totally at variance with what obtains elsewhere, but particularly in England ; the married known insane amounting to only 2,082—the single to 5,164, or as 2 to 5—in England the married would appear to stand precisely in an almost inverse proportion.

THE nobleman whose death was announced in the telegram from Alicante is, says the *Hour*, no doubt the Earl of Aldborough, who has been living a very secluded life on the Canlabrian coast for some years. He was 67 years of age, and unmarried. He is the same nobleman whose name appeared for a length of time associated with Professor Holloway's advertisements. "The Earl of Aldborough and Holloway's Pills" was familiar to all newspaper readers twenty years ago. If his lordship has been using the pills ever since, either his constitution or the professor deserve credit for his having survived within three years of the allotted span.

Correspondence.

IRIDECTOMY IN CASES OF EXTRACTION FOR CATARACT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It seems desirable that the ophthalmic fog complained of by a recent writer in your journal should be cleared up. The writer in question appears to condemn "*in toto*" the sacrifice of any portion of iris during the operation of extraction for cataract. While concurring with him so far as to admit that the adoption of iridectomy in every case is unnecessary and therefore unjustifiable, I think we must admit that there are a large proportion of cases in which it would be eminently unsafe to extract without removing a portion of iris. When a patient presents himself for extraction looking older than he is, wasted and tremulous from age or premature decay, with thin white locks, soft and sunken eyeballs, cornea of small diameter, rigid iris, and thin wrinkled skin, it is well to do an iridectomy either at the time of the operation or some weeks previously, the latter being the preferable course. The removal of a portion of iris is also an excellent safeguard against disaster if anything has gone wrong with the operation, such as excessive bruising of the iris, unavoidable retention of portions of cortex, or very marked tendency to prolapse, also in certain cases where we are obliged to operate upon immature cataracts. Those patients in whom these symptoms and accidents or other sinister complications are conspicuous by their absence may be spared the sacrifice of any portion of iris, and such cases yield by far the most brilliant results.

The removal of a portion of iris prevents prolapse, and takes away that portion of the membrane which is most bruised, and the first to become inflamed should ordinary reaction reach to that height. The saving of the pupil prevents the dazzling occasioned by a coloboma, corrects the aberration occasioned by sphericity of the cornea, diminishes irregular circles of diffusion, and largely compensates for the absence of the lens. For years past I have extracted in a large proportion of cases without iridectomy, and some of my patients declare that they can see as well as ever in their lives before.

Your obedient servant,
CHARLES BELL TAYLOR, M.D.,
Surgeon Nottingham and Midland Eye Infirmary.

Medical News.

Vital Statistics.—From the Registrar-General's returns we learn that during last week 4,726 births and 3,847 deaths

were registered in London and twenty other large towns of the United Kingdom. The mortality from all causes was at the average rate of 26 deaths annually in every 1,000 persons living. The annual death-rate was 24 per 1,000 in London, 26 per 1,000 in Edinburgh, 27 in Glasgow, and 27 in Dublin. The annual rates of mortality per 1,000 during the same period in the other large towns were—Portsmouth 17, Norwich 23, Leicester 21, Wolverhampton 22, Sunderland 21, Bradford 24, Birmingham 27, Bristol 35, Sheffield 25, Leeds 29, Nottingham 23, Liverpool 28, Newcastle-on-Tyne 28, Manchester 35, Salford 38, Oldham 31, and Hull 20. The annual death-rate from the seven principal zymotic diseases averaged 4·2 per 1000 in these towns, and ranged from 1·5 both in Wolverhampton and Sunderland, to 8·2 and 11·2 in Manchester and Salford. Scarlet fever caused 28 deaths in Manchester and Salford, 21 in Bristol, and 15 in Leeds. Eight more fatal cases of fever were registered in Sheffield. Of the 6 deaths referred to fmall-pox in these towns, 4 occurred in Manchester and Salford, and 2 in Bristol. In London the 1,603 deaths included 85 from scarlet fever, 20 from different forms of fever, 12 from diarrhœa, and not one from small-pox. The deaths from the principal zymotic diseases were 23 below the corrected average number in the corresponding week of the last ten years. The 20 deaths referred to fever were so many as 30 below the corrected average number in the corresponding week of the last ten years; 4 were described as typhus, 11 as enteric or typhoid, and 5 as simple continued fever.

William Sands Cox, F.R.S., F.R.C.S., D.L.—This eminent provincial surgeon, whose death is announced, was a son of the late Mr. Edward Cox, a surgeon of repute in Birmingham, and was born in the year 1802. He began his medical studies with his father, and afterwards repaired to London, where he attended the practice of Guy's and St. Thomas's Hospitals, under Sir Astley Cooper, Mr. Green, and other eminent teachers in that distinguished medical school. The deceased was admitted a member of the College of Surgeons, Jan. 2, 1824, and in the following year was elected Surgeon to the Birmingham Dispensary. Mr. Cox, in conjunction with a few professional friends, founded the Queen's College and Queen's Hospital in Birmingham, and was for some years Professor of Surgery in the College, and Surgeon to the Hospital, which post he resigned in 1863, when he was appointed consulting surgeon. He was an accurate anatomist and fluent lecturer, distinguished alike for the clearness of his discourses and for the thorough knowledge of the science which he taught. Apart from his profession, Mr. Cox was well known and equally respected. He was a magistrate and deputy-lieutenant for Warwickshire, a Fellow of the Royal Society, a Fellow of the Royal College of Surgeons of England, a Fellow of the Chemical Society, and had contributed largely to medical literature.—*Standard.*

Contraction of the Trapezius, simulating Deviation of the Vertebral Column.—Cure.

I. C. Pravaz (*Gaz. Hebdom.*) records the following case:—

A young girl of fourteen was affected, after some severe mental disturbance, by a deviation of the spine, the bending of the vertebral column progressing gradually for four months, until scoliosis to a marked degree was attained. The dorsal vertebræ were most severely affected, the convexity above being to the right, with compensating deviation below. The upper and inner angle of the scapula was raised, the lower angle drawn strongly off. The upper part of the right trapezius was hard, and painful to pressure. By faradization of the anterior serratus magnus the scapula could be brought into position again. Galvanisation of the trapezius, douches, massage, all were of no avail. Hypodermic injections of a one per cent. solution of atropia to the extent of two to four drops twice a week were then ordered. No effect was felt from these until the dose had been increased to six drops which brought on general toxic symptoms. The spinal deviation began to amend from this time, and eventually the case ended in entire recovery.

Dr. Pravaz adds short notes of two similar cases coming under his care, both of which were successfully treated by atropia injections.—*Philadelphia Medical Times.*

On "Unconscious Cerebration."

Dr. Carpenter's theory of unconscious cerebration has been ably attacked by Dr. William W. Ireland, in the *Journal of Mental Science.* He observes, in closing:—

The recovery of lost names can be explained to a cer extent by the mental process of association, but not by " integrating and disintegrating mental processes." It be that a schoolboy who can say his lesson more readil the morning than on the evening before, is aided by fresher state of his brain; but we do not see that " fact," upon which Dr. Carpenter is asked to ponder v has been established on scientific evidence. How do know, for example, that "the disintegrating process" n takes place without a display of consciousness? Is th never any disintegration of the tissues of the brain with consciousness? Or may not consciousness accompany integration of the tissues? We can infer, from cert changes and reactions in the blood, that mental exertio followed by waste of the tissues of the brain, and that t waste is proportioned to the amount of work, but what the order and succession of changes which go on in the ne cells, or nerve fibres, during thought is, as yet, unknow us. When we can detect a desire with a chemical re-ag and when we can see an abstract idea through the mi scope, we shall, perhaps, have a true physiology of mind.

In any case the theory of "Unconscious Cerebrati derives no support from physiology, It is a child of old metaphysics, to be brought forward and repelled by study and analysis of mental operations, cognisable by ternal self-examination.

Evils from the Use of Wheaten Flour.

In the "Transactions of the New Hampshire Med Society, Dr. Ephraim Cutter, of Cambridge, Mass., bri a heavy indictment against flour as food. His article aim answer in the affirmative all the following questions:—

1. May it not be possible that the use of flour is a ca of the prevalence of diseases of the nervous system?
2. May it not be possible that the use of flour is a ca of the present lamentable and astounding prevalence of l erupting and decayed teeth?
3. May it not be possible that the use of flour is cause of the present prevalence of weak and diseased ey
4. May it not be possible that the use of flour is cause of the prevalence of baldness and premature g hair?
5. May it not be possible, that the so-called change the type of disease may, in some measure, be due to the of flour, so universal for the past forty years?
6. May it not be possible that the use of flour is one ca of the prevalence of some of our chronic diseases, as cata and consumption?
7. May it not be possible that the use of flour is one ca of the numerical decline in our native population in N England?

He concludes, that the universal and exclusive use flour, as found at the present time among the nations Christendom (as Liebig suggests), results in disaster to t human race, in these particulars.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are part larly requested to make use of a *distinctive signature or initials,* avoid the practice of signing themselves "Reader," "Subscrib 'Old Subscriber," &c. Much confusion will be spared by attentio this rule.

To our Subscribers in Ireland.—In consequence of the Index pearing as a Supplement in our present number, we are unable to g the usual Supplement on Poor-law medical affairs. It will, howe be given with the next number in the ordinary course.

Reading Cases.—Cloth lettered cases with strings to hold th numbers contained in each volume are now ready, and can be ha the offices of this journal in London, Dublin, or Edinburgh, or thro any bookseller, price 2s. 6d.

Heart Disease.—Dr. James E. Pollock's paper "On Cer Varieties of Heart Disease, with reference to Prognosis and Tr ment," will be continued in our next.

Dr. Abrath's letter arrived as we were going to press.

Royal College of Surgeons [of London.—The Gulstonian l tures will be delivered at the College by Dr. Shepherd on March 10, 17, at 5 o'clock. The Croonian Lectures by Dr. Dickinson on M 22, 24, 29, at the same hour. The Lumleian Lectures by Dr. Habersh on March 31, April 5 and 7, also at 5 o'clock. The subjects of t lectures will be announced by us the week prior to their delivery.

Compensation with a Vengeance.—A medical man of Mont has recently sued his landlord for 20,000 dols. for illness caused, alleges, by the unhealthiness of the house in which he resides. How verdict has turned we have not yet heard, we should imagine in fav

of the landlord, not necessarily as a matter of justice, but because, if a precedent were once established, every convalescent and the relatives of persons deceased would find illness and even death a profitable business, and the cause would, by some circuitous route, be traced to the door of each unfortunate landlord.

Obstetrical Society of London.—This evening, at 8 p.m., the Annual Meeting and Election of Officers and Council will take place. After the President's Address, Dr. Routh will read "A Case of Extra-Uterine Fibroid successfully treated by Gastrotomy," and Dr. John Williams, "On the Mechanical Action of Pessaries."

Army Surgeon.—An examination of candidates for commissions in the Army Medical Department will be held at the University of London on the 14th prox. The list closes ten days previously.

Mr. Geo. Tatham will please receive our best thanks.

Mr. Vincy.—We do not know the Analytical Tables to which you refer; the author named has certainly not published any.

Dr. E. S.—Not suitable for our columns.

Communications, Enclosures, &c., have been received from—Mr. Jolliffe Tufnell, Dublin. Dr. Francis R. Hogg, Delhi, India. Mr. Fleming, Chatham. The Director-General of the Army Medical Department. Dr. W. Moore, Dublin. Dr. E. Lane, Kirton. Dr. Atherton, Thatto Heath. Mr. Porter, Dublin. Mr. Field, London. Professor Ulrich, Bremen. Dr. Bartley, Weston-super-Mare. Dr. Birchenall, Macclesfield. Prof. Tichborne, Dublin. Dr. Altschul, London. Dr. Alfred Sheen, Cardiff. Dr. Hughlings Jackson, London. Dr. Dunglison, Philadelphia. Mr. Napier, London. Mr. Barker, London. Dr. Harrison, Ilkley. Mr. Gaskoin, London. Mr. Raulier, Paris. Mrs. Fayrer, London. Mrs. Baines, London. Mr. Jabez Hogg, London. Dr. Kirby, London. Major Borrowes, Naas. Dr. Watson, Glasgow. Dr. Lombe Atthill, Dublin. Mr. McLintock, Dublin. Dr. Henson, Manchester. Mr. H. Gray Croly, Dublin. Dr. Davys, Cremona. The Registrar of the Royal College of Physicians of London. Mr. D'Orsey, Bayswater. Dr. Harris, Dublin. Mr. Tallach, the Howard Association. Dr. Gray, Speenhamland. Dr. Barlow, Manchester, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Practice of Midwifery. By D. Lloyd Roberts, M.D. London: J. and A. Churchill.

Observations de Metrorrhagies. By le Dr. Guéneau de Mussy. Paris: H. Lauwereyns.

The Practitioner for December. Macmillan.

The Veterinary Journal for December. Baillière.

The Geography of Disease in England and Wales. By Alfred Haviland, M.R.C.S. London: Smith, Elder, and Co.

VACANCIES.

Central London Sick Asylum. Assistant Medical Officer. Salary, £100 per annum, with board and residence. Applications to be addressed to the Clerk, Highgate Infirmary, N.

St. Luke's Hospital for the Insane, London. Clinical Assistants.

Derby Infirmary. Assistant House Surgeon. Board, lodging, and washing, but no salary. Address the Secretary.

Huntingdon County Hospital. House Surgeon. Salary commencing at £60, with board. Applications to Mr. Oldham, Surgeon, Huntingdon.

Liverpool Ear and Eye Infirmary. House Surgeon. Salary, £80, with board. Apply to the Hon. Treasurer, 8 Knowsley Buildings, Liverpool.

Birmingham. Assistant Workhouse Medical Officer. Salary. £100, with furnished apartments, &c. Endorsed applications to be sent to the Parish Offices, Paradise Street.

Bolton Union. Assistant Medical Officer of Workhouse. Salary, *£100, with* board and residence. Endorsed applications to the Clerk *of the Board.*

APPOINTMENTS.

Allden, J. H., M.R.C.S.E., House Surgeon to the London Hospital.

Anderson, R. J., M.D., Demonstrator of Anatomy at Queen's College, Belfast, vice Charles, appointed Professor of Anatomy and Physiology at Queen's College, Cork.

Colby, W. T., M.R.C.S.E., Medical Officer for the Malton District and the Workhouse of the Malton Union, Yorkshire.

Cooper, W., M.R.C.S.E., Medical Officer for the Farnworth District of the Prescot Union, Lancashire.

Duke, R. R., L.R.C.S.I., Medical Officer for the Western District of the Cerne Union, Dorsetshire.

Flood, Mr. F. P., an Assistant Resident Medical Officer to the General Infirmary, Leeds.

Frobisher, Mr. W. M., an Assistant Resident Medical Officer to the General Infirmary, Leeds.

Inglis, A. M., M.D., a Consultiug Physician to the Worcester Infirmary.

Irvine, J. P., M.D., M.R.C.P.L., Lecturer on Forensic Medicine at the Charing Cross Hospital Medical School.

Lace, J. I., L.R.C.P.Ed., L.F.P. & S. Glas., Medical Officer for the Lamplough District of the Whitehaven Union.

Metcalfe, Mr. P. H., an Assistant Resident Medical Officer to the General Infirmary, Leeds.

Pye-Smith, R. J., L.R.C.P.L., M.R.C.S.E., House Surgeon to the Royal London Ophthalmic Hospital.

Reid, W., M.B., C.M., House Surgeon to the Stroud General Hospital.

Thursfield, W. N., M.D., M.R.C.S.E., Medical Officer of Health for the Newport Urban Sanitary District, Salop.

Walter, W., B.A., M.B., L.K.Q.C.P.I., House Surgeon to the North Staffordshire Infirmary, Stoke-upon-Trent.

Deaths.

Ball.—On the 26th November, at Little Sutton, Cheshire, J. W. Ball, M.D., M.R.C.S.E., aged 62.

Crookenden.—On the 21st December, at Lincoln House, Kensington, Dr. H. Crookenden, aged 57

Fothergill.—On the 19th December, at Stoke Newington, John Fothergill, Surgeon, aged 69.

Harrison.—On the 12th December, at the Lunatic Asylum, Douglas, Isle of Man, A. R. Harrison, M.D., Resident Medical Superintendent, aged 40.

Hinton.—On the 16th December, at St. Michael's, Azores, J. Hinton, M.R.C.S.E., late of Savile Row, aged 51.

Llewellyn.—On the 14th December, at Newington Causeway, Wm. B. J. Llewellyn, L.R.C.P.Ed., aged 46.

Sargent.—On the 21st December, at the Suffolk Lunatic Asylum, Melton, Geo. Sargent, M.R.C.S.E., aged 30.

Seward.—On the 23rd December, Thos. Seward, M.D., of the 90th Regt. Light Infantry, late of Westrn, near Petersfield.

Speirs.—On the 25th December, at St. Vincent Street, Glasgow, John Speirs, L.F.P. & S. Glas.

Synnott.—On the 15th December, at Bishop-Auckland, Patrick A. Synnott, M.R.C.P.Ed.

Wetherell.—On the 22nd December, at Highgate, N. T. Wetherell. M.R.C.S.E., aged 75.

Williams.—On the 26th December, at High Street, Bangor, Owen T. Williams, L.R.C.P.Ed., M.R.C.S.E., aged 32.

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1 oz	ditto	ditto		6s. 0d. ,,
1½ oz.	ditto	ditto		6s. 6d. ,,
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MEDICAL SOCIETY OF LONDON, Founded 1773.—11 CHANDOS STREET, CAVENDISH SQUARE, W.

SESSION 1875-76.

The LETTSOMIAN LECTURES will be delivered by C. THEODORE WILLIAMS, M.A., M.D., F.R.C.P., Physician to the Hospital for Consumption and Diseases of the Chest, Brompton, on MONDAY, JANUARY 3rd, 17th, and 31st, 1876, at 8.30 p.m.

SUBJECT—"The Influence of Climate in the Treatment of Pulmonary Consumption."

C. THEODORE WILLIAMS, M.D. } Hon. Secs.
RICHARD DAVY, F.R.C.S. }

ARMY MEDICAL DEPARTMENT,
1st January, 1876.

AN EXAMINATION of CANDIDATES for COMMISSIONS in the Medical Department of Her Majesty's Army will be held in London on the 14th FEBRUARY, 1876, and following days. Candidates having the necessary qualifications to practise Medicine and Surgery under the Medical Act, and who are not under 21, nor above 28 years of age, are eligible to attend.

Application for the printed Schedule, prior to the Examination, should be made in writing, without delay, to the Director-General, Army Medical Department, War Office, London. As the list will be closed on Saturday, the 5th February, all schedules and necessary certificates must be returned on or before that date. There will be 40 appointments offered for competition.

(Signed) W. M. MUIR, Director-General.

CARLOW UNION.
BAGENALSTOWN DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.—The Committee of Management of the above Dispensary District will, at their Meeting to be held at the Dispensary, Bagenalstown, on WEDNESDAY, the 19th day of JANUARY, 1876, at One o'clock p.m., appoint a duly-qualified MEDICAL OFFICER for the District, at a Salary of £100 per annum, exclusive of £20 per year as Sanitary Officer and Vaccination Fees.

The person appointed will be required to reside in the town of Bagenalstown, or immediate neighbourhood.

Applications, with Testimonials, &c., to be lodged with Mr. JOHN MAGRATH, Bagenalstown, Honorary Secretary, not later than 12 o'clock noon on the day of election.

Personal attendance of Candidates necessary.

By Order, EDWARD L. JAMESON,
Clerk of the Union.

Board Room, Carlow, 30th December, 1875.

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SURGICAL SOCIETY OF IRELAND.—The next meeting of the Society for the present Session will take place on FRIDAY evening next, the 7th day of January, 1876. Chair will be taken at half-past eight o'clock, precisely.

By Order,
B. WILLS RICHARDSON, F.R.C.S.I., } Hon. Secs.
JOLLIFFE TUFNELL, F.R.C.S.I., }
Royal College of Surgeons, December, 1875.

TRINITY COLLEGE, DUBLIN.—SCHOOL of PHYSIC in IRELAND.—Pursuant to the provisions of the School of Physic Act, 40 Geo. III., ch. 84, and Amendment Act, 30 Vict., ch. 9: Notice is hereby given that the Professorship of Botany in the School of Physic will become vacant on the 23rd January, 1876; and that on Saturday, 29th January, the Provost and Senior Fellows of Trinity College will, at the hour of twelve of the clock (noon), in the Board Room of the said College, proceed to elect a Professor of Botany.

The Emoluments and advantages of the Professorship consist of the following items:—

1st. A fixed salary of £200 per annum.
2nd. An additional salary of £50 per annum, as Curator of the Herbarium.
3rd. An additional payment of £100 per annum, on condition that the Professor shall deliver Term Lectures and give Botanical Demonstrations to Students in Arts, as regulated by the Provost and Senior Fellows.
4th. Fees for Lectures, to be regulated from time to time by the Provost and Senior Fellows.

N.B.—The Fees at present are—
Lectures to Medical Students £3 3 0

Graduates in Arts, and Students whose names are on the College books, are admitted to the Medical Course without payment of Fees.

All Candidates are required to send their names, with the places of their education, the Universities where they have taken their Medical Degrees (if any), and the places where they have practised (if any), to the Registrar of Trinity College, Dublin, and the Registrar of the King and Queen's College of Physicians in Ireland, on or before Saturday, 22nd January, 1876.

Candidates wishing for further information are requested to communicate with the Rev. Dr. HAUGHTON, Medical Registrar, Trinity College, Dublin.

ANDREW S. HART, Registrar, T.C.D.
J. MAGEE FINNY, Registrar, K. & Q.C.P.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 12, 1876.

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ON CERTAIN VARIETIES OF HEART DISEASE, WITH REFERENCE TO PROGNOSIS AND TREATMENT.

By Dr. James E. Pollock, F.R.C.P.,

Senior Physician to the Brompton Hospital for Consumption.

(*Continued from page 467 of last Vol.*)

The final results of heart disease are of course manifested in *congestion* of the two great systems of the circulation—*pulmonary* and *systemic*. To the latter belongs *cerebral apoplexy*—of which I shall speak briefly—and in considering the lesions of each valve separately, I shall refer to the effects on the two systems. I shall endeavour to exhibit the symptoms and progress in the order of their frequency and importance.

Simple aortic obstructive disease may exist for years with but slight inconvenience to the system. The result, as is well known, is hypertrophy of the left ventricle, and if the ventricle increases in power so as to be able to propel a sufficient quantity of blood into the aorta the system does not materially suffer. It is a rare disease, and the progressive thickening of the left ventricle is an admirable instance of compensation. Thus this affection, when simple, is neither a cause of systemic nor of pulmonary congestion, and excepting slight dyspnœa and occasional faintness, the patient does not suffer. (In 116 cases of systemic congestion observed, only 16 were purely aortic.—*Blackiston*). It was formerly supposed by Hope and others that *cerebral congestion* was directly caused by the hypertrophy of the left ventricle, and it is also the opinion of Sir G. Burrows; but I cannot support this view, as the additional propulsive power gained by the thickened ventricle is expended on overcoming the obstacle in the valve, and cerebral congestion is caused, like all the other congestions in heart disease, by impediment to the return current rather than by the force of the ventricle.

The *prognosis* in simple obstructive disease of the aortic valves may be good for time so long as the ventricle continues to act with power. And such cases have lasted under my observation for very many years. In my earlier days I have seen them treated by blood-letting, by digitalis used as a cardiac sedative, and by setons over the heart; those remedies being used to subdue hypertrophy and its supposed fatal result of driving the blood with too much force on distant organs; but it is now acknowledged that the hypertrophy is a healthy compensatory process, and that the inconvenience of an augmented supply of blood to the brain, lungs, liver, and kidneys is only fraught with danger when a venous stagnation prevents its free return from those organs. I am not aware that sudden death ever results from obstructive aortic disease.

Aortic regurgitation is accompanied by more mechanical difficulties and proportionate danger than the simple obstructive thickening of the valves. The reflux of the blood into the ventricle meets the blood entering from the auricle, causing engorgement of the pulmonary veins and of the lungs. The obstruction in the lungs excites hyperaction of the right ventricle, and ultimate dilatation, while the left ventricle becomes mechanically dilated by the reflux from the aorta. It is in fact the seat of two currents of blood from opposite sides—from the aorta and from the auricle. Death in such cases is commonly either from pulmonary engorgement, pneumonia, apoplexy, or œdema, or it occurs suddenly from cerebral syncope. I believe the sudden cases are due to failure of the left ventricle to supply the brain, and this result is most common where the ventricle has undergone degeneration of its walls. The danger of an aortic regurgitation is therefore very great, sudden collapse, and fatal fainting being common. I need scarcely remind you also that obstructive and regurgitant disease may coexist in this as in all the valves, when the symptoms are more complicated and more dangerous.

In speaking of these valves separately, it is not to be forgotten that in advanced cases it is rare to find a single lesion, although it may be convenient to study their results separately. Thus the mitral valve is found diseased in combination with the aortic in numerous instances, and the same is to be remarked of the ventricles. It is rare to find one ventricle only dilated, no matter what the leading

form of disease may have been. The dangers then arising from diseased aortic valve when the affection is single are cerebral and pulmonary, and not commonly that secondary systemic congestion which results in cardiac dropsy.

Mitral obstructive disease, or stenosis, is a rare form, as a single affection. The presystolic murmur which has lately attracted so much attention from the labours of several observers (Hayden, Fagge, Walker, Waters, and Semple) is characteristic, and was unknown to the earlier students of heart disease. It is synchronous with the auricular contraction and the period of silence in the heart's rhythm, and is caused by the obstruction in the onward current from the left auricle through the mitral valve. It thus illustrates the natural action of the heart —the auricles contracting silently in health, the onward current through the mitral being unaccompanied by sound. The order of events in mitral contraction appears to be that the left ventricle imperfectly supplied with blood contracts, and the left auricle becomes overdistended as the blood pours in from the lungs. The engorgement extends back to the lungs, thence to the right ventricle, which becomes hypertrophied. Thus the lungs become doubly engorged, by the return current obstructed and by an augmentation of the supply current. From this state of things pulmonary apoplexy, pulmonary congestion, and œdema (one or other) must certainly result. And when the lung congestion is propagated backwards to the right ventricle, if its dilatation occur, and the right auricle be blocked, systemic venous congestion results, and so cardiac dropsy.

The affection is rare, and therefore must occupy a small place in the history of valvular disease; but it is to be remarked of it that this lesion again illustrates the fact that the extreme gravity of all diseases of the valves of a chronic nature is only reached when venous stagnation occurs.

Mitral regurgitation is much more common and important. The blood regurgitates into the left auricle, which dilates from pressure of ventricle, and the obstacle is propagated back to the lungs. Consequently pulmonary congestion, hæmoptysis, apoplexy, pneumonia and œdema are frequent results. The right ventricle labours to overcome the obstacle at mitral valve. In a manner the two ventricles become opposed to each other with the lungs intervening. The one to yield first *is the right*, for I find that in 84 fatal (Blakiston) cases of pulmonary congestion attenuation of the right ventricle was found in *all*, and of the left in 17 only, while both were thinned and dilated in 8. But as the disorder of circulation progresses the left invariably yields also, and those figures do not truly represent the ultimate effects of mitral regurgitation, for we seldom indeed find after death dilatation of only one ventricle. When the disease reaches the right heart, and such distension of its chambers occurs as leads to its engorgement with venous blood, the systemic events of extreme gravity are instituted, which end in cardiac dropsy. Thus we see that mitral regurgitation acts indirectly but surely in producing systemic congestion by first producing pulmonary stagnation or block. If death does not occur from dyspnœa, pulmonary apoplexy, congestion, or pulmonary œdema—which is the first order of events—it ultimately takes place in the slower form of obstructed return of venous blood to the right side of the heart.

The right cavities and valves of the heart are rarely diseased primarily, but they play an important part in the history of valvular disease, for it is when they become charged with venous blood through the medium of lung congestion that the final disasters of systemic congestion occur.

We need not examine obstructive and regurgitant disease of the pulmonary valves, on account of the rarity of their occurrence. *Tricuspid insufficiency*, allowing of regurgitation, is, however, of great importance. It occurs in a large number of cases of dilated right ventricle, and is often caused by shortened cordæ tendineæ, or adhesion of a valve to the ventricle. It is a direct cause of venous congestion. In 91 out of 108 cases of dilated right ventricle, Blakiston found *tricuspid insufficiency*, and the orifice dilated often to a circumference of 6 inches, its average circumference in health being 4 or 4½ inches. The venous pulsations in the neck so often seen in advanced cases of heart disease are significant of this lesion, and also of the general venous stasis which occurs. When such cases do not die rather suddenly of fatty degeneration of the ventricles, a pulmonary congestion propagated back to the right chambers of the heart (and itself originated in mitral patency) generally proves fatal by systemic congestion and dropsy. The prognosis of *tricuspid* regurgitation must be very guarded, as a fatal result may occur at any time, and particularly as cerebral congestion is a frequent result.

Before proceeding to consider the treatment applicable to chronic valvular disease, I would recapitulate certain propositions.

1. Primary disease of the left valves and chambers of the heart is most common, but ultimate systemic congestion is reached when the right chambers become enlarged and the walls thinned.

2. Pulmonary congestion is prior in order of events to the congestion of the systemic organs, but it is propagated backwards to the right heart, and thence to the general venous system.

3. Both pulmonary and systemic congestion arise not so much from the force of the arterial blood thrown into the lungs or capillaries by the hypertrophied ventricles as from obstruction of the return current; hypertrophy, therefore, although it may aggravate a congested organ by increasing arterial tension, can never cause a congestion *per se*.

4. Death without disturbance of the systemic or pulmonic circulation is generally sudden, as syncope from imperfect supply to the brain, the ventricle walls being fatty, or from cerebral or pulmonary apoplexy.

5. The valvular obstructive diseases may be extensive without causing death.

6. The valvular regurgitant diseases are more formidable, as leading directly to dilatation of the ventricles and auricles.

7. Hypertrophy of the walls of heart cavities is always compensatory, and seldom a cause of danger.

8. Dilatation of the walls of the cavities, with progressive loss of muscular power, is the most formidable of all the affections, and it is reached invariably as the final stage of all chronic valvular disease.

9. Dilatation and thinning of walls is the immediate antecedent of venous congestion, and venous congestion is the final cause of cardiac dropsy. It will be convenient to trace back the effects of venous congestion on the system.

The right heart having become dilated, and incapable of acting on the whole of the venous blood entering it, the venæ cavæ are the first to suffer; cerebral congestion results. On the inferior cava depends the whole portal system, so that the liver is congested, and often enormously enlarged, the renal veins are engorged, and the kidneys secondarily, so that their secretion is greatly diminished, and the urine becomes albuminous. The mesenteric system, the iliac veins, the femoral and saphena show their engorgement by ascites (and conjointly with the renal congestion as a cause), by anasarca of the integuments, which gradually spreads over the whole body. The pulmonary system, as has been said, is blocked early, generally through mitral regurgitation and dilatation of the ventricles; hence pulmonary œdema will often be found over the bases of the lungs, even before the ankles pit on pressure; but when the latter symptom occurs it commonly means distress of the right cavities of the heart and incipient venous overflow.

Now this is the state of things which we are often called on to remedy, and I need scarcely recall to your memory the pictures of cardiac distress which we have so often witnessed. Your patient sits stooping forwards with elbows on the arms of a chair; his breathing is short, and his words are broken and anxious; he points to the ster-

num as the seat of his distress; his colour is congested, red, or perhaps dusky, and his lips dark. He says he has not slept for days and nights, and he points to his uncovered feet, cold, swollen, and pitting more or less deeply on pressure. Perhaps even the genitals and abdominal walls are swollen. If he fall asleep, which will often happen, even while you are talking to him, he starts up with great distress, and gasps. His urine is scanty and albuminous; perhaps his liver is enlarged; a subcrepitant sound over one or both lungs indicates œdema of those organs, or dulness over the base indicates serous effusion into the pleura. This is, of course, the picture of an advanced case, but it is typical, and the earlier symptoms may only be congested face, colour scarcely dark, dyspnœa,, and slight pitting of ankles; the pulse may be full and tense, or yielding and partly filled, or dichrotous, varying with the valve affected. The whole of the conditions described are due to two main causes—

1. Mechanical stasis of the blood, chiefly in the venous canals and right heart, and resulting capillary congestion of all parts of the body.

2. Of insufficient power on the part of the heart cavities to propel the blood.

If we could find remedies to meet these two conditionss we should certainly at once relieve, and possibly cure, the patient. At all events, life would be saved for that time.

Now it is remarkable what nature does: let us observe carefully, and follow in her steps. She makes use of two means of relief—first, by a hæmorrhage, it may be from the lungs, or from the stomach, and next by serous effusions into the cavities, into the cellular tissues, *anywhere* as an overflow, to relieve the bursting pipes. Next she strengthens the working muscles, which are labouring to drive the blood on through the heart's chamber, and we have all seen the surprising thickening of the heart walls which takes place.

Now, have we any remedies like these?

First, dare we lessen the quantity of the blood circulating with such difficulty through the veins?—filling up the great organs and slowly reaching the right auricle? What would be the result? 1. Immediate relief to the over-charged right chambers of the heart. 2. Lessened arterial tension, diminished capillary engorgement, and the pulmonary system relaxed so that with lessened quantity of blood the lungs are enabled to transmit at length some properly aerified blood to the left ventricle for systemic use. Your patient draws a deeper breath—his colour improves—perhaps he sweats—the result of lessened tension of the arterioles—and he lies down and *sleeps!* This is a sleep which you have failed to obtain by opium, or morphia, or chloral. It is the sleep of a brain supplied with better quality of blood.

What are the objections?

1. "By blood-letting you weaken the tone of the ventricle, which you would fain strengthen." I reply that by withdrawing a portion of the blood which is causing over-distension, you permit of more free action of the walls of the heart.

2. "You exhaust your patient and hasten a fatal issue." This remark applies only to very advanced cases, where of course blood-letting is inapplicable. But is it advisable or not in the early stages of heart congestion?

Some months ago my friend Dr. English, of Brompton, asked me to visit a middle-aged gentleman who had a mitral regurgitant murmur. Doubtless he had had it for some time, but he never discovered anything wrong in his health till about a fortnight before, when he got dyspnœa, which gradually increased. We found a stout, muscular man, of florid complexion, gasping for breath, his face much congested. He was sitting up, and had not slept for several nights; his ankles pitted; his urine was scanty, not albuminous. He complained much of tension over the abdomen, and of tightness at the sternum. He has a mitral regurgitant harsh murmur, strong action of the ventricles, cardiac dulness increased transversely, but not to an extreme degree. On carefully regarding this case I proposed to take blood from his arm, and to this Dr. English agreed; but as the family demurred we proposed to ask Sir W. Gull. We did not communicate to him our proposed remedy. After seeing him his first remark was, "I have not ordered blood-letting for some time, but that is a case for trying it!" We bled that patient to ʒxx. with immediate relief; and he continued relieved for a long time, although of course we could not cure his mitral murmur; yet I believe we delayed the dilatation of the ventricles and subsequent congestions.

I believe, then, that there are certain mechanical conditions (so to speak) in which the quantity of blood to pass through the heart is in excess of the heart's power, and that in such cases we may relieve our patient and indefinitely postpone the final stages of cardiac dropsy. I know it is said that venesection diminishes all the solid constituents of the blood but one—and that is fibrin—but I do not hold this to be an argument against lessening the quantity of a fluid, quantity being exactly the difficulty with which we have to deal.

A preliminary blood-letting also makes all other remedies act better, as diuretics and purgatives, and this probably by lessening arterial tension and capillary engorgement. Of course I would not advise it if the patient were nearly exhausted, the colour livid, the pulse faint, and serous congestion considerable. But I do propose and practise it when the colour is florid, the pulse tense, the heart murmur loud, and the dilatation of the cavities not extensive. I should be very glad to elicit the views of the members of this Society on this point.

The second indication in treating the results of valvular obstruction is to strengthen the walls of the heart, and so assist the cavities in emptying their contents. We have no remedy which acts on the veins, as they are devoid of involuntary muscle, and the means to be applied must be mechanical, that is, either a direct blood-letting or by unloading the organs from which they convey the blood, as purgatives which unload the hepatic system and deplete by inducing watery evacuations from the intestinal tube. But we have remedies which act on involuntary muscular fibre, and these can be used with great success to restore tone to the dilated heart cavities.

I will briefly state from various authorities—Traul e, Withering, and Brunton—the physiological effects of digitalis on healthy animals given in repeated doses. Digitalis acts directly on the regulating apparatus of the heart and slows the pulse without loss of tension. It stimulates the musculo-motor nerves, and gives increased force to the cardiac contractions. The impulse is increased, and becomes abrupt and strong, and a systolic murmur is developed (at the mitral). It also contracts the arterioles and increases arterial tension, and contracts the capillaries. Pushed to poisonous doses, the pulse becomes more rapid, a quick beat being interpolated between the slower beats. Arterial tension falls, the capillaries dilate, and resistance being lessened, the heart's action becomes violent. After death the heart is found contracted, the arteries empty, and the veins full. The cause of death appears to be the stopping of the heart's action and defective supply of blood to the nerve centres. It further appears to act on all involuntary muscular fibre, and contracts the uterus like ergot. By its continued use the temperature falls, and the respirations diminish. I will not delay to enter on the question of the *modus operandi* of digitalis, as to whether it acts through the vagus or sympathetic, but I presume that its effects are on both, and especially on the cardiac ganglia, as in poisonous doses the rhythm of the heart is altered and the unison of action of the spiral fibres of the ventricles is lost.

Now it is plain that, theoretically, we have here a most powerful agent in counteracting the effects of dilatation of the heart, and giving tone to its contractile action, and in practice I think we may say that it has realised our expectations.

Digitalis assists hypertrophy, or the compensatory power of the heart, and directly counteracts dilatation. It also regulates the heart's action and slows it. Digitalis is counterindicated of course in aortic obstructive disease,

and in mitral stenosis, unless dilatation of the left ventricle has evidently taken place. By its action on the right ventricle in such case it would further embarrass the lungs. Niemeyer and Fothergill both object to the use of digitalis in constricted orifices and hypertrophy. But in the regurgitant affections of the valves it is eminently useful, and as these are the most common and most fatal of the valvular affections, its importance as a remedial agent is indeed very great.

It has been remarked, and I agree in the observation, that it seldom succeeds in cases of tight, hard pulse, and florid complexion, with warm skin, but is most applicable and successful where the impulse is feeble, the intermitting, where the face is pale and the lips livid (Withering, "Trans. Royal Soc.," 1865). These are, indeed, the cases in which we are almost in despair of rescuing our case, for ordinary stimulants only rally the heart's action for a short period.

The action of digitalis also as a diuretic is very marked, and in some cases it wonderfully increases the renal secretion. Its action, therefore, on the anasarca is most useful. Theoretically, we are somewhat at a loss to understand this, as it causes contraction of the arterioles, and so would lessen the supply of blood to the kidney; but I am inclined to agree with Dr. Fothergill, that its action is directly on the Malpighian tufts.

It is remarkable that digitalis is not always diuretic in health, and in large poisonous doses it has caused suppression of urine; but all authorities agree that it is eminently diuretic in cardiac cases.

In consultation I am often reminded of the dangers of giving digitalis by some of our brethren, who still hold the old ideas, and deny that it is a cardiac tonic. Although I give it in full doses, and for a considerable length of time, I have never witnessed any ill results. Of course, if it be given in such doses as will slow the pulse, it requires watching by the medical attendant. I also never give it in well-marked cases of fatty degeneration with very slow and irregular pulse. Here it might cause rupture of the weak fibres of the ventricle and sudden death. I believe all authorities give a caution as to its use in such cases. As a diuretic I give ℥ij. to ℥iv. of the infusion every three hours, and I greatly prefer an infusion of the leaves when fresh. I think it acts well alone, but nitrous ether arrests its action on the kidney, and tinct. ferri perchlor. is an excellent combination. The powdered leaf (if *fresh*) with squill (which is another cardiac poison) is an excellent adjunct, given in pill, and I believe the addition of a grain of blue pill to each dose assists its action on the kidneys.

The following case, condensed from many notes, illustrates the use of digitalis and the ordinary events of mitral disease:—

Mr. J., æt. 49, consulted me in October, 1870, for dyspnœa, to which he had not been accustomed; cough, with moderate expectoration, to which he was subject in winter. He was a healthy, temperate man, with no hereditary tendency to rheumatism or heart disease. He was much exposed to weather in his occupation as farmer. There was crackle at the bases of both lungs. The cardiac sounds were diffused over a rather wide area of the chest. He was treated with iod. potass. and alkalies, and got better. A month later he had jaundice, and the liver became enlarged. He was treated with purgatives (mercurial) and relieved; the liver returned to its natural size. At the end of November he had systolic harsh murmur at apex (mitral regurgitant).

In March, 1871, his dyspnœa was worse; urine became scanty, high coloured; 1½ pints in 24 hours (no albumen, no casts); harsh systolic apex murmur. Squill and digitalis in pill night and morning, and perchloride of iron mixture. Crepitation, both lungs at base.

December, 1871.—Urine albuminous, very scanty; legs and feet swollen; well purged by pulv. jalapæ (with calomel, gr. i.); felt weak after the powder, but urine became non-albuminous, and swelling subsided.

January, 1872.—Urine reduced to a pint; coagulable; legs and body swollen, and dyspnœa increased, so that he sat up day and night; some ascites; taking iron and nitrous ether; was well purged by elaterium, but little relieved.

February 12.—Infusion of digitalis, ℥ij., given every three hours, day and night, and continued, with gradual increase in quantity of urine, and steady diminution of the dyspnœa till March 7, when he was able to go downstairs and walked up again.

On March 14 urine no longer albuminous, 2½ pints; anasarca less; body still swollen; dyspnœa less; harsh mitral murmur; crackle over bases of lungs.

March 21.—Swelling of limbs and body gone; urine normal.

May 4.—Urine about a quart; does not complain of his breath; slight pitting of feet at night; goes about farm on horseback; no swelling of abdomen nor integuments; harsh mitral murmur and ventricular impulse increased; lungs cleared up; looks well.

October.—No albumen, but liver enlarged, and jaundice; severe dyspnœa, but nights good; treated with hyd. cum creta and nitric acid.

November.—Liver reduced in size, but tender, and full over left lobe; murmur less intense, and heard higher up over sternum; (increased dilatation.)

February, 1873.—Liver natural; repeat infus. digitalis.

April.—Another attack of jaundice, &c., and scanty urine, relieved by digitalis and mercurial purgatives; dyspnœa not complained of; murmur as before.

In July he went to Leicestershire to buy stock, contrary to my advice; got shaken in a rough dog-cart over bad roads; was seized with acute pain over liver; returned to Hertfordshire (his home) with difficulty, and died with effusion in the peritoneum soon after.

This case illustrates many points in cardiac disease. Beginning by pulmonary congestion, followed by mitral regurgitation, the kidney and liver were successively congested, the systemic veins blocked, and universal anasarca and ascites occurred. Yet all this disappeared by the use of digitalis continued over months. His death need not have occurred had he been prudent, and his life might have been indefinitely prolonged.

I had intended to extend this subject further, and to introduce more cases in illustration, as also to quote the opinions of various authorities; but I must draw to a close, as this paper is already longer than I had proposed. It may be well, however, to state, as regards prognosis, that sudden death in chronic valvular disease is rare, and that this contingency need not alarm patients so much as it does. In seventy-nine cases given by Dr. Barclay of fatal valvular disease only two were sudden. Opinions, however, differ as regards the cause, Walshe considering that aortic regurgitation is the most common, and Stokes mitral regurgitation, in which opinion Waters concurs. My own observations concur with Dr. Walshe.

IMPAIRMENT, OR LOSS OF VISION, FROM SPINAL CONCUSSION, OR SHOCK. (a)

By Jabez Hogg,

Surgeon to the Royal Westminster Ophthalmic Hospital, &c.

(*Continued from p. 2.*)

In May he was sufficiently recovered to be removed to the sea-side for change. In November he called upon me, and although his movements were slow, and the dragging of his right leg and foot quite marked, and the tingling sensation of his right hand fingers continued to trouble him, he was looking much better, and had gained flesh. His sight had in the meantime much improved, he could read without glasses; the fundus of the left eye presented a nearly normal appearance. I now learnt that the tram company refused compensation, and that in July he had

(a) A paper read at the Medical Society of London, Nov. 8th 1875.

been visited by two medical gentlemen on behalf of the company, when the electric test was vigorously applied to determine the irritability of the muscles of the extremities, but Mr. B. said, "the other doctors expressed themselves satisfied that his case was a perfectly honest one." They were satisfied that the lesion had probably been meningeal.

On the 20th of January, 1875, rather more than a year after the accident, and in anticipation of judicial proceedings, Mr. Erichsen, Dr. Moxam, and myself saw Mr. B. in consultation. He was, as I have before said, much improved in health. The right arm, hand, leg, and foot were partially paralysed, and some contraction existed about the muscles of the shoulder-joint and leg. On coming downstairs he was obliged to hold firmly by the balustrade and descend step by step; he could not undress without assistance, nor write freely, so that his business aptitude was considerably impaired; was unable to work more than a few hours daily. His eyes remained irritable in a strong light, and produced a contracted state of the brow; the pulse was feeble and compressible, and he suffered from constipation. As the condition of the patient appeared to be almost stationary, the question we were called upon to decide was, "Will the patient completely and entirely recover, so as to be in the same state of health that he enjoyed before the accident." The progress already made, although it demanded a guarded prognosis, seemed to warrant the conclusion that he would in time lose all traces of the injury.

The defence took an unexpected and somewhat remarkable turn. The medical witnesses for the tram company, who, be it remembered, only saw the patient at a distant period of time after the accident, and when he was fairly on the road to recovery, ventured to affirm that the paralysis originated in *syphilis*. The grounds for this extraordinary opinion were that Mr. B. had confessed to some youthful indiscretion, had, some fifteen years before, been treated for a gonorrhœa, and it was assumed and alleged that at this time he must have suffered from syphilitic iritis, which had damaged his eyesight. The fact of the patient having since then become the father of five or six healthy children seemed to have no weight with those who originated this remarkable opinion, and which I am glad to say was rejected and discredited by judge and jury.

The case, as Mr. Erichsen observed, possessed points of interest, and was one not likely to be mistaken for syphilitic paralysis by those who had watched it from the outset. The interest of the case consisted in—1, That the paralysis and spinal symptoms did not begin to show themselves for nearly twenty-four hours after the accident; 2, That there had been no blow or direct injury to the spine; 3, That the symptoms were clearly explicable by Brown-Séquard's experiments on section of the cord; and lastly, the contraction of some of the muscles and the absence of palsy of the sphincters indicating that the lesion was probably meningeal.

On the 22nd of last month (October), Mr. B. called on me. I found him in the same state of health as when we saw him in consultation. He had then, he said, just returned from Hastings, where he had been staying for a month. The right leg and foot still drags in walking, and he suffers from tingling and cramp of the fingers of the right hand; there is also a peculiar appearance of arrested growth of the finger-nails which attracted attention at the trial, and which was said to be indicative of a syphilitic taint; what is still more remarkable is, that he has lost all sexual desire and power.

I have but little to add upon the treatment to be adopted in cases of concussion of the cord or shock to what I have indicated in the narration of the several cases. The value and importance of rest, however, cannot be over-estimated; rest combined with good nursing, good nourishment, and a judicious use of stimulants, with iodide of potassium and bromide of ammonium in increasing doses. To allay local pain, hot fomentations with belladonna, or a few leeches. For the hysterical condition, hysterical spine, which, as a consequence of shock, generally produces an aggravation of symptoms, soothing means and remedies, the bromide of ammonium, chloral hydrate, and tonics. To procure sleep, morphia, chloral, &c.

With active business men enforced rest often produces mental depression, the hypochondriacal or hysterical state. This, I need scarcely say, retards convalescence, and requires tonics, change of air, and society. In spinal anæmia, the atrophic form of spinal disease, the cold douche, or cold bath, with steel, phosphorus, and other tonics should be tried. And for the removal of local paralysis, the galvanic current is an excellent remedy. Under the best directed and most skilful treatment recovery is often long delayed, or the patient may become the victim of some acute form of disease, and after a few years of protracted misery sink exhausted.

Transactions of Societies.

DUBLIN OBSTETRICAL SOCIETY.

At the meeting on December 11th, Dr. Lombe Atthill, President, in the chair, the adjourned discussion on Dr. T. More Madden's paper, entitled

OBSERVATIONS ON THE HISTORY AND USES OF THE SHORT STRAIGHT FORCEPS AS A TRACTOR, AND THE LONG DOUBLE-CURVED FORCEPS AS A COMPRESSOR AND LEVER,

which was read at the concluding meeting of last session, was resumed.

The President said it would be in the recollection of the members that at the concluding meeting of last session Dr. T. More Madden read a paper on the use of the forceps, both short and long, raising distinctions between them; and the question was considered to be so important that the discussion was adjourned until the present meeting. Since the reading of the paper the members had had the advantage of perusing it in the proceedings of the Society. He thought, however, that it would be well if Dr. More Madden would now state the points on which he was most anxious the discussion should take place.

Dr. More Madden said he thought no point could be of greater importance to the Obstetrical Society than the best manner and proper time to afford assistance in cases of labour in which the natural efforts failed to accomplish the safe delivery of a living child from a living mother. Within the past few years the great object had been much aided by the more frequent and more judicious use of the forceps in those cases that really required its use. But instead of the judicious and timely use of the forceps, he thought that now that instrument was beginning to get into very frequent and untimely use, and it was employed much too frequently in cases in which its assistance might be dispensed with. When the forceps was first introduced into practice by Gifford, it seemed to be forgotten that it was then used as frequently as it was now, and in the very class of cases in which it was now recommended—before the mouth of the womb was fully dilated. In the hands of some practitioners it was used in almost every case of labour they attended. After a time that abuse of the forceps gave rise to a natural reaction against its employment in those cases in which its use was really necessary, and the result of that reaction was, that for many years the forceps was entirely banished from midwifery practice. From the end of last century, from the writings of those who were then distinguished authors upon midwifery, in the time of Denham, Osborne, and the leaders of obstetrical science in those days, the use of the forceps was regarded with horror, and reprobated and spoken of in the strongest possible terms. When the forceps was driven out from practice in that manner, the instrument which took its place was the perforator. After a time sounder views began to prevail again, and the forceps gradually crept into use, and among those who led the van in bringing it into its proper place in midwifery practice was the late Dr. Beatty. From one extreme they appeared to have gone into another extreme—from the extreme of neglect into the extreme of use. The forceps was recommended in almost every case of labour, in head pre-

sentation, and it was recommended before the os was dilated. They all knew it was quite possible even before the occurrence of the usual labour pains, in some instances, where the os was sufficiently dilatable, that the head might be dragged through before the labour was concluded at all. Every one would remember that labour was a slow process, in which the uterine action expelled the body of the child. If this process was suddenly put an end to instead of it being allowed to continue, and they dragged forth the child with a double-curved forceps as soon as labour set in, he thought the consequences need not be dwelt upon. That in some instances the application of the forceps before the full dilatation of the os was necessary was obvious to every one. On the occasion of his reading his paper he endeavoured to call the attention of the Society to two instruments by which he thought the use of the forceps in those cases which really required it might be facilitated. One of those instruments was a very short forceps—for he believed there were two distinct instruments confounded together in the name of forceps—the long double-curved forceps and the short straight forceps. The long double-curved forceps in the second stage of labour required a good deal of operative skill for its safe introduction, and was an instrument which, in hands not very cautious, was capable of doing a great amount of mischief. He believed that in 99 cases out of 100 in which a forceps was required to be used delivery might be effected with the short straight forceps, and that the long double-curved forceps should be used in those exceptional cases in which artificial delivery was required, before the head of the child had naturally passed into the pelvis. Therefore the points on which he was anxious to obtain the opinion of the Society were as to the proper time at which the forceps should be applied during labour, and whether it was a safe practice generally to effect delivery before the dilatation of the os. He would also be very glad to hear any criticisms on the instruments which he submitted to the Society.

Dr. CRANNY said that, comparing Dr. More Madden's with Dr. Barnes' long forceps, they must all perceive that the latter could be used as a very powerful tractor, as well as a compressor and lever. Dr. More Madden had said in his paper that the forceps were used much too frequently now-a-days; but in another place he said that he was quite as ready to use them as any one else, as frequently as most practitioners did in ordinary practice. The only advantage Dr. Madden's short forceps possessed was, that they were light and handy. If they had an instrument that was quite as safe as Dr. Madden's short forceps, and more useful and more efficient—as they had in Dr. Barnes'—there was no necessity for having a second. It mattered little what period the first stage of labour might be. He (Dr. Cranny) thought Dr. Madden's own definition of the first stage of labour was all that occurred up to the time that the os was fully dilated and the membranes ruptured. But there were various definitions of the first stage of labour, and consequently that was an unfortunate phrase for him to use. If Dr. More Madden had said there was no danger before the os uteri was dilated, and that was what the meaning of the paper was to an ordinary reader, he (Dr. Cranny) thought Dr. More Madden would be wrong. He (Dr. Cranny) thought that the credit was due to Dr. Johnston, late Master of the Rotundo Hospital, for having brought his cases forward, in which he showed the dangers that might arise before the os uteri was dilated, and consequently the necessity for operating in those cases. Dr. More Madden himself admitted in another portion of his paper that it would be necessary to use the forceps as soon as the os was dilated sufficiently. Dr. Cranny did not agree with the reader of the paper that the short forceps were safer than any other. He (Dr. Cranny) had seen Dr. More Madden's forceps fail in very efficient hands. He (the speaker) had seen Dr. Madden's instrument slip off the head of the child. An instrument that was likely to slip was anything but a safe one. Dr. Madden would appear to have used Barnes' forceps but once. He (Dr. Cranny) thought if he used them more frequently he would like them better, as they were a very safe and efficient instrument.

Dr. BYRNE did not think Dr. Madden had brought anything very novel before the Society, and the subject had been a good deal dwelt on before. Yet Dr. Madden had brought the matter before them in a very nice form, and he (Dr. Byrne) thought it was no harm that the difficulties of the introduction of such an instrument as the forceps into practice and the dangers to which it was supposed to give rise should be well known before encouraging others to the use of the instrument.

Dr. JOHNSTON said he had not had the pleasure of reading Dr. More Madden's paper, his time had been so much occupied, but as he (Dr. Johnston) had been prominent in urging the application of the forceps, he thought it right to take part in the present discussion. In the first instance, he thought the great point was, as to the circumstances under which the forceps should be employed. Although he was not an advocate of meddlesome midwifery, he insisted upon it, and the more he saw of it the more he urged on his fellow-practitioners to make use of the forceps early, and not to allow their patients to run on worn out by fatigue. Out of 170 cases in which he had used the forceps before the os was fully dilated he had had only 10 deaths arising from various causes, not attributable in any way to the application of the instrument. He looked upon Dr. More Madden's short forceps as a very pretty instrument, but if the head was high up in the pelvis it would be utterly futile to use it. But they had perfect command of Barnes' admirable instrument, even if the head might be above the brim. He would be able to show that in a great number of instances they had been able to deliver the child, and in the majority of cases alive. The instrument that they used at the Rotundo Hospital, Barnes', was 14½ inches, but he found Dr. Madden's tremendous instrument measured 18 inches. He (Dr. Johnston) thought that was perfectly ridiculous as to using the forceps as a lever; they did not use the forceps as a lever except in the last stage of delivery. He must say that, as far as his experience went, he did not see at all the necessity for that long instrument—in fact, as it had been expressed, it looked just like a cephalotribe. Even the curve of that instrument was not appropriate. The straight instrument could be manipulated just as easily as the double-curved one. He always recommended his friends to carry but the one instrument, and Barnes' instrument could be used just as easily as any other. In recommending the early use of the instrument—in the first stage of labour—he warned every practitioner that he must be most cautious in the introduction of the instrument.

The PRESIDENT said there were three points for discussion—first, was the forceps used too frequently at present? next, was the long forceps capable of superseding the perforator or crotch? and last, were the instruments before the Society superior to those in general use, and whether in use before our own time? As far as he could judge, he did think there was a tendency at present to the too frequent use of the forceps in cases in which the woman could very easily, if left a little longer, be delivered by natural efforts. He thought the use of the long double-curved forceps would enable them comparatively frequently to extract a living child with safety to the mother, who in former days would have been sacrificed. That was his opinion. He did not think the instruments exhibited were superior to those at present in use. He thought Dr. Barnes' double-curved forceps would extract the head in any case where it was possible to extract a living child.

Dr. F. T. PORTER wished to ask Dr. More Madden whether he had noticed any remote ill effects accruing to the children in the cases where he had used his forceps, for they exercised strong compressing force on the head of the child.

Dr. KIDD said that before the debate closed he would like to be allowed to make some remarks upon the paper. He thought the paper and the debate were both of great importance. It would be remembered that in an address which he had delivered from the presidential chair he had shown by analysis of the various published reports of the great institution over which the President now presided, that in proportion as the forceps were used frequently in cases of tedious and difficult labour the deaths of both mother and child diminished. He (Dr. Kidd) was, and had always been, an advocate for the early and frequent use of the forceps. He agreed, however, with Dr. More Madden in thinking that they were gliding into the habit of using the forceps more frequently than at all advisable. The great rule in his mind as to the propriety of using the forceps was not to be derived from the amount of time that had elapsed, nor from the position of the child's head. The rule he adopted was, that when he found the pulse rise above 100, if he found the tongue become dry, the patient irritable, and perhaps beginning to vomit—though the latter

was a symptom that he very seldom waited for—then no matter how short the time was that had elapsed, he at once recommended that delivery should be completed. That was the rule he had laid down for himself, and one that, if he had any influence with the students or younger members of the profession, he would advise them to adopt. With regard to the operation of using the forceps in the first stage of labour, it should be confined to cases where the os was very dilatable, and those were cases where the necessity for it would arise, and in cases of hæmorrhage or convulsions. With regard to the advantages of the long double-curved forceps, well Dr. More Madden had laid before the Society a very long forceps, with moderate curve, similar to that introduced by Levret. He (Dr. Kidd) thought the double-curved forceps was to be used only in cases of high operation. In cases of low operation, where the head was on the perinæum and the exit was obstructed by the rigidity of the soft parts and their want of action, any forceps would deliver under these circumstances. But in his humble opinion, the disadvantages attending the use of the long double-curved forceps were greater than any possible advantage. In the first place he believed that it was more difficult to introduce. One had to be very careful which blade of the instrument he took up to introduce first. It did not go in a right line with the handle of the instrument, so that the operator had to have his mind's eye on the point of the instrument instead of being simply satisfied with the direction of the handle. He thought, however, that the whole of the discussion as to the double and single-curved forceps—the importance of it, had been exaggerated. If, after all, a man was accustomed to use one or other instrument, and knew what he was about, and understood the anatomy of the pelvis, and the mechanism of labour, he believed the practitioner might use either instrument safely. He maintained that the straight forceps was a safer and more useful instrument than the other. Mr. Porter had alluded to the fact of compressing the child's head with the very long forceps. Dr. Frazer, Inspector of Lunatic Asylums in Scotland, had made a series of observations upon the cause of idiocy, and he maintained that—whether correctly or incorrectly he (Dr. Kidd) was not prepared to say—one of the most frequent causes of idiocy was proved to arise in cases of labour in which there was difficult parturition.

Dr. M'CLINTOCK said that the subject of the paper was one that had elicited warm and profitable discussion. Dr. Kidd had touched upon a point of great importance, to be kept clearly before them when discussing the question of the proper use of the forceps, and that was the distinction between the high and low operations. With regard to the relative advantages of the long double-curved forceps and the straight, he must say that he concurred very much with the observations that had fallen from Dr. Kidd, though perhaps he (Dr. *M'Clintock*) ought not to offer any opinion on this point, as *he had* never himself used the double-curved forceps. He *had* frequently applied the forceps, but it was the straight instrument he had employed, and he thought it possessed a great advantage over the double-curved one. With regard to the important question as to the frequency of the use of the forceps at the present day, he must say that he thought there was a strong tendency to the too frequent employment of the forceps. He entirely agreed with the remarks Dr. Kidd had made with regard to the indications for the use of the forceps in labour. He also agreed with Dr. Kidd when he stated that it very rarely occurred that any serious symptoms arose before the full dilatation of the os uteri. The forceps should be applied before the os was fully dilated only in extremely rare and exceptional cases, and was not at all to be taken as any example or encouragement for the use of the forceps under such circumstances. There was another point noticed in Dr. More Madden's paper, and that was the use of the forceps as a substitute for the perforator. That brought them to the consideration of the best mode of treating such cases, and of managing and conducting them, and they at once entered into a very vexed question, and one that at the present time in America was exciting a good deal of discussion amongst the ablest obstetricians in that country, and that was the relative advantage in turning the long forceps in cases of narrowing of the pelvis. He did not think that any satisfactory solution of that question had been arrived at. With regard to the instruments introduced to the notice of the Society by Dr. Madden, he (Dr. M'Clintock) must say that he did not think he had introduced any new principle whatsoever in the construction of these instruments. They had just been made on the principle of the instruments that had been in use up to the present time. But he must still pay a very warm tribute to the ingenuity, pains, care, and consideration which Dr. More Madden had bestowed upon the construction of these instruments. The long forceps of Dr. More Madden was one that he (Dr. M'Clintock) certainly would never use himself, and would never consent to see it used upon any female friend of his. He was inclined to agree with the observation which had fallen from one of the speakers, that it did not depend upon the instrument to be used, but on knowing the proper case in which to apply it, and even then it should be in hands properly trained to use the instrument with care, prudence, and gentleness.

On the motion of Dr. CRONYN, seconded by Dr. DENHAM, the conclusion of the debate was postponed, and the Society adjourned.

DUBLIN MEDICAL SOCIETY.

THE second meeting of the present session was held on Wednesday, Dec. 8th, 1875, Dr. GORDON, President of the College of Physicians, in the chair.

UNEXPLAINED PYREXIA.

Dr. JAMES LITTLE related four cases in which for forty days pyrexia existed, although, as far as he could make out, there was no symptom of any local inflammation that was due to any of the acknowledged types of essential fever. In the first case the illness had been going on gradually for a week before the patient's admission to hospital, the symptoms being weakness, chilliness, and loss of appetite. The patient did not complain of any definite form of illness. The tongue was furred, bowels confined, the area of splenic dulness was somewhat increased, and the urine was always low. He thought at first that it was a case of enteric fever, but there was no eruption. Some time after admission to hospital the patient was seized with a violent looseness of the bowels, which lasted some days, after which their previous condition returned gradually. The most marked symptoms were a wish to be let alone, and thirst. In another of the cases the patient suffered more than usual from enlarged glands of the neck. For a month she complained of pain in the right shoulder. Ten days before admission to hospital the pain became worse, and the patient suffered from pain in the limbs and back. The temperature was above the normal until the 30th day, and after that was occasionally higher than 99° in the evening. She lay in the bed in an apathetic state, taking no notice of anything about her. She was sleepy by day and wakeful by night. Her tongue was covered with fur; the breath was foul, and the bowels were disposed to be confined. There were no physical signs of fever. Distinct pyrexia did not continue after the 30th day. In all the cases the patients were obliged to keep their beds from three to four weeks, during which time the temperature of the bodies were higher and the pulse more frequent than in health. All the patients were depressed, apathetic, and very weak, but presented no symptom or physical sign justifying a precise diagnosis. The points of interest in these cases were the presence of pyrexia, the peculiar mental state that was seen in all the cases, and the absence of any sign which justified him classing them among the essential fevers, or cases of local inflammatory action. He was left in the dark as to their character, and he was uneasy as to their result. The ultimate recovery of the patients was strongly in favour of the supposition that no fever existed during the pyrexial period. All the patients were of the lymphatic diathesis, and in all cases the sickness had reference to the lymphatic glands.

Dr. GRIMSHAW thought all the cases described by Dr. Little were cases of enteric fever. Unfortunately he (Dr. Grimshaw) had had an opportunity of examining post-mortem a couple of cases which had very much the history which Dr. Little had detailed. The temperature in Dr. Little's cases pointed to the range belonging to enteric fever. In the two cases he (Dr. Grimshaw) had an opportunity of examining there was no doubt about their being enteric fever. In one case the enteric symptoms were very badly marked indeed during life. The patient had no marked tenderness on pressure, and the spots were absent, but the general characteristic of the disease, range of temperature, &c., made him come to the conclusion that the case was one of enteric fever. The patient died. There was ulceration of the intestines, although most of those ulcerations had healed up, and the cause of the

maintenance of the fever appeared to him to be owing to the continued inflammation of the mesenteric glands. The inflammation of the glands arose in the usual way from the poisoning effect of the ulcerated intestine. He had under his care at the present time a case of this sort. This patient had marked chest symptoms along with the other symptoms of fever. He had all the symptoms of fever except the spots; he had diarrhœa, and tenderness over the abdomen on pressure. He was now convalescent. In the other case there were no spots, no pain on pressure over the abdomen. The bowels were inclined to be confined, and he administered purgative medicines. The patient died in about a month, and they found large ulcers in the mesenteric gland. Those were cases where they would expect to find inflammation in the lymphatic glands. He believed that these were cases of enteric fever. He believed that a comparatively slight attack of enteric fever was sufficient, in persons of the temperament mentioned by Dr. Little, to set up sufficient lymphatic glandular inflammation to continue for some time a fever of a sub-typical character, such as in the cases described by Dr. Little. He (Dr. Grimshaw) always regarded these cases with apprehension, because they were very apt to degenerate into some of the forms of lung disease that eventuated ultimately in phthisis.

The PRESIDENT said he had seen several cases that bore some resemblance to those described in the paper of Dr. Little within the last few months. He (Dr. Gordon) had seen very lately two particularly well-marked cases, and he considered them, as Dr. Grimshaw had said, to be cases of enteric fever, in which nervous symptoms, so to speak, prevailed. One was the case of a man past the middle life who left the hospital on that day, after being nine weeks in fever. He came in with the symptoms described by Dr. Little, of depression, of high temperature towards evening, somewhat lower in the morning, but still much higher than health would permit of. He lay for at least three weeks more or less in a listless state. He had no diarrhœa, very little cough, and at length all his symptoms seemed to culminate in the usual symptoms of well-marked enteric fever. Diarrhœa came on rather suddenly, and he rapidly became weak, and required a very large quantity of stimulants to keep him up. However, he recovered rather rapidly considering the extreme low condition to which he had been reduced. He saw another case to-day of a boy who had fever very much of the same kind. He was described as having been listless, of losing his appetite, and of manifesting a desire to lie down and sleep. He took to his bed at last, and remained there for three weeks without any very prominent symptom beyond refusing food and having a dry tongue, and slight delirium occasionally. There was no diarrhœa in this case until about a week ago, when diarrhœa came on very much of the kind that occurs in enteric fever, without abdominal tenderness and without any eruption, and as in the former case, this seemed to be more or less critical, though since then the patient's other symptoms seem to be improved. At present there was in the Hardwicke Hospital more fever than he had seen for a considerable time. The majority of cases were of a more or less nondescript character. Nevertheless, he considered them all to be more or less of a typhoid character, though almost without exception, for a considerable time at all events, there was very little diarrhœa, and very few of the cases were accompanied by the rose-coloured spots.

Dr. DOYLE inquired whether Dr. Little could trace the origin of the disease to any cases of typhoid fever of a bad type near the cases Dr. Little had described, because that appeared to be the only way to account for some of the symptoms Dr. Little had described.

Dr. DUFFEY remarked that during the five years he was stationed at Malta he saw a very large number of cases of fever, which were always entered in the statistical returns as "common continued fever." Their type was the same as Dr. Little had described—the spots were absent, there was no diarrhœa, the convalescence was very much prolonged, and the prostration subsequently was most severe. In all these cases the main point that led people to believe that that fever was not typhoid was that recovery took place in most instances. He was unfortunate enough to have fatal cases, and in those the lesions were the anatomical ones of typhoid fever. In all the cases the ulceration was in Peyer's patches, and there was great enlargement and congestion of the mesenteric glands.

Dr. J. W. MOORE related that three cases were admitted to the Meath Hospital from a school suffering from fever. One of the cases was no doubt an example of enteric fever, while the less severe ones corresponded with those described by Dr. Little. The origin of the disease was traced to the fact that the school was supplied with milk delivered by a girl who had contracted fever, and who was lying some days ill in the house from which the milk was sent.

Dr. LITTLE, in reply, said he must acknowledge that the idea suggested by Dr. Doyle commended itself to him more than any that had been thrown out, because he (Dr. Little) could hardly believe that these cases were all cases of true enteric fever, unless they used that expression in a sense so vague as to deprive it of very much significance. In the instances he had recorded he could not ascertain that any other member of the family had been attacked with any kind of fever. Generally several members of a household would be attacked, and he should have expected that these were cases of slowly developing enteric fever, and that some other member of the family would exhibit the disease in a more typical and pronounced form. Such, however, had not been his experience. He must acknowledge, however, that in several cases he was able to ascertain that the persons were very much exposed to fæcal impregnation—that they were breathing air that was fæcally impregnated. In one case this was very well marked. One of the patients, a gentleman living in Rathmines, spent his day in an office near a place where he (Dr. Little) ascertained there was fæcal contamination. He thought that though these cases might not be enteric fever, it was some modified form of fever arising from the absorption of fæcal emanations.

Staff-Surgeon A. A. GORE (by permission of the Council) then read a paper on

TYPHOID FEVER IN THE DUBLIN GARRISON.

According to the reader of the paper, the Irish command in former days was unpleasantly notorious for the production of all forms of continued fever, the military records of the 17th and 18th centuries showing that continued fevers, called by Boate the "Irish ague," were very prevalent, but so mixed up with epidemic dysentery that to differentiate between the two was not always easy, as shown by examples quoted by the author. Since then the disease had been frequently epidemic, but was becoming less so, owing to the great improvement which had taken place in the health of the inhabitants during the past twenty or thirty years, although following very much the same course as at certain stations abroad, where during certain years the febrile poison was very fatal and prevalent, while at other times, comparatively speaking, inert. Between the years 1837-46 continued fevers of all kinds accounted for an unusual ratio per 1,000 per annum among the troops in the United Kingdom, of from 51·9 to77·7 admissions, falling, with improved sanitation, to a minimum in 1867, when the admissions varied from 9·0 to 16·6, the ratio in the Dublin garrison alone varying from 19·00 to 30·80, but decreasing and rising on the whole with the decrease and rise in the civil statistics, the ratio per 1,000 of cases of enteric fever rising from ·313 per 1,000 admissions in 1867 to ·900 per 1,000 in 1872, the average percentage of admissions at home being ·108, abroad ·280. The disease in tropical and semi-tropical countries being twice as fatal, owing probably to complications with malarial fevers and other diseases, the author pointed out that a study of the army returns showed that the number of admissions during certain years had been, as in civil life, increased by local outbreaks, many of which were noticed in detail. Typhus was a rare disease among soldiers at home, while simple fever and febricula preponderated largely. The author next alludedto the meteorological causes influencing the production of typhus and typhoid, and to the opinions of Dr. Grimshaw and Dr. Moor, to the surroundings of the barracks, and to the opinions held by many physicians of the identity of cause in the production of fever, quoting from the writings of Dr. Cheyne, Physician-General to the Forces in Ireland, and others; next to the mortality from the various forms of fever as shown in the Registrar-General's returns, which clearly indicated a great preponderance of the febrile poison in 1874, and a decrease in the present year, in which decrease the military returns shared, but that while the increase and decrease in the civil statistics was spread over all the forms of fever, the troops suffered only from typhoid, owing to the fact that the essentials to the production of typhus were altogether absent amongst them, while the defects in the mode of getting rid of the excretions were not infrequent. Dr. Gore next alluded to the varying types of the disease, derived from the same

source, the fact of the disease occurring in the form of a number of small local outbreaks, and of the ultimate results, the symptoms as observed in the wards of the General Hospital, and its various complications, slight or severe bronchial symptoms being present in one-half of those treated. In 13 cases in which the period of incubation was accurately fixed it ranged from 1 to 14 days. The range of temperature was next noticed; the treatment of the older physicians in the Cork Street and Hardwicke Fever Hospitals, which, although largely mixed up with blood-letting, only yielded a mortality of 1 in 11. The more modern or rational treatment of typhoid was now treated of, in which milk diet, beef tea, soda-water, little medicinal interference, and the administration of stimulants as the disease progressed and symptoms of debility appeared, entered largely. The author concluded by showing that fever had been decreasing in Dublin since the commencement of the present year, and that in comparison with former periods the garrison of Dublin was exceptionally healthy; that while the mortality from zymotic diseases in the quarter ending the 1st October was in the ratio of 5 per 1,000 of the population, among the troops, including men, women, and children, it was only 1·70, or about two-thirds less, the same favourable results appearing in the case of typhoid fever.

Dr. Henry Kennedy said there were at least two points which had an important influence on the duration of cases of typhoid fever such as had been described by both the gentlemen who had addressed them that evening—the first was the extent of lesion present. This was known to vary in a very marked way; in some instances it was the very slightest, being just enough to pronounce the case typhoid, whilst in others the lesion present was most extensive, involving not only the lower part of the ilium, but in some instances the cæcum. Neither was it to be forgotten that, in a good many cases the colon was also involved, as shown by Louis and others. In addition to all this, again, the mesenteric glands, when once involved, and this was common, must necessarily keep up the fever, and prolong it far beyond the usual averages. From this point of view, then, it could be easily understood why certain cases of the disease ran out to such a length. But the second point was, if possible, still more likely to prolong the case. Dr. Kennedy had read a paper before the association some time back, in which he had put forward the opinion that the majority of cases of typhoid occurred in persons of a strumous constitution, and the more he saw of the disease the more strongly was he inclined to hold this view. The existence of enlarged cervical glands, with scars on the neck and stains on the cornea, were often to be seen in these cases, whilst the prevalence of a very fine skin was common. But, above all, the nature of the lung affection which so often supervened in the progress of the case was not only like phthisis, but too often ran into it. He could not enter further into the point here. Before sitting down he wished to allude to two modes of practice which had been introduced within the last year. One, by Dr. George Johnson, of London, consisted in merely giving milk during the fever, and this gentleman also states no other treatment is needed. Why cases which would go from bad to worse should be left to themselves Dr. Kennedy had yet to learn, and he thought parties would incur blame who did not make at least an effort to save their patient. The other plan was of German origin, and consisted in the use of cold baths, in order to lower the temperature. It was, in fact, a revival of the plan long since introduced by Currie. To the speaker the plan appeared a very questionable one, and there seemed to be distinct risk in many of the cases where these baths were used. As bearing on this point, he might refer to several cases detailed in the volumes of the Clinical Society of London: rigors, livid extremities, chest affection, death, were, or seemed to be, the direct result of the use of the baths, and when the patients did survive, it seemed to the speaker to be more of an escape than a cure. He would be very slow indeed in using cold in this form.

Dr. Grimshaw said that, according to the last medical report of the Cork Street Fever Hospital (which he wrote), enteric fever had been on the increase as compared with previous years. He did not think Dr. Gore had seen that report. It was quite evident there had been an increase of enteric fever lately, and it was only to be expected that large garrisons such as that in Dublin would share with the civil population in this increase. A great deal had been said with regard to the unhealthiness of the barracks in Dublin, and no doubt there was a certain amount of truth in these statements. He did not think, however, that there was evidence to show that the troops in Dublin were more unhealthy than those of other garrisons, where the death-rate was so high in almost any other town in England. According to Dr. Burke's return, the death-rate in Dublin had been 30 per 1000 of the population, and the state of health of Dublin was low.

Dr. Gore said that, as a rule, medical officers used very little medicine in the treatment of the disease, and, as Sir Dominic Corrigan had said, they tried to guide it to a successful course. The returns showed that the garrison was no worse off than the civil population, so far as health was concerned. He thought, too, that Dublin was often credited with cases of fever which had occurred elsewhere. Quinine had always been found to be hurtful to the patients; but castor-oil was very effective where there were any febrile symptoms during convalescence, and generally brought away some hardened fæces. When the tide rose it drove the noxious gases up through the city, and several cases had been proved as arising from that cause.

On the motion of Dr. Henry Kennedy, seconded by Dr. Grimshaw, a vote of thanks was unanimously passed to Dr. Gore for his valuable paper.

The Society then adjourned.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 12, 1876.

THE SANITARY CONDITION OF INDIA.

Our Indian dependencies at this moment are centres of great attraction, for Englishmen especially, and every telegram is eagerly and carefully scanned, for all are anxious to know whether the Prince's progress will be barred by that scourge of the East, the cholera. An unusual outbreak just now is, we hear, regarded as little short of a national calamity for India, since it is feared that, after all, the greater part of the people will not be gratified by a sight of the Shahnadah. Dr. Fayrer only discharges his duty by putting the Presidency of Madras under ban; had he acted otherwise, a great outcry would have been raised, as we cannot afford to have the Prince's life placed in the slightest danger, even should Ramo Samsee appear in sackcloth and ashes, and the Aryan weep for disappointment. It is said, why make all this fuss, as the cholera has only appeared in its well-known sporadic form, and so prevalent in all Eastern cities at certain periods of the year? To this we say, Dr. Fayrer's

great experience must be trusted ; he knows so well how far we may trust the disease and what is likely to be the consequences of bringing together the vast hordes and camp followers of Rajahs ; that even sporadic cholera may show itself at any moment in its most virulent form. So far the Government have been on the alert, and from the greater interest shown in sanitary science of late, we may rest assured that every possible precaution will have been taken to avoid a shadow of a risk.

We have very recently received a valuable report on the sanitary condition of India, showing what has been done and will be done to secure the health of the vast mixed populations of the country. Amongst other important matters, we find that the Commissioners, Drs. Lewis and Cunningham, have continued their special and valuable investigations into the nature and cause of cholera, and which has added, as they assure us, to a former strongly expressed opinion that the disease is not contagious; that it is infectious seems to be doubtful; and the result at which they have arrived is apparently that the prevalence of the disease is intimately connected with meteorological phenomena, though of the nature of the connection nothing at present is known. Dr. Cunningham is convinced that cholera is due to certain conditions of air and soil which are as yet but little understood. The conclusions arrived at are so far only negative. The subversion of the popular opinion regarding the causes of fever seems to be on a par with that of the general ideas as to the origin of cholera. While, in Bengal and Madras, it is attributed to the undue raising of the water-level and the stagnation of the subsoil water, in the Punjab malarious diseases appear where the subsoil is in a state of extraordinary dryness. Dr. Evers has made a valuable discovery, should his experiments be confirmed on further trial, that the bark of the well-known Champa (*Michelia Champaca*) is efficacious as a substitute for quinine as a tonic and febrifuge. There has been an opinion that the natives of India enjoyed an exemption from typhoid fever, but the experience of 1873 shows this to be incorrect. The rarity of the disease among adults, it is suggested, may be due to the majority of them having passed through it during infancy, children suffering to an enormous extent, while little or nothing is known of the exact nature of the diseases which attack them. Small-pox seems to be as capricious in its character as cholera and fever, leaving some villages intact, while others suffer severely, showing that contagion is not the only agency by which it is spread, and that, notwithstanding its contagious character and independently of the influence of vaccination, a district may escape, though apparently exposed to the full virulence of the disease. Some light has been thrown upon the loathsome malady leprosy by the researches of Dr. Carter. It seems to be proved that it is not contagious, but that it is, in almost all cases, transmitted by hereditary descent, bad and innutrious food causing or hastening its development. Good, nutritious aliment always tends to retard the progress of the disorder, but little is known of any cure for it. Surgeon-Major Dougall reports extraordinary results from the use of gurjun oil (*Dipterocarpus lævis*), but he cannot yet speak as to the permanency of the benefits of the treatment. Chaulmogra oil has been tried at the Jamsetjee Jeejeebhoy Hospital in Bombay, and has given satisfaction. The obstinate ulcers known as Delhi sores appear to have at last received a check. It has long been known that the want of drainage in the basin of that city was the cause of this disease, and improvement in this respect has resulted in a great diminution of the malady in the last few years.

We learn also some interesting facts with regard to vaccination. Notwithstanding the objections frequently raised that the performance of this operation would meet with an insuperable obstacle in the religious prejudices of the natives, it appears that when once they can be persuaded that it is to their interest to submit to it, all notions of injury to caste are thrown to the winds. In Madras, hundreds of men, women, and children hastened to be vaccinated, the Government having sanctioned the payment of a reward of two annas, or 3d., to every person undergoing the operation. A thorough fright, or perhaps it would be more just to say a striking proof of the efficacy of vaccination, was attended with no less satisfactory results. At a village in Berar the putwaree refused to allow his child to be vaccinated, but sixty other children were successfully operated on. In the hot weather of 1873, epidemic small-pox having broken out with considerable malignity, the putwaree's child died, but the whole of the sixty children who were protected escaped. Consequently, in the next season, when the vaccinator appeared in the village, all the mothers crowded round him with their infants, and two women who happened to be absent at the time followed him for ten miles to another village where he was engaged, in order to have their children operated upon. It is curious that even the superstitious Mussulmans seem to have a greater objection to vaccination than Hindoos. The facts given above, however, tend to show that in reality there is nothing in the operation in any way offensive to caste.

Fearful as are the ravages of cholera and small-pox, still the deaths from these causes are counted only by tens of thousands, while fevers slay their hundreds of thousands. This is hardly to be wondered at when we read the accounts of the sanitary state of many of the villages, especially in the eastern districts of the Bengal Presidency. Partly dried watercourses, marshy rice-fields, stagnant ponds overgrown with weeds, and pestilent with decaying organic matter, garnished with a broad fringe of variegated mud trampled by cattle, every hoof-mark containing concentrated essence of malaria in its direst form —these are the places where the people perform their ablutions, the washermen wash their clothes, the buffaloes seek refuge from the sultry heats of summer, and all the water, whether for drinking or for culinary purposes, is sought.

THE LYMPHATICS OF THE LUNG AND TUBERCULOSIS.

Of all the diseases that afflict the human race, tubercular consumption is one in the true nature and treatment of which we cannot fail to be most interested. Of all diseases, phthisis is perhaps the one most dreaded by the family circle. It is a disease with which we daily grapple, and over which we rarely obtain a complete mastery. The

large mortality arising from it, especially in this country, the obscurity in which its pathology has been involved, and, in most cases, the futility of all medical treatment, are circumstances which invest it with more than usual interest, and which should make us hail with the greatest pleasure any discoveries that tend to enlarge our knowledge of its pathology and treatment. It is only within a recent period that phthisis has ceased to be one of the *opprobria medicinæ*. When some supercilious cynic wished to disparage modern medicine, and to show what *little* advancement we have made, he pointed to this disease as one of which we knew little more than was known in the days of Hippocrates. But there is at last some hope that the cloud which has so long darkened our understanding will soon be dispersed, and that the nature and treatment of tubercle will be ere long as well understood as the nature and treatment of a common phlegmon.

We need scarcely remind the reader that until very recently tubercle was regarded as a specific non-inflammatory deposit. The general opinion was that it was "effused" from the capillaries of the part in which it was deposited, that frequently considerable areas of the lung were "infiltrated" with this product, that under the microscope it presented no regular structure, being merely made up of minute granular matter, irregular corpuscles, nuclei mixed with a variable quantity of fibrin, that it increased in ize by aggregation from without of the tubercular molecules, that it passed through a regular succession of changes, being first grey and semi-transparent, afterwards opaque, and finally soft and cheesy, that the softening and disintegration of this deposit was frequently owing to its acting as a foreign body, and exciting in the surrounding tissues a fluid secretion, which mechanically divided or broke down the tubercle, and finally, that this tubercular matter was always an essential constituent of pulmonary phthisis.

Undoubtedly the first and most telling blow that was given to the old theories was when Buhl, eighteen years ago, showed that in many cases of acute tuberculosis there were caseous or cheesy masses in some part of the body, and that from these masses substances were absorbed which infected the whole system, and led to the development of tubercles in other parts of the body. These views have received strong support from the more recent experimental investigations of Villemin, Burdon-Sanderson, Wilson Fox, Hering, and others, who have also shown that deposits closely resembling, if not identical with, tubercle, and which had a marked tendency to become cheesy at their centres, might be developed not from caseous masses only, but from various inflammatory processes, the products of which entering the circulation or the absorbents, gave rise to the secondary deposits. Acute tuberculosis, or miliary tubercles, is, therefore, an infective disease, characterised by the dissemination of minute nodular growths in various organs and tissues. These nodules or granulations are due to inflammatory irritation set up in the infected tissue by the particles that have been taken up by the circulation from the primary inflammatory lesion; so that the disease is, as respects both its general and local manifestations, a sort of pyæmia, with this difference only, that whereas in pyæmia the local inflammatory action depends upon much more violent local irritation, and is remarkably acute and severe, in tuberculosis it is as remarkably slight, chronic, and of limited extent. Nor is the microscopical appearance of tubercle so structureless as was formerly supposed. On the contrary, it is now said to present very uniform appearances, and such as to indicate its mode of origin. For either it consists of adenoid tissue, *i.e.*, a tissue chiefly made up of lymphoid cells, alone, or within the meshes of a fibrillated or nucleated reticulum—or, as in the lungs, of accumulations of the endothelial cells which line the alveoli. In some cases we have a combination of these structures, while in connection with both of them there are those peculiar giant or large multinuclear cells which have excited so much interest among histologists. But, be it adenoid tissue or endothelial accumulations, the origin of the lesion is the same—a peculiar form of local inflammation excited by a *materies morbi* derived from a primary focus of infection.

Now the chief interest that attaches to the recent researches of Dr. Klein, of which we have lately given a detailed review, consists in their bearings upon the subject now under consideration, and in the views which this observer holds with respect to the nature of both artificial and natural tuberculosis. As the adenoid tissue, which plays so important a part in tubercular structures, is always found in connection with lymphatic vessels or glands, it follows that the more we know respecting the anatomy of those vessels the clearer will our notions be respecting the share they take in the formation or dissemination of the tubercular matter. That the lungs were, like other parts of the body, richly furnished with lymphatics, was a fact well known to anatomists. But the free communication between the different portions of those vessels, the manner in which the blood-vessels are often completely surrounded either with lymphatics or lymph spaces, the situation of the lymph-follicles, and the very interesting points in connection with the *stomata* and *pseudostomata*, are facts with which, previous to the researches of Dr. Klein, we were not so well acquainted.

The value of Klein's researches consists in the greater precision they give to our knowledge, or, to speak more cautiously, our ideas of the morbid lesions which are observed in both natural and artificial tuberculosis, and also in the strong corroboration they afford of the opinions and observations of previous investigators. With respect to *artificial tuberculosis*, Dr. Klein endeavours to show that the lymphatics themselves are very much involved in the production of that disease; that the majority of the miliary granulations are actually due to the conversion of those vessels (and the tissue surrounding them) into "cords" of adenoid tissue; that another kind of semi-transparent granulation is due to a hyperplastic state of the peribronchial lymph-follicles; that a third kind owes its origin to a form of catarrhal pneumonia; and that only the latter kind undergoes the cheesy transformation. It is also his opinion that most of the lymphoid cells, both of the lymphatics in a state of health, and of the perivascular lymphatic cords, are emigrated colourless blood-corpuscles. With regard to *acute tuberculosis in man*, the views of Dr. Klein do not appear to differ much from those of Buhl, Hering, and other observers. For the general opinion of these microscopists seems to be that the natural disease is for the most part due to a form of desquamative or catarrhal pneumonia, the chief difference of opinion

being with respect to the nature and origin of the multinuclear or giant cells.

Now it is impossible in a short article to notice this subject in such a manner as it deserves, but we cannot help remarking that even many years ago observations and opinions were published which plainly foreshadowed those more recent doctrines of which we have just given a brief outline. Even Buhl was not the first to demonstrate the possibility of producing tubercle artificially, inasmuch as M. Cruveilhier long ago performed similar experiments to those of Buhl, and by injecting fluid mercury into the veins of dogs, produced in their lungs nodules resembling miliary tubercules, from which he drew the conclusion that these bodies are formed in consequence of a stasis of the fluid in the capillaries, followed by a morbid secretion. Nor is the inflammatory doctrine of tubercle one that has never occurred to the minds of the older pathologists. Broussais went so far as to say he had never seen tubercles in the lungs without antecedent inflammation; and Dr. Alison, in some papers published in 1820 and 1830, concluded that tubercles may be, and often are, deposited in consequence of inflammatory action, and thought that actual pulmonary phthisis might frequently be prevented by the early and prudent use of antiphlogistic remedies. It must, however, be allowed that the older writers used the term "inflammation" in a much more restricted sense than we now do; and, therefore, if the inflammatory doctrine of tuberculosis and pulmonary phthisis could in those days find some supporters, it is much more tenable now that the inflammatory process is regarded as a perversion of nutrition, and now that it embraces minute textural changes that would formerly have been totally disregarded or would have been attributed to other pathological causes, and called by another name. But although, owing partly to this modern acceptation of the term inflammation, and partly to improved methods of microscopical research, our knowledge of the subject has made considerable progress, we are scarcely justified in altogether ignoring the opinions of our predecessors, while we almost regard our recent discoveries and doctrines as final and exhaustive, and such as are not likely to be set aside by future investigations. We say this because we find that there is a great tendency to regard the infective nature of human tuberculosis, and the inflammatory nature of the local lesion as, in the words of Bacon, "sure and measured truths," and to serve them up in our text-books as amongst the most settled points in pathology. This is hardly justifiable, considering that there are many important points on which the best observers are not agreed, and on which much more light has to be thrown before we can be sure that the infective origin of tubercle and its inflammatory nature are well established facts beyond all future cavil and dispute. Quite recently Dr. Metzquer has read before the Academy of Medicine of Paris the results of numerous experiments, from which he has inferred the non-inoculability of tubercular matter, and his papers have been considered of sufficient importance to induce the Academy to appoint a committee of investigation on the subject, comprising Messrs. Villemin, Hérard, Guérin, and other eminent observers. And then with regard to the histological characters of tubercle, if the difference of opinion which characterised the descriptions given by Constatt, Vogel, Gerber, Lebert, and others, discredited the views which they held respecting the structure of tubercular matter, we cannot say that the observations of recent investigators are entirely free from the same objection. Dr. Klein has himself drawn our attention to the important differences which exist between the assertions that Drs. Sanderson and Fox have respectively made with regard to the nature of the granulations in artificial tuberculosis; while with respect to acute tuberculosis in man, we have seen, in the review of his work, that there are certain important points in which Dr. Klein ventures to differ materially from Buhl and Hering. Even in reference to the origin and nature of the much-talked-of giant cells there is great difference of opinion, while Hering goes so far as to say that they are not cells at all, but "correspond most probably to lymphatic vessels cut transversely!"

But with these reservations, which we think it right to make, we have not the least hesitation in saying that the progress which has been recently made in our knowledge of this intricate subject is solid and lasting. The very act that pulmonary phthisis has been shown to be often due to certain forms of the inflammatory process, instead of to some specific and ill-understood exudation or deposit, is not only more hopeful in a therapeutic point of view, but is alone sufficient to call forth our admiration and our due acknowledgment of the great labour and research which have been devoted to the solution of one of the most difficult problems in pathology.

THE CERTIFICATE SYSTEM IN DUBLIN.

The resolution of the Board of Trinity College, adopted after an interview with the deputation of hospital surgeons and teachers, ordered, it will be recollected, that for the degrees of the University of Dublin no certificate should be received which did not guarantee the attendance of the student on a certain minimum number of lectures or hospital visits, and it furthermore provided that those attendances should be testified by means of tickets filled up by the student and handed to the teacher at each lecture or visit. These tickets are simply slips of paper endorsed respectively "Hospital Lectures," and "Clinical Instruction," and bearing on the face the name of the student and the tutor and the date.

As regards hospital instruction in Dublin, the question of attendance may be said to be thus settled as far as the University of Dublin can settle it, and, as regards Trinity College students, it may be assumed that the ready method of wholesale certifying without any knowledge of the attendance of the student, and even the system of entering names in a book (in which one student could write in a dozen names if he liked), are finally disposed of. A more serious aspect of the same subject has, however, to be faced when the certificate system of school lecturers comes to be dealt with, and we hear that that question has already been opened to its fullest extent by the Medical Registrar of Trinity College by the rejection of a certificate from one of the leading schools in Dublin because it did not state the number of attendances of the student, and we understand that the student in question has ap-

plied to the governing body of the school for a refund of his fee, or for other satisfaction, on the ground that the school had contracted with him that its certificates would be recognised by all licensing bodies, a contract which it has now failed to fulfil.

It is obvious that the University of Dublin has not taken the important step of rejecting one certificate without having contemplated the application of the same rule to all lectures the attendance on which cannot be guaranteed by the lecturer, and the refusal of this certificate may therefore be taken as a public repudiation of all certificates, past or future, which cannot be so verified by the teacher, an act the influence of which on the teaching of medicine and surgery in Ireland cannot be anticipated—the significance of which as a declaration of no confidence in the present certificate system cannot be over estimated. The University of Dublin has, in fact, set a torch to the funereal pyre of the over-lecturing and over-grinding organisation of medical education in Ireland, and the Board of Trinity College has done more by a bold stroke of the pen towards the equalisation of curricula and the reform of methods of instruction and examination than all the declamation of the Medical Council and all the energy of the Conjoint Examination Conference have been able to effect.

It is manifest that every licensing body in Ireland, and in a minor degree those in England and Scotland, are placed face to face with the necessity for accepting or repudiating this action of the University, and will be obliged to consider how far they can continue to receive the certificates which Trinity College has dishonoured, and what may be the influence of their doing so upon the professional standard of their diplomas and degrees. They may say, perhaps, that they consider the fastidiousness of the University of Dublin to be unjustified by any shortcomings in the existent system, which, though not perfect, is capable of offering fair testimony to the diligence of a student, and they may, therefore, continue to accept the discredited certificates. But this self-satisfaction on the part of any licensing body will not prevent the public and the profession attaching a high degree of value to the degrees of a body which declares that it will give its *imprimatur* to none but those whom it knows to be industrious and well educated, and, should any licensing body find it necessary to admit that it does not attach as much importance to diligence and personal observation as the University does, it must inevitably consent to take in Irish medical education that lower position which it has never yet admitted that its diplomas occupied.

Of the three Irish licensing bodies who are involved in the consideration of this question the Royal College of Surgeons is evidently that whose policy and interests are most seriously compromised. The Queen's University has never been excessively exigeant about lectures or hospital attendance, having rather inferred, by the nature of its curriculum, that it attaches very little importance to such evidence of proficiency, but depends mainly upon its examinations for proof of professional competency in its graduates. Moreover, its interchange of students with the University of Dublin is absolutely *nil*, so that anything which the board of Trinity College may say or do can have nothing but an indirect moral effect upon it. It thus appears that the Queen's University may continue to receive *nulla-fide* certificates without any serious infraction of its policy or any serious lowering of its dignity below what it now is.

The College of Physicians has a deeper interest in the matter, being moved by a praiseworthy ambition to keep its licence as nearly up to the level of the M.D. of the University of Dublin as is possible, and having a considerable interchange of graduates with the University. Moreover, it is the patron of several of the professorial chairs in the School of Physic, and has been, of late years, closely allied with the Trinity College in its policy, and for these reasons we anticipate that—if it feels itself called upon to declare its intentions on the subject—the College of Physicians may probably follow the example of the University and insist on *bonâ-fide* certificates.

The College of Surgeons is in a different and far more difficult position, inasmuch as it cannot consider the question without serious regard to the interests of its own school, and of the private schools whose guardian it once was. It is, moreover, the licensing body whose relations are closest with these schools, and whose interchanges of students with the University are most numerous, and the course which it adopted towards the Irish Conjoint Examination Scheme shows that its acts are dictated by an overwhelming majority of teachers and grinders who, no doubt, will be as unwilling to submit to enforced roll-calls (and the direct consequences of them) as they were to a conjoint examination which would have involved a clipping of the lecture curriculum.

The University itself will be seriously influenced by the movement, and we shall—on another occasion—endeavour to analyse its effects upon its originators.

We are unable to pursue the subject further to-day than to express the earnest hope that the governing authorities of the three Irish licensing bodies will approach the consideration of these matters in an earnest effort to look beyond the petty interests of individuals, and forward the inevitable reform in medical education towards which the public and the profession have steadily pointed the finger for some years. We believe ourselves authorised to assure the Senators, Fellows, or Councillors who will have to decide the policy of these licensing bodies, that no effort of theirs will bring to a stand the irresistible change to which the University of Dublin has given a first impetus, and that any unreasoning attempt to sustain abuses or protect personal interests which are not protected by right or common sense can only impede the progress of medico-educational reform for a year or two, and will inevitably place their *protégés* in a worse position (as such efforts have already done) than they would otherwise occupy. A fair and honest settlement of the questions at issue—without changes revulsive or prejudicial to the just rights of teachers—is not only possible, but easy; but such a settlement cannot be attained by obstinate resistance to principles which everyone knows to be fair and just, or to reforms which everyone feels must come before long.

THE WATER SUPPLY OF LONDON.

THE water supply of towns is exciting alarm on all sides, and it is quite apparent that the Legislature in the forthcoming session of Parliament must grapple with the crying evil, and offer the metropolis a remedy. The revelations of the Rivers Pollution Commission prove without doubt that the water supplied to the greater part of London, notwithstanding the increasing care of the water companies, contains a large amount of sewage. So much danger is apprehended that some of the parochial authorities of the southern and western districts in the simplicity of their hearts have issued an appeal to householders to look to their cisterns, as if looking to cisterns would keep out the disgusting contaminations sent into them through the mains of the water companies. Householders can exercise no control whatever over the quality of the water sent into their cisterns. Can parochial authorities suppose that dangerously-polluted water can be rendered wholesome and fit for domestic uses by any amount of house filtration? If they do they are utterly mistaken. A constant water or meter supply, much spoken of as a cure for many evils, certainly must in the present state of the Thames rather tend to increase than diminish the danger to health. Nothing but a complete change of system will be of the slightest benefit, for, as Lord Camperdown pointed out in a letter to a morning contemporary, scientific authorities, after a long, patient, and exhaustive investigation, have shown "that the water supplied to London for domestic purposes is thoroughly unfit for use. The assertion is based upon a series of careful analyses and examinations, the report of which every person should study for himself. The information is no new revelation; but perhaps the authoritative refutation of an oft-told tale may at length arouse the attention of the public. I would strongly urge the water consumers and ratepayers of London to read the report itself, and then consider whether it is not time to follow the example of some large towns, and introduce water from some purer source."

The Royal Commissioners are decidedly of opinion that the rivers Thames and Lea should be abandoned as sources of water supply—a recommendation which we have made again and again, and which has received the support of the medical profession, and of many eminent engineers who have studied the question, for subsidence and filtration will not convert the sewage sent into these rivers by the hundred thousand of inhabitants resident on their banks into pure and wholesome water. Nature, however, has stored up an abundance of water, and which can be easily procured, as has been done by the Kent Water Company. Most of the water from deep wells and springs can be easily and cheaply softened on the large scale by the process known as Clarke's process; and thus the sanitary authorities of towns have at their disposal a method of rendering hard water soft and available for all purposes without diminishing its palatableness or its wholesomeness. The method involves the use of lime, but the came effect can be achieved by carbonate of soda, or even by boiling.

"Granted the necessity of seeking new sources of water supply, is the task to be committed to the present private water companies, or is it to be entrusted to some public body?

"Very little reflection will show that private water companies are not the agency by which such a change can best be carried out in the interests of the public. A private water company naturally regards the public as an aggregation of water consumers, certainly, but first of dividend payers.

"Again, the credit of a private water company cannot be so good as the credit of a municipality or other public body, based upon the security of the rates; and, moreover, any new scheme would, if entrusted to a private company, be an occasion for the creation of fresh share capital—a system of raising money which inures directly to the advantage of the shareholders and to the disadvantage of the public.

"The experience of most of the large towns in England is in favour of placing the control of gas and water in the hands of the municipalities; and there is no reason why what is true in the case of other large towns should not be true also in the metropolis, even though labouring under the disadvantage of having no central governing authority.

"It is, at all events, to be hoped that Parliament will, in conformity with the advice of the Commissioners, refuse to sanction any further Bills which may be promoted by the water companies, involving new schemes and expense for filtration, storage, &c., of a supply which must ultimately, even if not immediately, be given up."

Notes on Current Topics.

The Medical Defence Association.

THIS Association is well worthy of the sympathy of the medical profession at this juncture. There can be no doubt that of late years, and notably in the metropolis, it has become more and more difficult for a practitioner of medicine to live solely on the rewards of his profession, owing to the immense amount of charitable aid granted by members of the profession to persons perfectly able to pay for advice. In addition to this, there are at present a host of pretenders to diplomas in medicine who do much to degrade the practice of the art. At a general meeting of the members of the Medical Defence Association, held at the Guildhall Tavern, Gresham Street, on the 21st ult., Dr. Richardson, F.R.S., in the chair, as President, the following additional Vice-Presidents were elected for the ensuing year—Dr. Herbert Davies (Treasurer), Dr. E. Sansom, Dr. White, and Mr. Spencer Watson. The following gentlemen were elected members of Council, viz.—Dr. Allen, Mr. Aubin, Mr. Brooks, Mr. Carpenter, Mr. T. Cooke, Dr. Cuolahan, Mr. Drew, Mr. S. Gardner, Mr. D. Hemming, Dr. W. Johnson, Dr. P. Leslie, Mr. N. Maclean, Mr. W. Mason, Mr. M. Reid, Dr. C. Royston, Dr. J. Slater, Mr. W. Smith, Dr. J. Stevenson, Mr. D. Thomas, Mr. D. Turner. We wish the Association all success.

The Advantages of Reproductive Industry in Lunatic Asylums.

CONNECTED with the question of expenditure, the Irish lunatic asylum inspectors refer in their last report to this subject. On the first establishment of these institutions, nine in number, by a special Board of Commissioners, the quantity of land attached to them in the

aggregate was only 120 acres, a very limited allowance indeed in a country where in the absence of manufactures means for agricultural employment ought to have been fairly provided. Since the appointment of the present inspectors to office, and particularly after being nominated in 1858 Joint Commissioners of Control, they have continued to urge the advantages derivable from increasing the extent of those that appear too limited.

Up to the year 1845 the total land belonging to the twelve district asylums then occupied did not exceed 116 acres, at present to 22 of these institutions 836 acres are attached. The value of produce sold in 1874 was £2,790, and of produce consumed £7,840, a net profit resulted at the rate of nearly £8 per acre. It is clear from the preceding statement that with an ample extent of land for grazing and cultivation, two important objects are attained—employment aud economy. In a sanitary point of view, whether as regards an ultimate restoration of mind, or tranquillity of conduct, no curative agent, or any scientfic treatment is more calculated, in our estimation, to benefit the insane than out-door employment and exercise in open unprison-like grounds.

Scarlet Fever.

In consequence of an outbreak of scarlatina at Epsom College in July last, the boys were sent to their homes before the end of term. Last week Dr. Hardwicke held two inquests at the Nottingham Arms, Marylebone Road, on persons whose death was due to suppressed scarlet fever. It appears that a boy, æt. 4, living at 83 Cleveland Street, Fitzroy Square, was left in the sole charge of his sister, a girl of eleven, on account of the mother having gone away. The children suffered much from neglect, and were very dirty. Dr. Spurgeon, of Henrietta Street, Manchester Square, as the result of post-mortem examination, said the death was due to suppressed scarlatina, accelerated by the gross neglect on the part of the parents. Two children in the family had died of the disease within three months. The second inquest was as to the death of *Frederick Boylin*, æt. 7, of 2 Little York Place, Baker Street, who was out playing in the street on Wednesday, and died the following evening. Up to Wednesday the boy was at school during the day, notwithstanding that a younger brother was ill of scarlet fever at the time. Dr. Thomas, on being called in, ordered the boy to be taken to the Fever Hospital, but the parents refused. He therefore said he could not come again. The deceased was taken ill on Wednesday on coming from school; convulsions set in, and he died. The parents had lost two children out of six, and two are now suffering from the fever. Dr. Dowd, of Lisson Grove, certified that the death of the deceased was from suppressed scarlet fever. The Coroner censured the mother for sending the deceased to a large school whilst another member of the family was ill. The parents lived in a front kitchen with the family, and paid three shillings weekly for rent.

Committal of Lunatics by Magistrates in Ireland.

The inspectors of Irish lunatic asylums give expression to a very strong representation on this subject in their last report. "In former reports," they say, "we adverted the inconsiderate manner, to use a mild term, in which magistrates committed lunatics to asylums as dangerous, in many instances not taking the trouble to make proper inquiry into the merits of the case, in others acting without a due regard to the provisions of the statutes, clear and definite in themselves; thus they injudiciously supersede the functions of the governors of asylums, entail occasionally an uncalled-for county expenditure, and give a continued trouble to the executive, obliged for law sake to rectify their errors, in fact to keep them out of harm's way, and a liability to civil actions for illegal confinements of the subject. The evil is certainly being abated through the intervention of circulars to justices directly from Government with a strict injunction to committing magistrates to secure to the reputed insane transferred by them to asylum under warrrnt, every care and attention during their conveyance, instances having occurred of females being sent from forty to fifty miles alone and under armed escorts, and of men being manacled by locks and tied with ropes in the conveyance."

A reference to the statistics of admission shows that of the 2,154 new patients admitted to district asylums, no less than 1,100 were committed as dangerous by justices, some little beyond childhood, others in the last stages of debility or senility, who barely reached their destination in time for death.

Dr. Richardson on Alcohol in Therapeutics.

Dr. Richardson remarks that in cases of debility with dyspepsia, his experience is that such symptoms are nearly in every instance caused by alcohol, and that total abstinence is the only certain remedy. The phenomena thus described are the symptoms of alcohol when taken in what is commonly presumed to be a moderate, and as it has seemed to many, a necessary quantity.

As to the administration of alcohol in large doses in hæmorrhages, Dr. Richardson has come to the conclusion that this practice is quite erroneous, and he now uses warm milk instead of alcoholic fluid in cases of sudden loss of blood. "The teachings of Dr. Todd led many practitioners to rely, as they expressed it, on alcohol, to the exclusion, in some instances, of all other active treatment. For my part, I was never drawn into the practice of the extreme school; but for more than twenty years I held by those lessons which I originally learnt from my first masters. Within the past six or seven years a change has come over the medical world in respect to the value of alcohol as a remedy. This change is due to the new light that has been thrown upon the subject of the physiological action of alcohol. I do not now enter on the physiological question. It is sufficient for me to say that, without any kind of prejudice against alcohol as a remedy, with indeed some prejudices in its favour, I have felt it a duty to study its medicinal action in a more critical spirit than I did originally, and that the result is a correction of many errors of grave import."

Army Medical Reports.

The Blue-Book of the Army Medical Department for the year 1873 has just been published. The Appendix

includes several contributions and papers which are of quite recent date.

Contagious Diseases Acts.—The report contains a statistical *résumé* as to the amount of contagious venereal diseases at the military stations from the year 1860 up to 1874. These statistics would seem to show a very great decrease of venereal disease at the stations under the Acts as compared with those not under them.

Enteric fever had been very prevalent among the troops in India in 1873.

Report on Hygiene.—Dr. Parkes contributes a paper on this interesting topic, which is followed by another on the Ashantee campaign; after which there come two papers by Dr. Fleming, one on the examination of the drinking-water of Cape Coast Castle, and another on the fatal cases in the Ashantee War. Surgeon-Major Porter gives a paper on aneurism from gun-shot wounds; on psoas and lumbar abscess; on foreign substances in the œsophagus; with a paper on that interesting and important debate about chloroform and ether which is now going on. There are two articles on enteric fever by Surgeon Page and Surgeon-Major Gore, an account of Bangalore by Surgeon E. Nicholson, some notice of the Andaman Islands by Surgeon Douglas, and several other interesting contributions.

Sudden Death after Injection of Iron in Post-partum Hæmorrhage.

Dr. Cederskiöld reports a case where a woman, after the birth of her second child, was seized with flooding. The uterus did not contract fully, and its fundus could be felt over the pubes. Ergot was tried without avail, and the bleeding recurred from time to time. Eighteen days later a solution of perchloride of iron, one part in seven, was injected into the uterus. When the injection was half completed the woman complained of pain, and, after a few breaths, died. On making an autopsy next day, it was found that the small intestines were congested. The peritoneum in the neighbourhood of the fossa of Douglas was found studded with black spots. The uterus was rather firmly contracted, and its interior stained dark brown. It was uneven, and covered with reddish granulative tissue. Three superficial oval ulcerating surfaces were found from one to two inches long at the fundus and sides. Here the substance of the uterus was exposed, and had a ragged surface, where open-mouthed vessels were seen, some of them large enough to admit a fine sound, and which passed into the veins of the uterus. These were followed up into the hypogastric veins. Bubbles of air were seen in these and in the right side of the heart.—*Swedish Med. Society.*

The College of Surgeons of England.

The College of Surgeons has now established a separate Board of Examiners. This is a very important fact to chronicle, since the College of Surgeons is still the great Licensing Board for England. On the 6th of November last it was stated in an advertisement that the Board of Examiners would consist of nine members, to be elected from the Fellows of the College. In reply to this, twenty-eight gentlemen applied for the post. It seems that, out of the nine members of the Board of Examiners, five were already members of the Court of Examiners, and these still belong to that Court. There seems to be no bye-laws prohibiting the Board from being made up entirely of members of the Court of Examiners.

Gunnislake, Devonshire.

Gunnislake, a village in the parish of Calstock, Tavistock Union, is at present suffering from a formidable attack of enteric fever. There are only 3000 persons in the village, and of these some 50 have been attacked. The disease is attributed to pollution of the water supply by fæcal matter washed into the reservoir by late rains. The sanitary condition of this village is described as being very bad indeed.

The Management of Irish Lunatic Asylums.

The inspectors in their recently issued report pay a high compliment to the local management or control of Irish district asylams. Of the scrupulous care bestowed by the boards of district asylums on all matters pertaining to current expenditure, the best demonstration is afforded in the fact that on an outlay amounting in round numbers, within the last seven years, to £1,100,000, after an annual investigation, lasting, one with another, five days in each establishment, by the Government auditors, no errors or irregularities, it may be said, were attributable to fiscal management, nor losses to the rate-payers during the whole period. As the word rate-payers has just been used, it may not be out of place to observe (avoiding very minute fractions) that the general taxable property of Ireland, out of which public asylums have been supported, amounts to £15,000,000 a year. The average cost of each lunatic in them in 1874, as already mentioned, was £25 2s. per annum, or probably a pound above that of the current year. The total outlay was £184,750, deducting from which the Government grant in aid, about £108,000 remained chargeable to the country, being at the rate of 1 3-5*d* in the £ on the preceding valuation. Were these lunatics located in the category of paupers in workhouses they would have entailed a public expense of £80,000, so the actual difference of outlay as between them in one receptacle and the other might be set down at £30,000—not ½d. in the £ in regard to taxation.

Prof. Bouchardat's Rules for Glycosuric Patients.

If the urine voided in twenty-four hours exceeds two and a-half pints, take as little fluids as possible, even such as soups, broths, &c.

Drink little at a time; rinsing the mouth with iced water will be found to give relief.

Thirst may be relieved by chewing, slowly, small pieces of dried cocoa, or better, olives, or coffee beans.

Two meals a day (one at 10, and one at 6) are better than three.

Avoid repose and sleep after meals, for which a walk after meals is useful.

Don't go to bed until four or five hours after the last meal.

Abstain from drinking coffee and smoking.

A Nile Sanatarium.

Dr. George Bird writes :—

"Having just returned from a steam voyage to the first cataract of the Nile, I think certain information I there gathered may prove welcome to many invalids whose means, or some other circumstances, may forbid the usual and hitherto sole mode of sojourning for the winter in Upper Egypt or Nubia.

"Until recently doctors were content to send a certain class of patients, chiefly *poitrinaires*, to winter at Cairo ; but for some years past, owing probably to the ever-widening area of irrigation, the multiplication of trees, and the greatly augmented surface of soil brought under cultivation, the climate of the charming city, though still better far than any to be found in Europe, has become notably moister, less equable, and consequently less suited to persons suffering from lung disease. Last winter, for instance, invalids were exposed to several sudden shifts from hot to cold weather, and on Christmas Day were longing for English fires.

Hence, in increasing numbers, patients are now advised to winter either in Upper Egypt or in Nubia, where, from November to the end of February, they may certainly insure a climate perhaps the finest in the world. But, obviously, to winter thus is possible only in the case of the very well-to-do, who can afford to make the journey luxuriously in a dahabeah. Now, as the hire of this floating pleasure-house and its attendant expenses go on every year augmenting at a ratio which before long must scare away from this delightful mode of travelling all but those armed with purses commensurate with the length of the Nile, it will, I think, to many, prove welcome news that Messrs. Cook and Son, to whom the Khedive has intrusted the complete control of the Nile steamers, will, early in January, 1876, establish a well-appointed sanatarium just above the first cataract. The situation chosen, on the right bank of the river, opposite the island of Philæ, just on the edge of the desert, close to a picturesque grove of well-grown palm trees, is perhaps the most beautiful to be found anywhere on the Nile.

"The first cataract is distant now but fifteen days' post from England. So ill-organised until lately, the post may now be relied on. There is a telegraph station on the island of Philæ. A steamer runs fortnightly from Cairo to the second cataract, and an invalid may start thence for the sanatarium in the middle of November. Medical aid *is by-and-by* to be forthcoming. The Messrs. Cook intend *to organise* a weekly service, and these enterprising gentlemen even talk of launching on the Nile commodious, luxurious, stately boats similar to those which ply on the American rivers."

The American Medical Centennial Celebration at Philadelphia.

A circular has been issued in view of the approaching celebration, which says that the medical societies of Philadelphia have taken the initiatory steps for the formation of an International Medical Congress, by the appointment of delegates from their respective bodies, who were empowered to organise and perfect a scheme for the above purpose, and who have organised "The Centennial Medical Commission," with the following officers :—

President.—Samuel D. Gross, M.D., LL.D., D.C.L., Oxon.

Vice-Presidents.—W. S. W. Ruschenberger, M.D., U.S.N. ; Alfred Stille, M.D.

Recording Secretary.—William B. Atkinson, M.D.

American Corresponding Secretaries.—Daniel G. Brinton, M.D. ; William Goodell, M.D.

Foreign Corresponding Secretaries.—Richard J. Dunglison, M.D. ; R. M. Bertolet, M.D.

Treasurer.—Caspar Wister, M.D.

Arrangements have been made for the holding of the Congress in the City of Philadelphia, to begin on the 4th and to terminate on the 9th of September, 1876.

The morning sessions of the Congress shall be devoted to general business and the reading of discourses ; the afternoons to the meetings of the Sections, of which there shall be nine, viz. :—

1. Medicine, including pathology, pathological anatomy, and therapeutics.
2. Biology, including anatomy, histology, physiology, and microscopy.
3. Surgery.
4. Dermatology and syphilology.
5. Obstetrics and diseases of women and children.
6. Chemistry, toxicology, and medical jurisprudence.
7. Sanitary science, including hygiene and medical statistics.
8. Ophthalmology and otology.
9. Mental diseases.

The language of the Congress shall be the English, but not to the exclusion of any other language in which members may be able to express themselves more fluently.

Gentlemen intending to make communications upon scientific subjects are requested to notify the Commission at the earliest practicable date, in order that places may be assigned them on the programme.

In order to impart to the Congress a thoroughly international character, invitations to send delegates will be extended to all the prominent medical societies in Europe, Mexico, the British Dominions, Central and South America, the Sandwich Islands, the East and West Indies, Australia, China, and Japan. Invitations will also be tendered to medical gentlemen of high scientific position ; and distinguished visitors may be admitted to membership by a vote of the Congress.

Among the advantages arising from such a convocation as this, not the least important will be the opportunity afforded its members for the interchange of friendly greetings, the formation of new acquaintances, and the renewal and cementing of old friendships.

The Centennial Medical Commission tender, in advance, to their brethren in all parts of the world, a cordial welcome, and a generous hospitality during their sojourn in the "Centennial City."

There is every reason to believe that there will be ample hotel accommodation for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing the Foreign Corresponding Secretaries—Richard J. Dunglison, 814 N. 16th Street, Philadelphia, R. M. Bertolet, 113 S. Broad Street, Philadelphia.

Lunacy in Yorkshire.

Lunacy seems to be alarmingly on the increase in Yorkshire. In the report of the visitors of the South Yorkshire Lunatic Asylum at Wadsley, presented on Thursday last, it is stated that although the asylum had only been opened about four years it already contained 605 patients, and if lunacy increased at the same rate this year as prevailed during last year the whole of the 862 beds would be occupied. The death rate last year was 15.23 per cent. on the daily average number resident, and the number of recoveries had been 43.96 per cent. Sites for building to increase the accommodation of the asylum had been approved by the Commissioners in Lunacy. These buildings would afford accommodation for 303 men and 307 women.

Adulteration Items.

It has always appeared to us strange that our medical officers of health, in their capacity as guardians of the public diet, should have paid so little attention to the stuff sold to the public. To put it very mildly, the inhabitants of the United Kingdom somehow manage to consume a

not inconsiderable quantity of spirits, whisky being the most popular. No one better than medical officers of health can possibly know how many thousands are slowly poisoned or maddened by the deleterious compounds out of which retailers make such large profits, and yet, with a few isolated exceptions, they have been allowed to carry on their nefarious traffic, untouched by that law which has been made for their punishment. Perhaps the example of Professor Anderson, the analyst for Paddington, may induce others to bestir themselves. In his quarterly report to the vestry there are some startling facts respecting the composition of "whisky" and "butter." During the past thirteen weeks he has analysed twenty samples, sixteen being of butter, three of whisky, and one of tea. Referring to the whisky, Prof. Anderson says, "it was found not to be the article at all, but a raw fiery spirit;" and intimates that proceedings have been instituted in the "whisky" cases. Some of the samples of butter he considered to be as flagrant cases of concoction as he had yet met with. Besides being made up of fatty ingredients, not butter, salt and water were found to be largely incorporated with it. The analyst goes on to state that within the last three months he has examined thirty specimens of butter, inclusive of sixteen taken from Paddington, and of these nineteen contained exactly 4 per cent. of water and common salt varying from $1\frac{1}{2}$ to $3\frac{3}{4}$ per cent. In "dairy" butter the proportion of salt and water was subject to some variation, but it was not found to exceed 2 per cent. He adds that the result of his examination has been to convince him that there exists a systematic manufacture of adulterated butter, and to make him believe that both butter and lard are being extensively mixed by a sort of pug mill in which they are blended together with salt and water and flavouring matter. The vestry have, upon his report, ordered prosecutions.

In Dr. Stevenson's report for the St. Pancras district last week the following items appear: Of six samples of porter three were salted with common salt, to the extent of 54 grains per gallon, which made it yeasty and unwholesome. Twenty-eight samples of sherry were fortified by spirits, and contained 41 grains per bottle of sulphate of potash, derived from sulphate used in stopping fermentation, or from plaster of Paris, used in the process of plastering white wines, brandy, &c. Both gin and brandy were found largely diluted by water.

In the course of proceedings connected with a case in the London Bankruptcy Court on Saturday, it was stated that the stringency with which the provisions of the Adulteration Act of last session had been carried into effect had caused a large number of failures in the milk trade. So much the better for the public.

Betts v. the "Medical Press and Circular."

In the Medical Press and Circular of November 10th, 1875, we quoted from our spirited contemporary the *Students' Journal and Hospital Gazette* the statement of a correspondent in reference to a dispensary kept by a Mr. Jas. Oliphant Betts, at 53 Exmouth Street, Clerkenwell, at which he purported to give advice and medicine to his patients for *fourpence*, and we expressed ourselves in terms of disapproval of such line of practice, declaring our belief that, though it was quite possible for him to give his advice for such a sum, it was not *commercially* possible to supply medicine of the best quality, of the necessary efficiency, and in sufficient quantity to a promiscuous assemblage of patients at 4d. per head if a profit were supposed to be made. Shortly after the publication of this extract, with our observations thereon, we received a legal communication demanding the name of the author.

On reperusal of the statement which we had made, and on consideration of what we owe to our own independence of speech, and especially to the feeling of the profession, we felt ourselves obliged to refuse this request, and to accept the task of establishing—if necessary—at law the truth of our statement and the *bona fides* of our intention, which we have every confidence that we shall do if Mr. Betts sees his way to a contest with us. We have received the usual legal documents, intimating Mr. Betts's determination to sue for £1,000 damages, and, acting under advice, we have taken the necessary steps for defence, and we shall feel it a satisfaction to be permitted to defend in open court the profession and the public against the sort of practice which we have condemned in Mr. Betts. As to the personal bearings of the matter, we may say that we never even heard the name of this gentleman until it had been brought under notice in the *Students' Journal*. We performed a public duty in a manner which we are prepared to justify, and we apply our censure equally to all practitioners engaged in similar practice—if such there be, feeling confident that on this as on several previous occasions when our public duties have forced us to speak out, we shall be backed by the support of the whole profession.

Pharmacy in Ireland.

The monthly meeting of the Irish Pharmaceutical Council was held in the College of Physicians, Kildare Street, on Wednesday last, Sir D. Corrigan, President, in the chair. The following members were present:—Mr. Wm. Allen, Dr. Collins, Dr. Frazer, Mr. J. Goodwin, Mr. W. Hayes, Mr. E. M. Hodgson, Mr. J. T. Holmes, Dr. Leet, Dr. Macnamara, Mr. R. W. Pring (Belfast), Dr. Reynolds, Dr. Ryan, Dr. A. Smith, and Professor Tichborne. A communication was read from the Privy Council in reference to the bye-laws of the society. Several alterations, principally of a verbal nature, and in reference to the working of the society, were suggested by the law officers of the Crown, and adopted by the society.

We understand that one emendation of a peculiarly significant character was suggested by the Privy Council. The decision of the Pharmaceutical Council not to create a second grade of dispensers in Ireland, but to confine the qualifying function of the society to the one licence of Pharmaceutical Chemist, was referred to, and an anticipation expressed that the Council might yet change its mind on this point. It was therefore suggested that the Council should interpolate some words which would leave it open to them to adopt the second grade if they pleased, and it was decided to introduce the words "for the present" into the clause referring to the matter.

We hope that this hint of the Privy Council may be interpreted as expressing an opinion in high quarters that there ought to be two grades of dispensers in Ireland.

The Tuckabo.

At a meeting of a pharmaceutical society of Philadel-

phia, Dr. Miller presented a curious fungous growth obtained from the South, where it is occasionally found as a parasite on the roots of larch trees; in the far West it is used as an article of food by the Indians, and is known as tuckabo, or Indian head. Its botanical name is *Lycoperdon solidum*. It contains about 82 per cent. of starchy, and 4 per cent. of nitrogenous matter, so that it is highly nutritious. Occasionally the fungus attains large dimensions, equalling a man's trunk in size, or resembling a human head in shape, whence the name of Indian head.

Dangers of Apomorphia.

Dr. Prevost, of Geneva, reports a case in which he injected subcutaneously 3 or 4 milligrammes of apomorphia in a woman suffering from sore-throat, with gastric disturbance. A state of collapse tending to syncope was produced, which continued for fifteen or twenty minutes, during which the pulse could scarcely be felt, and the pupils were dilated. In this instance the customary vomiting was established at the end of five minutes, and was repeated several times. The patient fell into a deep sleep, which lasted for about half an hour after the period of collapse. Several equally threatening cases have been reported by others.

The Compounding of Prescriptions.

Mr. Allen, analyst for the borough of Sheffield, has, says the *Standard*, issued a report of a somewhat startling character. In it he states that considerable anxiety exists as to the care and accuracy of druggists in making up physicians' prescriptions. In order to test the accuracy of these suspicions the inspectors of the Health Department presented to certain druggists various prescriptions written by qualified men. The prescriptions were so arranged that each should include a full dose of some expensive remedy, capable of ready and accurate estimation in a mixture. A series of three samples, in which 120 grains of iodide of potassium were prescribed, were found on analysis to contain 122, 120 and 76 grains respectively. The last was, therefore, made up with hardly two-thirds of the active ingredient ordered—a grave departure from the prescribed amount. Of three samples which should have contained 16 grains of sulphate of quinine, one contained only 9½ grains, or less than two-thirds of the prescribed amount. Another sample, which should have contained 40 grains of sulphate of quinine, had but 30 grains. Of twelve samples of glycerine, only five were pure and of the standard strength. Two other samples were somewhat below the official strength, containing 6 and 8·5 per cent. of water respectively, but were otherwise pure. Two others were adulterated with 11 and 12 per cent. of water. Two were of full strength, but contained lime and some non-volatile organic impurity. Another sample contained a small quantity of cane sugar. Three samples of citric acid were found to contain a minute trace of lead. In other respects they were perfectly pure. With reference to eleven samples of pepper, Mr. Allen states that nine were genuine, one was adulterated to a moderate extent with pea-flour, and the other to a moderate extent with rice. The Health Committe have decided not to take any proceedings against the druggists whose medicines were defective.

Poisonous Work in the Dockyards.

The medical officers of the royal dockyards have laid before the Admiralty a return setting forth the deadly effects produced upon the workmen by the plan of coating the inside of ironclads with red lead. A Plymouth contemporary states that the condition of the men is most pitiable. Lead colic is very prevalent, and the work is so injurious that every hour the men are obliged to go on deck to breathe fresh air and to wash their mouths out and drink a preparation of sulphuric acid. In spite of these measures their teeth drop out, the hair falls off, and graver results will inevitably follow. Respirators have been tried, but it is next to impossible to breathe in the close atmosphere with them, and the evil continues.

Camphor Poisoning.

The *Pharmaceutical Journal* publishes a rare and interesting case of camphor poisoning, the leading features of which are as follows—:

While some camphor was being weighed out, a lad of thirteen picked up two small pieces and took them away with him for the purpose of floating and burning them. Soon afterwards he began nibbling the camphor, and, as it afterwards appeared, liking the taste of it, continued to do so until he had eaten the two pieces. This was about four o'clock in the afternoon. Four hours afterwards the child was with his brother in the dispensary looking on, and was observed to do something which elicited the remark, "Are you dreaming?" No reply was given by the child, and it was noticed that something was wrong with him: his eyes were fixed in a stare, and he stood motionless and unconscious. His brother took him up to carry him into an adjoining room where his father was, when he immediately became convulsed and perfectly rigid, with his head and legs bent back, so that he could only be placed on his side upon the floor. The convulsions increased until the flesh from the head to the shoulders became purple, and the pulse decreased rapidly until it could not be felt. The body then lost its rigidity and was apparently lifeless; but in about ten seconds the pulse could again be felt, the convulsions returned, and the child foamed at the mouth. Applications of cold water brought him round in about four minutes; violent vomiting then ensued; the child was for a time hysterical, but within an hour from the first attack he was so far recovered that he could be put to bed. The child afterwards described the pieces of camphor which he ate as being each half the size of his thumb, and the assistant who noticed him take one piece thought it must have been about sixty grains in weight. The effects produced in this case were more severe than in any of those previously reported, and there was the further difference that unconsciousness preceded the convulsions, while in the other cases it followed them.

Dr. Banks, ex-President of the King and Queen's College of Physicians in Ireland, has been placed by his Excellency the Lord Lieutenant on the Senate of the Queen's University in the room of Mr. Adams.

Dr. Head has been appointed Consulting Physician, and Dr. George F. Duffey, Physician, to the National Institution and Molyneux Asylum for the Blind of Ireland.

Of the 7,585 lunatics now in Irish district asylums, there are 18 medical men, 7 lawyers, and 113 students and teachers. Of the 672 who are confined in private asylums,

9 were medical men, 13 were lawyers, 19 clergymen, 28 army officers, and 32 students.

THE election of a surgeon to Swift's Hospital for Lunatics, Dublin, in the room of the late Mr. John Hamilton, was a second time attempted on Monday week last. On the first occasion, a month since, the vote of the Governors resulted in a tie of 3 to 3. On this occasion the votes were again equal, the poll being 4 to 4. The candidates are Mr. Colles and Mr. Thornley Stoker.

THE Medical Society of the College of Physicians of Ireland will meet this evening (Wednesday) at 8 o'clock, at the College Hall, Dublin, when the following communications are set down for reading:—Dr. J. W. Moore, on "A Case of Pyæmia, with Sudden Destruction of the Eye-ball;" Dr. MacSwiney, on "A Case of Cirrhosis of the Liver;" Dr. W. G. Smith, on "A Case of Hydrocephalus;" Dr. Finny, on "A Case of Dermatitis Exfoliativa."

THE new hospital at Grantham, which has been erected on a commanding site at the entrance to the town, was opened by the Countess Brownlow last week, in the presence of the Lord Lieutenant, the Bishop of the diocese, and a distinguished assemblage. At the luncheon the Earl Brownlow presided. After the usual toasts Sir Hugh Cholmeley, M.P., proposed "Success to the Grantham Hospital," and took occasion to remark upon the architectural picturesqueness of the exterior of the buildings, and the comfort and convenience of the interior arrangements. The works have been carried on under the direction of and from designs prepared by Mr. R. A. Came.

A LEGAL case of considerable interest—which pressure on our space prevented us noticing sooner—was tried in Dublin at the last after-sitting, and resulted in a verdict which will be of value to the profession in deciding their rights as regards fees in private cases. Mr. Croly, Surgeon to the City of Dublin Hospital, had been, for the best part of a year, in continuous and harassing attendance on a gentleman of property in Dublin, the nature of the disease being specially unpleasant. In the course of the attendance he had paid 470 visits, most of them on special summons, or at the special request of the patient, and nearly 80 of them in the night. Having restored the patient to health, Mr. Croly was asked to name his fee, which he stated at £300, but the patient objected to give more than £200, and it became necessary to enforce payment of the balance. The issue for the jury was whether the sum demanded by Mr. Croly was reasonable, bearing in mind his position as a surgeon, the nature of the disease, and the times at which the attendance was required to be given. On this point Dr. Banks, the President of the College of Surgeons, and other leading members of the profession testified that they considered the fees demanded quite just and proper, and a moderate remuneration for a surgeon of Mr. Croly's eminence under the circumstances, and the jury unhesitatingly gave a verdict for the full amount.

There is an ancient tradition of the profession, that to sue for recovery of fees is scarcely *de rigueur*—an idea which Mr. Croly deserves credit for having had the courage to dissipate. We should object to the practice of litigation, but there are occasions, like the present, in which the surgeon who asserts his rights does a simple duty to his brethren. If Mr. Croly had accepted an inadequate fee, he would not only have done himself an injustice, but he would have made public the impression either that his services were worth no more or that medical men are obliged to take what they get and be thankful.

Correspondence.

HANGING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It seems strange to me that the Surgical Society of Ireland should have considered the best mode of hanging, and not also the best mode of putting criminals to death.

It must add to the horror of death to know that it is to come in a most violent shape. The person sentenced to death will know now that he is to get his neck broken, and he is expected to believe that that mode is an improvement on hanging. I would venture to bet that six out of seven criminals, if they had their choice, would prefer hanging or strangulation to neck-breaking.

But why should either of these modes be used? Why not use a narcotic poison and permit the criminal to die quiety in bed? I would certainly vote for this mode of capital punishment: capital it still would be, as the head is the first to die in it.

If this mode were adopted capital convictions would be more frequent, I believe; but that as it may be, the mode of death would be much easier, less barbarous, less horrifying, less appalling, and more welcome to the culprit.

The Greeks would have used morphine had they known it. Hemlock, the best narcotic they knew, they did use. We might use several narcotics; and if surgeons here and elsewhere were permitted to guide their application, valuable information might be thus obtained to medical science.

Should a criminal refuse the morphine or other poison, we could use carbonic acid gas, æther, or chloroform. These, too, could be used in conjunction with the narcotics, if necessary. Montgomery, it is said, asked the hangman if hanging was a painful death and got a flippant answer. Death by a narcotic is of course painless; by it, too, the pomp and circumstances of a public or a semi-public execution, which has a bad effect on the mind of the criminal, would be prevented, and a quiet and resigned state would be produced by knowing that the long sleep in the narrow house would be only preceded by a painless and unbroken sleep in a private bed in jail. Surely this kind of death better suits the charitable tone of the present time than death by violent fracture of the spine.

It might be worth discussing whether the poison should be given with or without the consent or knowledge of the criminal. In my opinion the poison-cup would be quaffed without hesitation by six out of seven criminals—would be taken certainly without any such dread as is created by the gallows drop and neck-break fall.

MEDICUS.

Medical News.

Vital Statistics.—From the Registrar-General's returns we learn that during last week 5,943 births and 4,052 deaths were registered in London and twenty other large towns of the United Kingdom. The mortality from all causes was at the average rate of 27 deaths annually in every 1,000 persons living. The annual death-rate was 27 per 1,000 in London, 22 per 1 000 in Edinburgh, 26 in Glasgow, and 33 in Dublin. The annual rates of mortality per 1,000 during the same period in the other large towns were—Portsmouth 23, Norwich 23, Leicester 25, Wolverhampton 23, Sunderland 20, Bradford

24, Birmingham 26, Bristol 30, Sheffield 26, Leeds 22, Nottingham 23, Liverpool 30, Newcastle-on-Tyne 27, Manchester 33, Salford 33, Oldham 39, and Hull 36. The annual death-rate from the seven principal zymotic diseases averaged 4·2 per 1000 in these towns, and ranged from 1·0 and 1·1 in Sunderland and Newcastle-on-Tyne, to 8·8 in Salford. Scarlet fever was again fatally prevalent in Salford, Bristol, Leicester, and Leeds. Six deaths were referred to fever in Sheffield, raising the fatal cases in the past thirteen weeks to 108; there is no hospital for the isolation and treatment of infectious diseases in Sheffield. In London, the 1,782 deaths included 75 from scarlet fever, 20 from different forms of fever, 16 from diarrhœa, and not one from small-pox; thus in the zymotic class 272 deaths were referred, against 311 and 253 in the two preceding weeks, or 5 above the corrected average. The 20 deaths referred to fever were no less than 27 below the corrected average number in the corresponding week of the last ten years; one was certified as typhus, 14 as enteric or typhoid, and 5 as simple continued fever.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Royal College of Physicians of London.—The notices of lectures at this College was, by a printer's error, published in our last under the head of Royal College of *Surgeons*.

Dr. Patrick Black, Physician to St. Bartholomew's Hospital, has just published a pamphlet entitled, "Why do we Breathe?" We are certainly surprised that Dr. Black as a physiologist should consider it necessary to ask such a question on the outside of his book!

Clinical Society of London.—On Friday next, at 8½ p.m., the Annual Meeting will be held. Afterwards the following papers will be read: Dr. T. S. Dowse, "On a Case of Thrombosis of Cavernous Sinus; Sudden Loss of Vision; Hæmorrhage into Anterior Lobe." Mr. Venning, "On a Case of Congenital Tumour." Mr. C. Heath, "On a Case of Gunshot Wound of the Arm, dividing the Brachial Artery and Median Nerve."

To the Editor of the Medical Press and Circular.

Sir,—I would esteem it as a great favour if you would have the kindness to answer the following questions in the next edition of your valuable paper. Preparatory to my stating the questions I wish to have answered, I beg to state that I intended (as I had a medical friend residing in London) to take out my lectures there, and acting on that intention, I paid to one of the medical schools in London the amount of money required for the first two years of my course. I find since then that I am unavoidably prevented from going over to London this year, as I am obliged by family circumstances to reside in Dublin for the next six months at least, during which time I could easily attend the lectures for the winter session in the latter city. The questions I wish to ask are these—First, Will the College of Surgeons in England recognise a certificate from any of the Dublin medical schools as having attended the first year's course of lectures so as to enable me (if I were competent at the time) to go in for my examination, after having attended three years' lectures in London? and secondly, will the school of medicine in London to which I have paid my money for the first and second years' lectures allow me to attend the second and third years for the amount already paid for the first and second years' lectures if I pay any additional expense that may be incurred, as I believe the lectures for the third year are more expensive than those of the first, and explain to them the circumstances under which I was placed, and show them the certificate of having attended the first year's lectures in Dublin from one of the Dublin schools of medicine.

I remain, Sir,

Yours truly,

Dec. 31, 1875. Medicus.

[Your letter arrived too late for reply in our last. The London College will accept all certificates granted by recognised Dublin schools. We believe that any school in London will allow you to transfer your attendance to second and third years as you wish.—Ed. M. P. & C.]

Dr. Abbath, Sunderland.—Our publisher, or any bookseller will supply you with reading cases for this journal; they are generally announced in each number.

Dr. Shaw, Rotherham.—Received, and will have attention.

Mr. Cross.—The work you mention was published in 1856; it is now out of print, and cannot, we believe, be purchased at any price. The name of the author was not known, although its origin was undoubtedly from one of the departments of the army.

A Constant Reader will find the case referred to in another column.

Quack v. Quack.—A case was tried last week at the Stafford Sessions —Clarke v. Kelly, M.B., the plaintiff being the proprietor of the notorious "Clarke's Blood Mixture," and the defendant a man who described himself as a medical botanist, which the degree of M.B. after his name was intended modestly to express. The said defendant had sold two bottles of his precious medicine to a woman for 2s8., she imagining she was purchasing Clarke's Mixture. Clarke prosecuted in order to protect his patent rights, for which he stated he paid Government £7,000 a year stamp duty. After long arguments on both sides by counsel, wherein the whole affair was stigmatised as "quack v. quack," the jury returned a verdict of not guilty.

F.R.C.S.—According to the construction put upon it, the object and intention having most weight in the result.

The Howard Medal.—We are requested to state that Mr. James Heywood, F.R.S., President of the Statistical Society, has given the sum of £20 to be presented with the "Howard Medal" in November next. The essays, as already announced, are to be sent in on or before the 30th June, 1876. The title of the essay is, "On the Mortality of Hospitals (General and Special) in the United Kingdom in Times Past and Present."

Communications, Enclosures, &c., have been received from—Mr. Gray, London. Dr. Little, London. Dr. Byrd, Quincy, America. Dr. J. C. Mackenzie, Cincinnati. Surg.-Major Porter, Woolston. Dr. C. Bell Taylor, Nottingham. Dr. Byford, Philadelphia. Mr. Tatham, Brighton. Mr. Margetson, Dewsbury. Prof. Amos, University College. Dr. Davies, Abergele. Mr. Gaskoin, Westbourne Park. Dr. Chapman, Paris. Dr. Shaw, Flanderwell. Dr. Lafarelle, Coleshill. Major-General Creagh, London. Mr. R. Hanslip Sers Epperstone. Dr. E. S. White, Fowey, Cornwall. Mr. Norton, Whitchurch. Dr. Williams, Fulham. Dr. Seward, Templegune. Dr. Storey, Borrisokane. Dr. O'Doherty, Carndonagh. Dr. Davison, Dromara. Dr. Seymour, Baltinglass. Dr. Smith, Lancashire. Dr. Ivers, Ballyshannon. Dr. Sterling, Thomastown. Dr. Carey, Borris. Dr. Ryan, Dublin. Dr. Brodie, Galway. Dr. Nunan, Kinsale. Dr. Browne, Dundalk. Dr. Trotter, Meath. Dr. Robinson, Dublin. Dr. Cromie, Clough. Dr. Richardson, Dublin. Dr. Evans, Dublin. Dr. Sharkey, Ballinasloe. Dr. Widdup, Dungloe. Dr. Kidd, Rathvilly. Dr. Ryan, Tipperary. Dr. Gilmore, Malin. Dr. Percival, Stradbally. Dr. White, Tubbercurry. Dr. Wolseley, Dunfanaghy. Dr. Harold, Castleisland. Dr. Shiel, Killyleigh. Dr. Reardon, Kilcorrery. Dr. West, Rathmelton. Dr. W. J. Little, London. Dr. Pinder, Harpurhey. Dr. Habershon, London. Dr. Abrath, Sunderland. Dr. Collenette, Guernsey. Mr. J. Birchenall, Macclesfield. Mr. Batstone, St. Leonards'. Mr. Geo. Gray, Speenhamland. Mr. Betts, Clerkenwell. Mr. Tamplin, London. Dr. Fixott, St. Heliers, Jersey. Mr. Redman, Lincoln. Mr. Walter Rivington, London. The Trustees of the John Hopkins Hospital, Baltimore. Mr. Benthin, London. Dr. Carey, Taunton, &c., &c.

VACANCIES.

Carlow Union. Bagenalstown Dispensary District. Medical Officer. Salary, £100, exclusive of £20 as Sanitary Officer. (See Advt.)

Birmingham. Assistant Workhouse Medical Officer. Salary, £100, with furnished apartments, &c. Endorsed applications to be sent to the Parish Offices, Paradise Street.

Liverpool Ear and Eye Infirmary. House Surgeon. Salary, £80, with board. Apply to the Hon. Treasurer, 8 Knowsley Buildings, Liverpool.

Derby Infirmary. Assistant House Surgeon. Board, lodging, and washing, but no salary. Address the Secretary.

Homerton Fever Hospital. Medical Officer. Salary, £120 per annum, with board, &c. Address the Medical Superintendent.

Brighton and Hove Dispensary. Resident House Surgeon. Salary, £120, with furnished apartments. Applications to the Chairman of Committee.

APPOINTMENTS.

Bullock, H., F.R.C.S.E., Medical Officer of Health for the Heston and Isleworth Urban Sanitary District.

Cooper, A., M.R.C.S., House-Surgeon to the Male Lock Hospital, Dean Street, Soho Square.

Cripps, W. H., F.R.C.S., Surgeon to the Great Northern Hospital.

Cunynghame, R. J. B., M.D., F.R.C.S.Ed., Conservator of the Museum of the Royal College of Surgeons, Edinburgh.

Duffey, G. F., M.D., F.K.Q.C.P.I., Physician to the National Institution and Molyneux Asylum for the Blind of Ireland.

Ewart, W., M.R.C.P.L., M.R.C.S.E., House-Physician to the Addenbrooke Hospital, Cambridge.

Gibbons, R. A., M.B., C.M., M.R.C.S.E., House-Surgeon to the East Suffolk and Ipswich Hospital.

Marriages.

Bowen—Melhuish.—On the 5th Jan., at St. Stephen's Church, South Dulwich, Essex Bowen, M.D., Birkenhead, to Edith, eldest daughter of William Melhuish, Dulwich Wood Park.

Hopgood—Knight.—On the 4th Jan., at St. Paul's Church, Cheltenham, Thomas Hopgood, Esq., M.R.C.S.E., to Elizabeth S. Knight, both of Chipping Norton.

Redmond—Power.—On the 4th Jan., per special licence, at the residence of the bride's father, John Joseph Redmond, L.R.C.S.I., L.K.Q.C.P.I., to Kate, youngest daughter of Thomas Power, Esq., St. Leger Place, Tramore.

Deaths.

Brown.—On the 4th Jan., at Kennington Park, Thomas Brown, M.D., aged 51.

Cannell.—On the 23rd. Dec., at Accrington, John Cannell, M.D., aged 34.

Corsellis.—On the 1st Jan., at Oxford, Charles Cæsar Corsellis, M.D., aged 75 years.

Edwards.—On the 1st Jan., at Sparkbrook, Birmingham, John Edwards, M.D., aged 48.

M'Keand.—On the 29th Dec., at Oxford Road, Manchester, Joseph M'Keand, M.R.C.S.E., aged 51.

Moorhouse.—On the 26th Dec., at West Broughton, Lancashire, Henry Moorhouse, L.R.C.S.I., aged 33.

Wilson.—On the 31st Dec., at Denton House, Elphinstone Road, Southsea, Hants (the residence of his brother, Thos. G. Wilson, Staff-Surgeon, R.N.), Robert Wilson, M.D., Surgeon-Major, Madras Army, aged 48.

Wright.—On the 3rd Jan., at Markfield, Leicestershire, Samuel Wright, M.R.C.S.E., aged 74.

"PRESERVATION OF SIGHT."

IT IS NECESSARY to UNDERSTAND that PRESERVATION of SIGHT does not depend in all cases upon wearing Spectacles, nor does it depend upon not wearing them. If Spectacles are worn when there is no necessity, or if not used when Nature is calling for assistance, evil results will accrue. It would be therefore well for persons about buying a pair of Spectacles to consult an optician having an intimate knowledge of the anatomical structure of the eye, an extensive acquaintance with the science of Optics, and a practical acquaintance with the manufacture of Lenses and Spectacle Frames.

"Natural Decay of Vision." Such usually occurs from thirty to fifty years of age, according to the habits of the individual; the eye loses its power of seeing near objects; reading by artificial light becomes more difficult, and in order to see more distinctly the light is often placed between the book and the eye; fatigue is felt, and reading after a short time must be discontinued.

"Short Sight."—Short sight is generally present at birth, but is not observed until a certain age has been attained, or until study calls attention to it.

HYPERMETROPIA, OR OVER SIGHT.

"Long sight." "Unequal refraction." "The eyes, after having been operated upon for cataract," "Strabismus," "Astigmatism," "Diminished or morbid vision caused by using improper glasses," all require the assistance of Lenses, but to adapt the proper one to each particular case too much caution cannot be observed,

THE OPTOMETER.

Mr. SEACOME MASON, having an Optometer and Ophthalmoscope Room attached to his establishment, is enabled in all the above cases of Defective Vision to adapt Lenses, which to extreme old age will be of ease and comfort, conferring a boon upon the wearer, often wished for but seldom experienced.

It is unnecessary to call attention to S. M.'s Spectacles, having enjoyed a reputation of many years' standing, his being the oldest Optician's Establishment extant in Ireland.

S. M.'s Spectacles and Eye Glasses have been used by the Nobility, Gentry, Clergy, and members of the Medical Profession in Ireland, including—

His Grace the Duke of Leinster.	The Right Hon. the Earl of Erne.
The Right Hon. the Earl of Leitrim.	The Right Hon. the Earl of Bantry.
The Right Hon. Viscount Gough.	Lord Sandhurst, Commander of the Forces
The Lord Fitzgerald.	The Right Honourable Lord O'Hagan.
Sir Frederick Shaw, Bart.	Sir A. Guinness, Bart.
Sir Gilbert King, Bart.	Sir Percy Nugent.
The Archdeacon of Cashel.	
The Dean of St. Patrick.	

Also by the late Sir John Gray, M.P., J.P.,
And both used and recommended for over 50 years by the late
DOCTOR JACOB
SEACOME MASON, STATE OPTICIAN,
11 ESSEX BRIDGE, DUBLIN.
[Established 1720.]

BUTLER'S MEDICAL HALL,
53 & 54 LOWER SACKVILLE STREET,
DUBLIN.
ESTABLISHED A.D. 1817,
For Compounding Prescriptions and Supplying Genuine Medicines, is conducted, as formerly, under the careful superintendence of
WILLIAM STARKEY, M.D.,
Licentiate Apothecary.

EVANS' EXTRACT OF MALT.

This PURE Preparation of Malt, combined with the aromatic bitters, possesses in a most remarkable degree the elements admirably adapted for yielding

NUTRITION TO PERSONS OF
CONSTITUTIONAL DEBILITY,
OR THOSE SUFFERING FROM LOSS OF APPETITE,
OR FROM ENFEEBLED DIGESTION.

Dr. Apjohn in his analysis states—"Of its constituents he most remarkable are those which *include Nitrogen*, the amount of which is unusually large—reaching as it does nearly 5 per cent. The *Proteinic* compounds in an ounce of it weigh 22·32 grains, and the analogous compounds in an ounce of beef-steak 98·43 grains. Hence, weight for weight, the *alimentary value* of the Extract is very nearly one-quarter that of the beef-steak. It is, therefore, *nutritious in a high egree, and being no doubt esy of assimilation, it must constitute an useful supplementary food in cases of debility and weak digestion.*"

Mr. Tichborne writes—"It is particularly rich in the *Phosphates*, the value of which, from a *nutritive* or *medicinal* point of view, is becoming more palpable every day. Other preparations of this class which I have examined, on evaporation, yielded only 36 grains of Extractive to the fluid ounce, whilst yours contain 101·5 grains.

Dr. Arthur Hill Hassall (author of "Food, Water, and Air, in relation to the Public Health;" "Food and its Adulterations," &c.), London, writes—"Evans' Extract combines soothing, sedative, stimulant, tonic, and nutritive properties, which render it a most valuable remedy in cases of debility, and in many affections of the respiratory organs.

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IRISH POOR-LAW INTELLIGENCE.

CORRESPONDENCE.

TO THE EDITOR.

SIR,—I believe that the following case will be read with interest, and will prove useful by showing the value of Government regulations. It is also interesting as bearing on the subject of professional etiquette.

Having been lately appointed medical officer of a dispensary district, in consequence of the section of the Royal Irish Constabulary regulations given below, I wrote to the County Inspector, informing him of my appointment, and stated that I was ready to take charge of the police stationed in my district. I did this believing that I had as much right to the office of medical attendant to the constabulary as I had to be Registrar of Births and Deaths. I was aware that my predecessor did not hold the appointment; but I was also aware that although everyone considered this a most unjust thing, and that he did the greater part of the work, yet that he was withheld from applying for the appointment by private reasons. In due time I was sent a copy of the regulations as to duty, &c., with a request that I would certify that I would agree to them. I did so, and thought the matter settled. But at the end of the month I was informed that "as no complaints had been made against the medical man in charge, no change would be made."

Let it be remembered that the said medical man is medical officer of the adjoining district, and lives seven miles from one station and six miles from the other. I then wrote to the Inspector-General, and reminding him of the printed regulations, requested his decision on the matter. In answer, I received the letter given below. I refrain from commenting on the transaction, nor do I give names, in order that each of your readers may give an unbiassed opinion. I will only add that I am perfectly unacquainted with the medical man in question, never having even seen him.

I am, Sir, yours obediently,
A.B., M.D., M.C.

Royal Irish Constabulary Regulations (page 194).

855. All medical attendants of the constabulary are, IF POSSIBLE, to be those holding dispensaries. In the event of a dispensary doctor not wishing to have medical charge of the constabulary, then the most eligible professional man must be procured, taking into consideration, amongst other things, that his residence should be as central as possible in the district of which he is to have the oversight. In the event of a dispensary doctor who has charge of the constabulary resigning his dispensary, he must also give up his constabulary charge; but should his successor in the dispensary decline to be medical officer to the constabulary, then there will be no objection to his (the former medical officer) retaining the appointment if he wishes it, and is in all respects satisfactory and eligible. The medical attendants are required to attend the wives and children of the men in their charge.

"Royal Irish Constabulary Office,
"Dublin Castle.

"SIR,—In reply to your letter of yesterday, I am directed by the Inspector-General to inform you that as Dr. —— has satisfactorily discharged the duties of medical attendant to the —— and —— stations for a number of years, he will not be deprived of his position; but should a vacancy arise, your claim shall receive the consideration warranted by the regulations.

"I am, Sir,
"—— ——.

"It is to be remarked that your predecessor in the dispensary had not charge of these stations."

WORKHOUSE SICK NURSING.

AT the present time, when contagious disease is so prevalent, the desire is generally expressed that the workhouse hospitals be made use of largely by those at least for whom in their homes isolation, treatment, and attendance cannot be fully secured. Workhouse hospitals are numerous enough, are well situated and constructed, and provided with the best medical attendance to be had in the locality. There is one thing only which strikes us as being defective in their arrangements, viz., the paucity of skilled and responsible nurses. This defect was made very clear in the course of an investigation at the Dromore West Workhouse on Friday, it being elicited that a man seriously ill, though not at the time supposed to be dying, was left in charge of an idiot boy—accounted for by the fact that there was not another able-bodied person in the ward to take charge of the sick. The Board of Guardians would seem not to have been aware of the nature of the arrangements made for nursing the sick in hospital, and learning it on Friday, some of the members very strongly condemned them. But the course pursued at Dromore West would appear to be the rule, not the exception, in workhouse establishments. The case must be worse in those workhouses where the fever hospital is a separate building. It is thus in Ballina. For the numerous sick, divided between the fever hospital and infirmary, in separate buildings, there is only one paid, skilled, and responsible nurse. We have made it our business to inquire as to the attendance given to the fever patients especially, knowing that the hospital nurse could not do more than superintend the two establishments in her charge, and learn that they are left at night in charge solely of pauper nurses, women, as a rule, of loose habits and character. We have even heard of instances in which medicine prescribed for the sick, and given out for them, has been found in the morning unadministered. And this is only what might be expected with the class of nurse provided for administering medicines and medical comforts. The recent scare in the workhouse, when the pauper nurses were discovered drinking the wine and whisky, and giving none of it to the patients, will not be forgotten. Those nurses don't drink the medicine as the whisky, but it appears they leave it unadministered. A large hospital like that in Ballina, divided into two branches, in separate houses, should have more than a superintending nurse.—*Ballina Herald.*

COROFIN DISPENSARY.

A MEETING of the committee of management of this union was held recently for the election of a medical officer for the Corofin dispensary district (embracing the entire union) in lieu of Dr. M'Namara, who had resigned.

Colonel Paterson rose and proposed the appointment of Dr. George M'Namara as successor to their old friend and worthy doctor (hear, hear.). He was quite sure he would follow in the footsteps of his father, and earn for himself the confidence and esteem of all, by his attention and kindness to the poor, and in relieving the wants of all that required it. It would be folly for him (Col. Paterson) to make any further remarks about either Dr. M'Namara or Dr. George. They knew them well already. Dr. George M'Namara was then elected unanimously to the office.

Dr. M'Namara briefly returned thanks on the part of his son. He returned them his warm gratitude for the very unanimous manner in which they had elected him to the office. As he (Dr. M'Namara) was not separating himself altogether from the board, he trusted he would continue to deserve their kind consideration as he had hitherto done. He again returned them his warm thanks.

IRISH MEDICAL ASSOCIATION.

THE objects of the Irish Medical Association are—

To unite the members of the medical profession in Ireland, and so form an influential and highly useful body competent to protect and promote the interests of the profession generally, but especially those of the Poor-law and dispensary medical officers of Ireland, in the various departments under which they hold office.

To watch carefully the proceedings of Parliament upon matters affecting the interests of the members of the Association, and to take action with regard to same, with the object of promulgating its views amongst the members of Parliament.

To inform the members of the Association by circulars, to be issued from time to time, as occasion may require, of all matters affecting their interests, and so afford them an opportunity of expressing their opinions, and offering any information or suggestions they think fit.

To obtain, when considered necessary, legal advice as to the interpretation of the law upon matters involving the interests of the profession, and as it may seem expedient, to institute legal proceedings for the purpose of obtaining judicial decisions upon such matters.

To arbitrate in disputes between individual members of the profession, when such arbitration may be requested.

RULES.

I. That each Poor-law and dispensary medical officer, or any duly qualified physician or surgeon, may become and continue to be a member of the Irish Medical Association, subject to the approval of its Council.

II. That the annual subscription of each member shall be, at least, ten shillings and sixpence, payable at the beginning of each year; but any person who wishes to become a member after the 31st of March of any year, shall, upon payment of his subscription, be entitled to all the privileges of membership, not only for the unexpired portion of that year, but also for the ensuing year.

III. That each year shall commence on the 1st day of June, and terminate on the 31st day of May following.

IV. That the administration of the Irish Medical Association shall vest in the Council, who shall consist of the following:—

One President—to represent all Ireland.

Four Vice-Presidents—to represent the four provinces.

Thirty-two members—who shall, at their first meeting, to be held at the Royal College of Surgeons in Dublin, at four o'clock, p.m., on the Friday next after the day of the annual general meeting, appoint the following officers:—

One Honorary Treasurer,

One Honorary Secretary,

One Honorary Secretary of Council,

who shall be *ex officio* members of Council.

V. That the Council shall meet at least once in each quarter, and also from time to time, as occasion demands, when summoned by the Honorary Secretary.

VI. That the Council, at their first meeting in each year, shall appoint from amongst their number a Chairman of Council, and also a Committee consisting of seven members, including the Honorary Treasurer, the Honorary Secretary, and the Honorary Secretary of Council.

VII. That the duties of the Committee shall be—

To transact the financial business of the Association.

To direct meetings of the Council to be convened when they see fit.

To watch carefully all matters affecting the interests of the members, and to report on same to the Council.

To draw up and issue, from time to time, such circulars to the members as may be approved of by the Council.

To receive and deal with all matters of business and correspondence, not demanding, in their opinion, the special attention of the Council.

To carry into effect the instructions of the Council; but they shall not enter into any engagement which will make the Council, or the Association, liable for any sum beyond the amount which would remain in the Honorary Treasurer's hands to the credit of the Association, after providing for all previously existing liabilities.

VIII. That the various departments of the work of the Association shall be, by the Committee, so divided amongst its members that each shall specially be the province of one of them, viz.:—

To take cognisance of all matters affecting the interests of the profession generally; to watch, carefully, all Parliamentary proceedings affecting the interests of the members of the Association; and to bring same under the notice of the Committee.

To take cognisance of all matters affecting, specially, the interests of Poor-law and dispensary medical officers, and public vaccinators, as such, and to bring same under the notice of the Committee.

To take cognisance of all matters affecting the interests of registrars of births, deaths, marriages, and vaccinations, and to bring same under the notice of the Committee.

To take cognisance of all matters affecting the interests of sanitary officers, and consulting sanitary officers, under the Public Health Act, and bring same under the notice of the Committee.

IX. That an annual general meeting of the members shall be held an the first Monday of June in each year, at such time and place as may be appointed by the Council.

X. That the order of business at the general meetings shall be—

1. The minutes of last annual general meeting, and of all special general meetings (if any) since held, shall be read and confirmed.

2. The meeting shall appoint three scrutineers of the ballot, who shall decide, by lot, between candidates having an equal number of votes.

3. A ballot shall be opened, and shall remain open until the other business to be brought before the meeting shall have been disposed of, for the election of one President, four Vice-Presidents, and thirty-two members of Council.

4. The report of Council for the preceding year shall be read, setting forth the steps taken by them towards carrying out the objects of the Association.

5. The Council shall then submit an account of the whole income and expenditure of the Association, for the year ended the 31st day of May then last past, showing all arrears of income due, and any current liabilities unpaid, which account shall be signed by the Honorary

Treasurer, and the accuracy of which shall be certified by the Auditors.

6. The resolutions recommended by the Council shall then be separately brought before the meeting and dealt with.

7. Any member of the Association may then propose any resoluton which he desires to bring under the notice of the meeting.

8. All resolutions must be proposed by one member, and seconded by another, before being put by the Chairman to the meeting.

9. The result of the ballot shall then be declared by the Chairman.

10. Two members of the Association—not being members of the Council—shall then be elected to audit the accounts during the ensuing year.

XI. That at the meetings of the Council five members shall form a quorum.

XII. That at the meetings of the Committee three members shall form a quorum.

XIII. That the Honorary Treasurer shall receive all subscriptions, and issue receipts for same, and shall (with the sanction of the Committee) discharge all the liabilities of the Association, and submit the accounts of the Association to the Committee, to be examined by them when so required, at least once in each year.

XIV. That the Honorary Secretary and the Honorary Secretary of Council shall discharge all secretarial functions required by the Council or the Committee.

XV. That the Council may, whenever it appears to them expedient, direct that a special general meeting of the members of the Association be convened by the Honorary Secretary, to be held at such time and place as they appoint, to consider any matters deemed by them to be of such importance as to require an expression of the opinion of the members at large.

XVI. That the Council shall have power to make any bye-laws they deem necessary for the regulation of their own business, and to fill up any vacancy which may occur amongst their body.

XVII. That the Committee shall have power to make any regulations they deem necessary for the transaction of their special business, subject to the approval of the Council.

XVIII. That notice of each general meeting shall be given to each member of the Association, by circular, at least one week previous to the day of meeting.

XIX. That an annual dinner of the members of the Association shall be held on the first Monday of June, in each year, at such time and place, and under such regulations as the Council may approve.

XX. That none of these rules shall be altered or repealed, nor shall any addition be made thereto, unless at an annual general meeting of the Association, and notice of any proposed change, signed by its proposer and seconder, shall be communicated to the Honorary Secretary at least two weeks before the day of such meeting.

N.B.—All communications relating to subscriptions and financial business should be addressed to the Honorary Treasurer; those concerning all other matters should be addressed to the Hon. Secretary of the Irish Medical Association, Royal College of Surgeons in Ireland, Dublin.

CARLOW UNION.

RESIGNATION OF DR. TRAVER.

A letter was read by the chairman from Dr. Traver, Medical Officer of the Bagenaistown District, to the Dispensary Committee, tendering his resignation in consequence of ill-health, Dr. Banks, after mature consideration, being of opinion that that the resumption of the duties of the dispensary would be attended with risk to his life. In thus closing a relationship of nearly twenty-five years' duration he begged to return thanks for the confidence always reposed in him, and for the kindly feeling always shown him by every member of the Committee.

Chairman.—I am sure it is with great regret we accept the resignation of Dr. Trayer, who has served us so well, and with such zeal and skill, for twenty-five years.

Mr. Newton said a special meeting of the Bagenalstown Dispensary Committee was held on Wednesday to consider Dr. Trayer's resignation, and he was requested by tqem to state to the Board that they considered £100 a year would be sufficient remuneaation for the Dispensary Medical Officer in future, and to request the sanction of the Board to reduce it to that amount.

Mr. Fitzmaurice thought if the Dispensary Committee were of that opinion the Board could not have any oqjection to fix the salary at what they considered necessary. If they thought it desirable to increase the salary bye-and-bye they could do so, but in the meantime he thought they should advertise for a medical officer of the district at a salary of £100 a year.

Mr. Newton then proposed that Dr. Trayer's resignation be accepted, and that an advertisement should be inserted in the usual newspapers for a medical officer for the district at a salary of £100 per annum.

This proposition was unanimously adopted.

Mr. Newton then gave notice of his intention to move on that day month that Dr. Trayer be awarded two-thirds of his salary as superannuation allowance.

RED TICKETS IN OUT-DOOR RELIEF CASES.

A letter was read from Dr. Carey, Medical Officer for Borris district, referring to an out-door relief case ruled on Relieving Officer's book, in which certificate was required from him (Dr. Carey) as to the man's fitness to be removed. Dr. Carey observed that he never refused to give a certificate as to the state of health of any patient under his charge. In this instance at the request of the man's wife he sent a recommendation to the Relieving Officer to give the relief, but received a second red ticket to visit the man to certify whether he was fit or unfit for removal. He wished to be informed whether or not in the case of a person applying for out-door relief, the Relieving Officer was empowered to issue a red ticket requiring the attendance of the doctor to certify as to his fitness or unfitness for removal, and in the event of his having to furnish certificates to the Board, as called upon to do in this instance by the Relieving Officer, would he be allowed postal expenses.

The Chairman said the Relieving Officer, (Mr. Lewis) would be obliged to give a written reply to Dr. Carey's letter, so that both might be placed on the minutes.

Relieving Officer—I received, some time ago, instructions from the Board in all cases of provisional relief to produce a medical certificate each week.

Mr- Fitzmaurice did not thiik it was open to relieving officers to issue red tickets merely to ascertain if parties were fit to be removed or not.

Relieving Officer—I could not tell whether he could be removed or not.

Mr. Fitzmaurice—A red ticket is only issued in cases where patients are unable to attend at the Dispensary.

The Relieving Officer said in this case, when the man's wife came to him, he asked her was he sick, and she said he was. It had always been the practice when application was made for out-door relief for the relieving officer to visit the case, and if he had any doubt as to whether the party could be removed, to issue a red ticket for the doctor's attendance.

Mr. Fitzmaurice said he did not think it was open to him to issue red tickets under these circumstances.

Relieving Officer Codd—We require the medical certificate as to the fitness of the party to be removed.

Mr. Fitzmaurice thought they should not issue a ticket except they believed the patient unable to be removed.

Clerk—Was the man in bed when you visited him?

Relieving Officer—He was not. I generally visit when they don't expect me. His wife met me at the door and

said her husband was just after getting up, and when speaking to him he said he could neither stay in bed or up, as he had an impression on his chest, and was afraid he would smother in bed, but was not able to be up. After visiting the man I went to Borris, and on seeing the Doctor asked him what was his reason for refusing to certify, and told him I thought it would be well if he would do so by that night's post. He said he would not, and that the man was fit to go anywhere; but it was for the information of the Board that I required the certificate. The doctor is to report on a case as long as the patient is receiving temporary out-door relief.

After some further discussion,

The Chairman directed the Relieving Officer to furnish a written reply to Dr. Carey's letter.

It is most unreasonable and unnecessary to call upon the dispensary medical officer to certify the state of health of a patient in default of the proper inspection by the relieving officer. It is that official's duty to see the case and judge for himself, and he has no right to require the attendance of the medical officer, except in a case respecting which he entertains a reasonable doubt. If, however, such reasonable doubt exists, the medical officer is bound to attend and solve it, for Section IV. of the 21st Article of the Dispensary Regulations says:—"He shall give a written certificate under his hand to the Committee of Management, or the Board of Guardians, or the Relieving Officer, *when called upon to do so*, of the state of health of any dispensary patient attended by him, and of such patient's fitness or unfitness to be removed to any union hospital, as the case may be." It is quite indefensible that the relieving officer should spare himself the domiciliary visit—as he seems to have done in this case—by sending the doctor a red ticket for a patient who may be in active health for aught anyone knows.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING JAN. 1, 1876.

Total registered deaths in Dublin and suburbs *	...	200
Ten years average of same week	...	162
Excess of mortality above average	...	38
Ratio of deaths, suburb of Rathmines ...	22	per 1,000
" " " Donnybrook†	29	"
" " " Blackrock ...	14	"
" " " Kingstown ...	28	"
" " Entire Dublin district ...	33	"
COMPARATIVE RATIOS—London	27	"
" " Glasgow... ...		"
" " Edinburgh ...		"

* District extends over 10,050 acres, and contains 314,6 persons.

† This district includes City of Dublin and Incurable Hospitals.

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of Election	Distance of Dispensary from Railway Station.
Carlow	Bagnalstown ...	£120	£5 13 0	616	284	5,925	16,854	Jan. 19	G. S. & W. Railway.
Kenmare	Sneem	£120	£18 8 0	74	43	5,570	58,355	Jan. 25	Killarney 28 m.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, January* 1*st*, 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION 1871.	WEEK ENDING SATURDAY, JANUARY 1ST, 1876. Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . .	10,050	314,666	33	196	200	32	64	...	2	2	...	10	3	2	6	3	50
BELFAST . . .	20,687	182,082	43	187	149	28	24	...	1	4	6	3	1	3	9	7	11
CORK	13,816	91,965	42	40	75	7	16	...	2	1	...	1	5	4	5	10	31
LIMERICK . .	8,509	44,209	26	25	22	6	6	...	...	...	...	1	...	1	...	...	7
LONDONDERRY .	21,865	30,884	30	7	18	3	6	...	...	4	...	...	...	...	...	1	3
WATERFORD . .	17,209	30,626	65	18	38	1	17	...	...	...	...	...	2	...	...	5	21
GALWAY . . .	21,358	19,692	42	8	16	3	8	...	...	...	...	...	1	...	...	...	4
SLIGO . . .	30,835	17,285	30	4	10	...	6	...	...	...	...	..	...	..	1	1	2

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 19, 1876.

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By Charles R. Drysdale, M.D., M.R.C.P. Lond., F.R.C.S. Eng.,

Senior Physician to the Metropolitan Free Hospital; Physician to the North London Consumption Hospital; and Consulting Physician to the Farringdon General Dispensary.

Mr. President and Gentlemen,—I have been *tempted to* bring the subject of Animal Vaccination *before this* learned society in order that I might have the advantage of hearing what is thought in the country of the immortal discoverer of vaccination concerning certain experiments which have recently been carried on in a very extensive way in Italy, France, Germany, and Belgium.

At a meeting of medical practitioners from all countries in Europe, which took place in Brussels in September last, I had conversations on this subject with a well-known Italian physician, Dr. Palasciano, of Naples, who devotes a medical journal, edited by himself, mainly to the two subjects of ether anæsthesia and animal vaccination. For some years past, also, I have been cognisant of the existence of that important experiment which is being carried on in Belgium by a very distinguished physician of Brussels; and, when at the International Congress in September last, I had many opportunities of obtaining information about it.

It has seemed to me that the Belgian experiment, which I am about to describe in detail, has excited hitherto far too little attention in this country, whether we consider the possible practical utility of the innovation or the curious physiological facts made known by it. Such considerations may serve as an excuse in bringing this subject once more up for discussion.

(a) Read at the Medical Society of London on the 15th November, 1875. Dr. Routh, President, in the chair.

Historical.—Dr. Palasciano, of Naples, when on a visit to France, at the Medical Congress of 1864, which was held in Lyons, seems to have been the first to make known to European practitioners, foreign to Italy, the experiments on animal vaccination long carried on at Naples. The system, he informs us, was commenced in Naples by Dr. Galbiati, a distinguished practitioner of that city, about the beginning of this century. In the year 1810, Galbiati published a memoir on animal vaccination, wherein he asserted that some diseases were transmissible by vaccination when human lymph was made use of. He partook, it seems, the opinions of his compatriot, Dr. Cotugno, who used to say, "Chi inesta, inesta tutto," "He who inoculates, inoculates everything;" and among other diseases communicable by vaccination he enumerated syphilis, citing four cases in which he asserted he had seen vaccine and syphilis inoculated at once. Galbiati, therefore, commenced the practice of, vaccinating all his patients from young calves; and since this time that practice has been carried out by his pupil Dr. Negri, who has always had at the disposition of practioners in Naples a male or female calf, which was inoculated, and sent from house to house on any day agreed on, when a pustule was incised and the lymph taken, for a payment of five francs.

In August, 1862, at a meeting of the Academy of Naples, Dr. Palasciano moved that the practice of human vaccination should be abandoned, and that of animal vaccination adopted. The objection was made that animals themselves have diseases, the germs of which may be inoculated on man, especially tuberculosis. Palasciano replied to this argument that tuberculosis was not found in the bovine species until the animals had attained a certain age; and that it was, moreover, not nearly so common in that species as in ours.

Dr. Negri, of Naples, was in the habit of inoculating from calf to calf, making use indifferently of males an females, according as either was more easily procurable. On the female calf he inoculated the teats; in the males, the skin of the hypogastric region, generally on one side only. Having well shaved the skin, he made scarifications of the length of 8 or 10 millimetres, at a distance of

some 10-15 millimetres from each other. He then rubbed in the vaccine lymph and covered it with a piece of membrane. On each animal he made at least one hundred scarifications, in order to produce a hundred vesicles. By the fourth day after inoculation he made use of the vesicles, which it was his custom to excise entirely, and then open by scarifying, and afterwards express the lymph on a piece of glass. This practice he kept up for a whole week, carrying the animal to every part of Naples where it was required.

Dr. Lanoix, one of the auditory who listened to Dr. Palasciano in Lyons in 1864, was so impressed by this story that he lost no time in visiting Naples, and after studying there the practice of animal vaccination, he returned to Paris with a heifer, aged nine months, inoculated by Dr. Negri in November 1864. In passing through Lyons, on his way to Paris, this heifer had lymph taken from it at the railway station by Dr. Chauveau, of Lyons, and by Dr. Diday, which lymph succeeded admirably in the vaccination of several children, and of Dr. Diday himself. Dr. Lanoix then proceeded to Paris, where his plan of animal vaccination was examined, and afterwards carried out by Dr. Depaul and other able Parisian physicians, as well as by himself.

Two months later, Dr. Ramirez, of Mexico, then residing in Paris, at the request of Dr. Warlomont, of Brussels, brought to that city a heifer vaccinated by Dr. Lanoix. This was the commencement of that great and remarkably successful experiment on animal vaccination which I am about to narrate, from data kindly furnished to me by the illustrious Professor Warlomont, of Brussels.

The first experiments on animal vaccination made in Brussels proved so fortunate and conclusive, that from the month of April following, the town of Brussels, acting on the advice of a local medical committee, voted an annual subsidy to the new institution ; and the superior Conseil d'Hygiene Publique, in its report of the same month, recommended the Government " to favour, by all means in its power, the foundation of an establishment where the cow-pox could be propagated on heifers."

The Government of Belgium did not suddenly defer to he wishes of these medical authorities ; it desired, before taking a side on the question, that the experiments commenced by Dr. Warlomont should have received the sanction of time, and, therefore, remained from April, 1865, up to the end of 1867, in prudent expectation, leisurely studying the important question submitted to it. In the meantime, Dr. Marinus, in the name of a committee appointed by Dr. Warlomont to watch his experiments, sent in an entirely favourable report in October, 1866 ; whilst Dr. Rommelaere, reporter of a committee instituted by the Société Royale des Sciences Medicales et Naturelles de Bruxelles, concluded, in an elaborate work, upon the validity of animal vaccination, in producing a very large quantity of the finest vaccine lymph. On hearing their reports, several provinces, such as West Flanders, Hainault, and Brabant, encouraged the Vaccinal Bureau of Brussels by subscriptions.

The Minister of the Interior of Belgium then resolved to terminate the examination of the question ; and by a despatch dated September, 1866, he reminded the Academy of Medicine that the question of the regeneration of lymph had already been examined by it. He requested that body, then, to make known to him the conclusion it had arrived at, as to whether there was any necessity for regenerating vaccine ; and, if so, in what way this could best be realised. A committee of the Academy, presided over by Dr. leminckx, was charged with examining the question, and Dr. Marinus, the reporter, submitted the following conclusions to the Academy of Medicine : " The committee is of opinion that the following reply be sent to the Minister of the Interior. 1. The Academy has already recognised the utility and even the necessity of renewing vaccine, and has not changed its opinions on this matter. 2. A really practical method of obtaining this renewal would consist in the extended application of animal vaccination, founded on the inoculation of spontaneous cow-pox upon heifers, on which the products of this inoculation should be unceasingly kept up by the processes recently introduced into science."

After consulting the provincial councils of medical practitioners in Liège, Hainault, West Flanders, Brabant, Namur, &c., and receiving affirmative opinions from six of these medical bodies, the Government of Belgium created what is now called the " Vaccinal State Institute of Belgium " in 1868. This institute had for its object— 1. The renewal of the vaccine lymph at present used, by means of animal vaccination, founded on the inoculation of spontaneous cow-pox upon heifers, on which the product of the inoculation is constantly kept up by the processes recently introduced. 2. The distribution gratuitously to all practitioners in Belgium, and to the Communal Administrations, in places where there are no medical men, who make a written demand for it, of the vaccine matter thus obtained, as well as of humanised lymph, the immediate product of vaccination from the heifer on the arm.

On the 11th July, 1868, the Institut Vaccinal de l'Etat become possessed of heifers vaccinated by means of the products of spontanious cow-pox, discovered in 1866 at Beaugency by Dr. Depaul. This was entirely satisfactory; but another discovery of spontanious cow-pox at Esneux was made by Dr. Petry, and this was then used to inoculate the heifers. The Esneux cow-pox was kept up until the year 1870. From April, 1866, up to April, 1870, more than 4000 infants were vaccinated at Brussels by the Esneux virus, and several thousands of tubes and points of the same lymph were sent out to Belgian practitioners.

On May 1, 1870, this vaccine matter from Esneux, although it had, up to that date, preserved all its qualities, gave place, out of respect for a popular opinion, which sought for the renewal as frequently as possible of all vaccine matter from spontaneous cases, to cow-pox freshly discovered at Vanves, which Dr. Constantin Paul had sent specimens of to the Institute, and which succeeded well.

Professor Warlomont, in his address on this subject at the Brussels Academy of Medicine, in 1868, said : " The cow-pox, so long as it does not quit its birth-place, the heifer, possesses all its activity, whatever be the number of its transmissions, on the sole condition that it be carefully cultivated." In October, 1871, the cow-pox of Vanves was still used. Speaking again on the subject of retrovaccination, he says that many errors are afloat as to the product resulting from human lymph inoculated on heifers. His opinion is not quite made up on this point; but he is certain, contrary to the assertions of other observers, that he has been able to make inoculations with human lymph through a long series of transmissions on heifers, without ever having seen one failure, and still less an extinction.

In order to have always, at the Institute, vaccine for the vaccination of children and of heifers, as well as for sending out, in order also to escape from any unforseen difficulties, two heifers at least are vaccinated every week. It is from these that children are vaccinated, points covered, and fresh subjects inoculated. The ivory points are sent away every evening by the post, so as to arrive regularly at their destination twenty-four hours after the demand for them. The lymph, although dry, is always fresh at the time it is used.

The vaccinifer animals of the Institute are young cows or calves, aged from two to three months. They are chosen by preference with russet or white skin in order not to have to vaccinate a cutaneous surface over highly pigmented, as in black calves, when the evolution of the vesicles is not so easily followed. It is necessary that the animals should be well developed and in good health : if good sense did not suggest this, experience would indicate

it, for such animals do not raise vesicles which are acceptable. This, says Dr. Warlomont, applies peculiarly to the fear of the possible transmission of "charbon" by vaccination; "everyone knows that an animal with that disease will never accept vaccine matter."

(To be continued.)

REPORT OF THE PRACTICE OF THE ROTUNDO LYING-IN HOSPITAL, DUBLIN, FOR THE YEAR 1875. (a)

By George Johnston, F.K.Q.C.P.,
Ex-Master of the Hospital.

The seventh and final year of his mastership of the Rotundo Lying-in Hospital having drawn to a close, Dr. Johnston felt desirous of completing the task he undertook when he commenced his official career, *i.e.*, of giving, in as accurate and impartial a manner as lay in his power, an annual account of the health of the institution, so that a just opinion might be formed of its sanitary state, and a fair conclusion arrived at whether a large maternity was or was not a safe asylum for those poor creatures who found it necessary to seek its shelter. In coming, however, or rather before coming, to a conclusion on this point, it was essentially necessary to take into consideration that in this time-honoured institution, whose reputation extended to all parts of the world, whose doors were ever open to those requiring its protection, patients from all quarters seek admission, many labouring under various affections, both of mind and body, as well as those of their parturient state; some far gone in labour, who, neglected or mismanaged by unskilful persons in their own wretched rooms, sought the benefits of the institution when mayhap they were in a most hopeless, if not a dying state; others with symptoms of fever, or other zymotic complaints apparent, were admitted, being at the same time so far advanced in labour that it would be utterly impossible (without running great risk) to send them to a fever hospital; many, led away by heartless, designing individuals, have been seduced, who, becoming pregnant, and being too modest to bear the observations and remarks of acquaintances in the locality where they are well known, rush into the Lying-in Hospital, that amongst the crowd their shame might pass unnoticed. Those were the essential matters that those when discussing the merits of a large maternity should bear in mind, instead of looking superficially at its death-rate, without taking into consideration the various casualties that such an institution was exposed to, before they brought an unfair accusation against it. For instance, during the past year their casualties (what was meant there by that word was the peculiar conditions in which a patient might be labouring under on admission other than her mere parturient state) amounted to 104, besides 60 cases of seduction. Among the former there were 16 from frettings, either from ill-treatment, deserted by husband, or his death shortly before, delicate from starvation, &c.; 5 from tonsillitis or laryngitis; 6 from pulmonary affections, bronchitis, pleuritis, pneumonia, phthisis, hæmoptysis; 4 cases convulsions; and there were also cases of gastritis, hæmatemesis, diarrhœa, peritonitis, pyæmia, fever, and scarlatina; abscess—1 of the mamma, and one in the neck; cardiac, hepatic, or nephritic disease, rheumatism, syphilitic disease, carcinoma of the breast, making in all 164 cases which were admitted under unfavourable, if not most critical, circumstances, and therefore extremely susceptible of any puerperal affection, quite irrespective of their being confined in an hospital. During the past year—from the 6th Nov., 1874, to the 5th Nov., 1875, inclusive—1,065 patients were delivered in the hospital; 275 were delivered in their own homes; 214 were treated in the wards for female complaints; 2,867 were prescribed for at the dispensary, fully one-half of which were treated in the examination-room for uterine diseases, making in all 4,421 relieved during the year. Of the 1,065 cases of labour, 813 were perfectly natural, *i.e.*, the head presented, the child was born within 24 hours without any artificial aid, or any untoward circumstances occurring, the placenta was expelled by the natural efforts, and there was no post-partum hæmorrhage; 40 were abortions, *i.e.*, the ovum or the embryo was expelled from the sixth week to the end of the sixth month of pregnancy. In two instances the child presented with the upper extremity, and in 37 with the lower. It was considered advisable to deliver in 113 instances with the forceps, in 5 instances ovariotomy had to be performed, and in 4 instances was performed version. Labour was induced in 2 instances. In 11 instances the labour was complicated by twins, in 1 by triplets, and in 4 by convulsions. There were 11 cases of accidental hæmorrhage; 2 cases of placenta prævia; 31 of post-partum hæmorrage—viz., 26 trivial, or comparatively so, and 5 serious; 15 of retained placenta; 4 cases of prolapse of the funis. Chloroform was administered in 100 instances. The mortality in the hospital amounted to 27 from all causes, or about 1 in 38. Now, it was worthy of remark that there were 5 patients confined in ward No. 6 on the same day; 1, in 70 bed, died of scarlatina, which she brought in with her; 1 in 69, bed adjoining, was admitted in fever, with great distress of mind; she was attacked with peritonitis, of which she died. Of the next two bed, 68 was occupied by a woman, her third pregnancy, who went out of the institution quite well. Next to her, in 67, a wretchedly delicate woman, with secondary symptoms was confined in her seventh month; she got an attack of secondary hæmorrhage on the fifth day; notwithstanding, she made a steady convalescence, and was discharged recovered from the effects of her confinement. While in 66 bed was a patient, a primipara, admitted in very delicate health, and fretful and nervous, anticipating the result. She was seized with peritonitis, and died. They must surely conclude from this that there was not anything of an epidemic nature existing in the ward, if so, the intervening patients would have taken it, at least, the very delicate patient in 67 bed. Thus, it appeared that out of the total 27 deaths, 9 of them were cases of seduction, 5 of very great distress of mind; 6 were admitted in an extremely delicate or dangerous state; 3 others were primiparas, some of them suspected of being unmarried; and 4 should have died, no matter where they were confined. Alluding to the question of the use of the forceps, Dr. Johnston said: "There where 113 cases were we considered it advisable to deliver with the forceps, and 83 of these were primiparæ, or more than two-thirds, giving birth to 53 boys, 51 of whom lived; 2 were dead at birth; 30 were girls, 27 of whom lived; 1 was dead at birth. 75 mothers recovered; 8 died, 6 being cases of seduction, fretting; 2 cases of peritonitis; 30 were pluriparæ, in which 16 boys were delivered, 14 of whom lived; 2 were dead born; and 14 girls, all of whom lived. 28 mothers recovered, 2 died, 1 of pleuritis, 1 of fungoid tumour of the uterus, with fatty heart; making a total of 69 male children born, 65 being alive at birth, 4 of whom died; 4 were dead born. Thus, 61 males were saved, and 44 female children born; 43 were alive at birth, 2 of whom died, and 1 was dead born. Thus, 41 female children were saved, making a total of 102 children saved who, in all probability, would have been lost if left to the natural efforts; 103 mothers recovered, and 10 died. The forceps which we at first used were of the straight form, both long and short, generally called Beatty's; but finding on frequent occasions that they slipped, particularly when the head was above the brim, or when it was at all tightly wedged high up in the pelvis, and were consequently inefficient, we were obliged to have recourse, about five years since, to the double-curved variety of Barnes, and we have great satisfaction in saying that the more we employ them the more reason we have to be perfectly satisfied with them, inasmuch as we have proved them to be an instrument both safe, easy in their application, and most efficient in their powers of extraction, and at the same time not compressing the child's head to any injurious extent, and perfectly available, whether the head may be above the brim, in the brim, or in the cavity; in fact, we see no necessity for using any other, as they can be introduced by one experienced in their application as easily, if not more so, than the straight variety in all cases; and, as a proof of their not producing any injurious effect on the child, instances are given in our former reports where it has been born alive and lived, although the force used to draw the head through the contracted strait was enormous, and the length of time occupied by the operation was very great. One case may be mentioned as serving for an example, which occurred in a woman in her ninth pregnancy, where there was an exostosis of the right sacro-iliac synchondrosis, preventing the head from entering the brim, and where it took three-quarters of an hour to extract the child, whose head, when born, presented a depression occupying the prominence of the left parietal bone of over 3 inches long and 1¾ inches

(a) Abstract of a paper read before the Obstetrical Society of Dublin on the 8th of January.

broad, and at least ¼ inch deep. Yet that child, a boy, weighing 7 lbs. 12 ozs., lived, and was carried out by its mother quite lively and well on her being discharged on the eighth day. Now if we deduct the 40 abortions from the total number of deliveries recorded as having taken place in the year, it will leave 1,025, which, divided by 113, the number of times the forceps were used in that period, it will be seen that they were had recourse to once in about every 9 1-11th. Some may cavil at the system we have adopted, but the further we pursue the practice the more we see the advantages arising from it in preventing serious consequences to both mother and child—the mother being saved from lengthened agony, prolonged too often to a serious extent from the effects of exhaustion, rendering her liable to inflammation of the soft parts, with all its direful results, such as sloughing and its consequences, fistula, pyæmia, peritonitis, &c., and the child's life preserved by not allowing it to encounter too long the danger resulting from the protracted pressure, both by the compressing of the head in the pelvis and the evil results of the contraction of the uterus round the child and the placenta, thus cutting off the supply so essential to its fœtal existence. In reply to the objection that has been raised by some—viz., that the forceps is a dangerous instrument, and as a proof to the contrary, I may mention that of the 752 cases that have been delivered within the last seven years, in no one instance was injury inflicted by the instrument on the soft parts of the mother. In fact, by using proper precaution in their application, by bearing in mind the different axes of the pelvis and the condition of the passage and cervix uteri, and by introducing the blades with the greatest gentleness in accordance with the direction of these axes, and by taking every care to avoid catching the points of the blades in the cervix, particularly when it is not quite fully obliterated, and when they are applied by making the traction in the proper direction, *i.e.*, in accordance with the amount of descent at which the head may have been arrested in the pelvis, and by continuing it in the axis of the pelvis your extractive force has brought it to, which latter precaution should be particularly attended to, and as soon as the head has been brought sufficiently forward to the outlet, by withdrawing the blades, as our invariable practice is, and has always been, and completing the delivery in the ordinary way, there cannot be, in the hands of the skilful practitioner, any injury produced. And no doubt whatever exists that such practice tends to the more favourable convalescence of the patient. Now, although far from encouraging or inculcating "meddlesome midwifery," as it has been termed, and no doubt in some instances not without reason, as this practice should never be adopted merely in order to save our own time, it should alone be had recourse to when the life of the mother or that of her offspring is in jeopardy. The more we see of early interference and the benefits arising from it, the more we are induced to persevere in it. It has been insinuated that it is a most dangerous practice, and therefore it would be wrong to inculcate it into the mind of the general practitioner; but although no doubt it would be so in the hands of a careless or unskilful person, should that be a reason, may I ask, why the skilful obstetrician should not adopt a measure attended in his hands with perfect safety, by which the many hours of suffering agony of the mother is spared and the life of her offspring preserved, which, under the peculiar circumstances of the case, would otherwise be endangered, if not altogether lost? It might as well be said you should not attempt to take up the subclavian, tie the external iliac, perform lithotomy, or any other of the operations in surgery, because, forsooth! such would be dangerous or unjustifiable in the hands of the unskilful. We have only to add that it has been, so far as our experience goes, the means of saving many lives, both of mother and child, and therefore we have every reason to consider ourselves not alone justified in the continuance of it, but in also recommending its practice to others. At the same time, while doing so, we warn all, as we have always done the student in the class-room, of the dangers to be avoided in using the instruments, not only in the first stage of labour, but in every case, where, even although the os may be fully dilated, the absolute necessity there exists of using the greatest caution and gentleness in the introduction of the blades, in their application, and when adjusted, in the mode of extraction. Referring to cases of craniotomy, Dr. Johnston said they had to lessen the child's head in five instances before delivery could be effected, three of these cases being primiparæ. He was firmly convinced that in each of these five cases, from the length of time their labour lasted, and the amount of compression the child's head had undergone before the application of the forceps, that they were dead before the attempt to perforate; and in the case where the mother died there could not be a more convincing proof of the innocuousness of the forceps, for though the most extraordinary force was used in the efforts to extract the head, it was found on post-mortem examination that the soft parts were perfectly free, even from an abrasion. As the term "post-partum hæmorrhage" in its general signification was one which mainly depended upon the opinion which different practitioners might form in their own minds as to what it really should be considered to convey—for what in the opinion of one would be passed over as not worthy of entering under the category of hæmorrhage might be considered by another as being a very serious case—in order, therefore, to come to some more definite idea of what was really meant by post-partum hæmorrhage, when speaking or writing on the subject, they had adopted the plan they had done in the last report—viz., of dividing the hæmorrhage in this stage of labour into three degrees: The first degree being where a smart dash of blood, or some draining, might occur, owing, mayhap, to a clot forming in the uterus, often the result of want of proper manipulation or mal-application of the binder, where the pulse was barely, if at all, affected, merely requiring the pressing off of the clot, the application of cold to the vulva and loins, the administration of a dose of ergot, with or without a little wine, and the proper adjustment of the binder, and perhaps, as a safeguard, a pad under it; the second degree, where the pulse was slightly affected, requiring, besides the above, the injection of cold water into the vagina; the third degree, where the hæmorrhage, not yielding to the foregoing means, the pulse became weak and symptoms of exhaustion took place, and they were obliged to introduce the hand, or inject some astringent solution, such as that of the perchloride of iron, into the uterus, administer stimulants, nutrition by either mouth or rectum, not to speak of where the patient became so slow and enfeebled as to oblige the performance of the operation of transfusion. There were ten cases of scarlatina, seven in primiparæ and three in pluriparæ. In two instances the symptoms were apparent at the time of their admission, but they could not send them away owing to their labour being so pressing: both were primiparæ, one of whom died on the fifth day. The other went through the sickness favourably and recovered. The second, a case of seduction, aged 22, was admitted on the 21st of August direct from the country where she had slept the night before. Her labour was natural, and she went on favourably till the third day, when, on visiting her, the face was found to be flushed, but without any fever. At 10 p.m. a rose-coloured rash appeared over her neck, breast, and arms. On the 25th she passed a tolerable night; pulse 116; tongue furred but moist; therm. 102·3°, a red blush covering her chest. At 2 p.m. her pulse 140; tongue moist; therm. 104·3°. Scarlatinal eruption had spread to her body, thighs, and legs, a miliary rash covering the back of both her hands. At 6 p.m. the therm. registered 105·3°. On the 26th her pulse was 132; therm. 102°; tongue slightly furred and moist. The rash seemed fading on her chest and arms, but on the inside of the legs, knees, and thighs it was of an intensely red colour. The throat was somewhat sore. At 3 p.m. her pulse was 144; tongue moist, coated with white fur; therm. 105·4°. At 6 p.m. pulse was 124; tongue same as before; strength seemed good. On the 27th the pulse was 132; therm. 102·7°; tongue slightly furred and moist; throat felt and looked better, a miliary rash covering the chest and neck. The left thigh on the inside was of an intense crimson colour, almost approaching to a purple livid hue, as if mortification was about setting in. She had some sickness of stomach. At 3 p.m. her pulse was 124; tongue loaded but moist; therm. 101·7°. Both thighs on the inside still continued intensely crimson, but did not extend below the knees. Her strength kept good, and she was rather cheerful. Desquamation commenced over her chest on the eighth day. The deep colour of her thighs continued, but she convalesced favourably, and was sent to another hospital on the ninth day at her own particular request, where she perfectly recovered. In order to show that a large maternity was not the focus of zymotic diseases, nor did it engender or even cause the spread of epidemics, Dr. Johnston read a table that had been drawn up as heretofore from the Registrar-General's Report of Deaths in the City of Dublin and its Suburbs, which are divided into districts, three being on the

north side and four on the south side of the river. Now, although that table has been cavilled at by some as being inefficient in proving the point which was required, inasmuch as it did not give the amount of the population of each district, or the nature of the complaint, or class of cases, whether they occurred in children, women in their parturial state, or old people, that deficiency must to a certain extent be allowed, and it was to be regretted that the census statistics did not go so far into detail, and therefore at present it could not be remedied. But at the same time he considered that, though defective they might be, in this particular circumstance what was really wanted was proved by the fact that so many deaths from zymotic diseases took place in a certain district that sent a number of patients coming from amongst those contagious complaints to be confined in the hospital.

THERAPEUTICS: INCLUDING THE PHYSIOLOGICAL ACTION OF MEDICINES.

By W. Handsel Griffiths, Ph.D., L.R.C.P.E.,

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PREFATORY.

In this series of papers a carefully compiled *résumé* of the present state of the science of therapeutics will be attempted. While the writer will endeavour to do justice to the industry and acumen of foreign observers, he will by no means overlook the labours of his own countrymen. The majority of therapeutists are of opinion that in the present state of our knowledge refinements of classification are objectionable, as being inseparable from error, calculated to mislead, and to prove a positive hindrance in actual practice; a simple alphabetical arrangement will therefore be adopted in these papers. Considerable space will be devoted to the consideration of the physiological action of drugs, but all botanical and pharmaceutical details will be carefully excluded.

ACACIA.

Gum acacia being demulcent and emollient is used to allay cough and irritation of the air-passages, and to soothe irritated conditions of the stomach. Combined with other demulcents and with narcotics, it is often administered in irritation of the urinary passages. Applied in the form of a thick solution it relieves the pain of burns and scalds, and promotes the healing process, probably by excluding the air; the mucilage has also been recommended as a useful application for sore nipples.

Gum is not converted into sugar in the system, and hence Graham proposed it as a substitute for amylaceous food in diabetes. The researches of physiologists would seem to throw discredit on its nutritive qualities. Magendie showed that dogs cannot subsist upon it; but no carnivorous animal can be got to live immediately on a non-nitrogenous diet, and no animal can thrive, or even live for a lengthened period, on a single article of food. Frerichs, Blondlot, and Lehman have ascertained that gum is not acted on by the saliva or gastric juice, and Hammond states as his opinion that, owing to its "clogging" the intestines, it is absolutely injurious as an aliment. On the other hand, it has been asserted that Arabs live almost entirely on gum during the gum season, and Hasselquist affirms that a caravan of Abyssinians subsisted on it for two months. It is stated, moreover, that it enters largely into the diet of the natives of Senegal. As the result of my own investigations, I would certainly attribute to it definite nutritive qualities, for I have experimentally determined that the consumption of two or three ounces of gum daily will enable an adult to do on a less proportion of other food. It has been stated that gum passes through the bowels unaltered, but I have not found this to be the case. Boussingault affirms that, having fed a duck with 50 grammes, he recovered 45 from the excrements. Like Garrod, I have been unable te detect gum in the urine, even after the administration of large quantities.

Gum favours coagulation, and hence is useful in the form of powder in arresting bleeding from leech-bites, from the nostrils, gums, &c.

Viborg, Scheele, and Hertwich found that the injection of small quantities of mucilage into the veins of animals caused disorder of the vascular and pulmonary systems, probably by causing mechanical obstruction in the capillaries. Regnandot had the temerity to inject three drachms of gum dissolved in three ounces of water into the veins of a young man. In half-an-hour he became very chilly, the pulse became small, and he had three liquid stools. The chilliness was succeeded by great heat, and after fifteen hours an eruption appeared on the skin.

ACETUM AND ACIDUM ACETICUM.

When freely diluted, vinegar acts as a refrigerant, and is used to sponge the body in fevers, and as a lotion to sprains and bruises; it is also a useful application to the breasts in cases of painful distension with milk, and to prevent suppuration. Warm vinegar is recommended by Dr. Dewees as an application in the early stages of mammary abscess.

Strong acetic acid acts locally as an astringent and stimulant, and when concentrated it is irritant and caustic. As a local astringent it has been found useful in hæmorrhage from the nose, uterus, hæmorrhoidal tumours, and ulcers, and administered in the form of enema it has quelled hæmorrhage from the large intestine. It has been employed as an astringent gargle in cases of relaxed uvula and tonsils, and oxymel is a valuable adjunct to astringent gargles.

Strong acetic acid, or glacial acetic acid, has the power of removing warts, especially when of a syphilitic nature, and corns, owing to its solvent power over the albumen composing them. As a lotion for ringworm of the scalp, acetic acid is of great service, andwhen diluted it soothes the itching of psoriasis and lichen. Dr. Broadbent proposed to destroy cancerous tumours by injecting acetic acid into their substance; the injection should not be too strong or too frequent, lest phlegmonous inflammation ensue. (*a*) Glacial acetic acid vesicates speedily, and may be used in cases in which cantharides is inadmissible; it gives great pain, however, and is liable to cause troublesome sores. When taken internally, in moderate quantities, at intervals, vinegar increases the appetite and facilitates digestion, being a solvent of all the protein bodies except casein. When taken in excess, however, it seriously impairs the digestive powers, and Morgagni affirms that it causes thickening of the coats of the stomach. It has a tendency to produce emaciation, owing, probably, to its solvent action on the fibrine of the blood, and Haller went the length of recommending it as a remedy for obesity, an advice which has been not unfrequently followed by fatal results. According to some chemists, vinegar, or acetic acid, becomes changed into lactic acid in the system. Vinegar is most injurious to anæmic or chlorotic females, and nursing mothers should carefully abstain from it, as instances are on record in which its employment by the mother induced fatal diarrhœa in the infant. Although vinegar is liable to produce diarrhœa and colic, curious to say, it has been found to relieve the colic of lead-poisoning. Some therapeutists have classed the substances under consideration among the arterial sedatives, and have recommended their administration in hæmoptysis, hæmatemesis, and the sweating of hectic. I have never seen good effects from such a treatment, and a knowledge of the chemical action of vinegar upon the blood would lead me to expect results the reverse of beneficial. Vinegar augments the secretion of the salivary glands, and so assuages thirst; it also palliates the heat of the skin, and for these reasons it has been administered in fever. Its tendency to produce colic and diarrhœa is a serious objection to its use in such cases. Clysters of vinegar have been recommended for ascarides of the rectum.

ACIDUM ARSENIOSUM.

Arsenic exercises a destructive effect on vegetation. It is fatal to all animals, but in different degrees, birds, for instance, being less susceptible to its action than fishes; horses and sheep can take comparatively large quantities with apparently temporary benefit. Applied externally, arsenic acts as an irritant, and caustic, and for the latter purpose is used in cases of superficial cancer. The use of arsenic as a caustic demands great caution, as the absorption of it is liable to cause fatal results. It should be remembered that it is the safer course to employ sufficient arsenic to excite active inflammation, so as to impair the absorptive power of the tissues. The local application of arsenic is at times produc-

(*a*) *Medical Times and Gazette*, Sept. and Nov., 1866.

tive of great pain, to allay which it has been recommended to combine it with opium. Marsden suggests the following formula for an arsenical mucilage for the removal of epitheliomatous growths:—An ounce each of arsenic and gum acacia, mixed with five drachms of water. Each application of this should not cover more than a square inch. In onychia maligna Luke recommends an application composed of two grains of arsenious acid in one ounce of simple ointment. In a paper by Dr. Tholen, in the *Archives für Klinische Chirurgie*, vol. xvii., he records four cases of lympho-sarcoma treated sucessfully by arsenic in the manner adopted by Billroth. On an average, from three to five drops of Fowler's solution were given daily, and about twelve injections of ten drops at a time were made into the tumour during the month.

When arsenic is administered internally in medicinal doses (1-24th—1-10th grain) it is stated to check oxidation and tissue change, and to act as a stimulant to the entire organism. According to Kellner, arsenic increases the power of digesting fat, and decreases the amount of nitrogen given off in the urine, thus assisting materially in the formation of flesh. (*a*) At a recent meeting of German *savants* at Graz, Dr. Knapp brought forward additional and indubitable evidence that in some parts of Lower Austria and Styria the peasants are addicted to the vice of eating arsenic, with the professed object of improving their *physique* and personal appearance. (*b*)

In the treatment of several affections of the digestive organs the internal administration of arsenic has been proposed. It has been recommended in irritative and chronic dyspepsia, in various forms of diarrhœa, and in those peculiar cases of chronic vomiting after food in which there is neither pain nor nausea. It has been recommended in the vomiting of cholera; and Ringer states that a drop of Fowler's solution taken before food will arrest the vomiting of drunkards. In chronic ulcer and cancer of the stomach arsenic will allay the pain and check the vomiting.

If food be present in the stomach arsenic is absorbed by the lacteals, and finds its way to the blood through them; if, however, the arsenic be taken on an empty stomach, it will be absorbed by the veins, and passing into the liver, will be separated with the bile. Arsenic seeks an outlet from the system by the bowels. Mayençon and Bergeret find that arsenic is absorbed and eliminated much more rapidly than antimony, and that sulphurous waters aid in the complete expulsion of the arsenic from the system.

The blood is most probably the seat of the changes on which the effects of arsenic depend; it probably tends to disintegrate the corpuscles and to diminish the proportion of fibrine. When the dose of arsenic is too large, or its use too prolonged, the hæmoglobin of the corpuscles under its influence fixes the oxygen more firmly than in the normal state.

Briquet affirms that arsenical salts exert a directly enfeebling action on the heart, an opinion not shared by M. Sée, who believes that they promote the circulation through the capillaries and cause an increase in the frequency of the heart's movements.

It is more than probable that toleration of arsenic may be induced.

Arsenic seems to exert some action on the respiratory organs, probably moderating the respiratory combustion, thus moderating tissue disintegration and causing an accumulation of fat in the economy. It is a matter of history that the ancients used arsenic for shortness of breath, and mountaineers of Styria extensively employ it to free their respiration. Fowler's solution has unquestionably been productive of good in asthma; and Trousseau recommends for the latter affection cigarettes made with a paper which had been saturated in a solution of a drachm of arseniate of soda in three drachms of water.

It has been asserted that arsenic has the power of arresting the progress of the disease in tuberculous phthisis, and Dr. Moutard-Martin (*c*) relates many cases of pulmonary phthisis, some of which he states were absolutely cured, even at an advanced stage of the disease, and some of which were greatly relieved. Dr. Cersoy, of Laucres, and Dr. Isuard, of Marseilles, write in high terms of the efficacy of arsenic in this disease. The latter author contends that by its local and general action it is at once curative and preventive, and that it retards the evolution of tubercles which are not yet softened, and arrests the development of those which are about to form. (*a*)

I have ascertained by experiment that arsenic has the power of at least checking the progress of tuberculosis artificially induced in rabbits. M. Nonat contends that it is only in those cases in which there is no intestinal complication that arsenic is admissible, and that it must be discarded when vomiting and diarrhœa have set in. He gives it only in cases of well circumscribed phthisis. (*b*)

It has been stated that arsenic has been found in all the secretions except the milk, but I have seen a case in which an infant at the breast was most unmistakably affected by an arsenical treatment which the mother was undergoing; and I have moreover, in a careful series of experiments on the lower animals, determined the presence of arsenic in the mammary secretion.

It is found that in patients undergoing an extended course of arsenic that drug is abundantly eliminated in the urine, and it has been observed that this secretion sometimes becomes albuminous, owing probably to fatty degeneration of the kidney. According to some German writers, arsenic diminishes the excretion of urea.

Dr. Samuel v. Pap (*c*) records the result of his experience of arsenic in the treatment of diabetes. He finds that it decidedly diminishes the secretion of sugar, and in some instances causes it to disappear entirely from the urine. Arsenic is contra-indicated in the more advanced stages of the disease associated with progressing pulmonary tuberculosis. Von Pap gives three drops of Fowler's solution in the twenty-four hours, and gradually increases the dose to twenty drops *per diem*. MM. Devergie and Foville, jun., also testify to the value of arsenic in diabetes. They assume that it acts by opposing the vascular paralysis and by awakening the energy of the vaso-motor filaments of the great sympathetic—in a word, by regulating the capillary circulation in the liver. (*d*)

(*To be continued.*)

(*a*) *German Scientific and Medical Association*, 1875.
(*b*) *Wein. Med. Zeitung*, Sept. 28, 1875.
(*c*) *Bull. Gén. de Thérapeutique*, Nov. 15, 1868.

(*a*) *Bull. Gén. de Thérapeutique*, Dec. 30, 1869.
(*b*) *Lancet*, March 26, 1870.
(*c*) *Wien. Med. Presse*, Nos. 13 and 14.
(*d*) *Bull. Gén. de Thérapeutique*, June 30, 1870.

Transactions of Societies.

DUBLIN OBSTETRICAL SOCIETY.

THE third meeting of the session was held on Saturday, January 8th, Dr. T. MORE MADDEN, Vice-President, in the chair.

DELIVERY OF A PECULIAR FŒTUS OF FIVE MONTHS' MATURITY.

Dr. KIDD exhibited a rare specimen which had been sent him by Dr. McDowell, of Carlow. It was a fœtus taken from a woman, æt. 28 years, who had been married six years and had three children, all of whom were living, and the youngest was 2 years old. She had not menstruated for the previous nine months. In August last she quickened and had never felt life since. Before Dr. McDowell was sent for the patient noticed a flow of blood, which continued up to the time of his visit. The woman had never miscarried. On examination Dr. McDowell found a withered limb protruding from the os, and in effecting delivery the sensation communicated to his hand led him to believe that the head jerked out of the womb. After delivery there was a slight gush of blood. The fœtus was about the size of a five months' child, and had evidently been dead some time—three or four months, or immediately after quickening. The cord was small and shrivelled, and of the character of the fœtus. It took three-quarters of an hour to dilate the os and remove the placenta, which was encysted, and it seemed as if the placenta had continued to grow, although the fœtus was dead. After the extraction of the placenta very severe hæmorrhage set in, but was stopped by treatment. After delivery the woman's breasts were as large and as full of milk as ever they were in her previous confinements. The woman was making a good recovery. At the time of quickening she was employed as a farm labourer, and it was supposed that the jolting of a country cart—in which

she was carried to her work—over an uneven road had caused the abnormal occurrence.

Dr. GEO. JOHNSTON, late Master of the Rotundo Lying-in Hospital, then read his

REPORT OF THE ROTUNDO LYING-IN HOSPITAL FOR THE YEAR 1875,

which will be found at page 43.

In the succeeding discussion,

The PRESIDENT said they all felt deeply indebted to Dr. Johnston for the valuable and important reports which had from time to time been furnished by him to the Society. They contained some of the most important information on obstetric science in existence. He (Dr. More Madden) expressed a hope that yet Dr. Johnston would present the whole of his reports in a combined form, as they would be most valuable. Dr. Johnston had satisfactorily proved that a lying-in hospital was not necessarily a focus for zymotic diseases of any kind, and had reduced its prevalence in the admirable institution over which he had so ably presided almost to nothing. Having alluded to Dr. Johnston's indefatigable exertions in promoting the useful and important work of the Rotundo Lying-in Hospital, Dr. More Madden said, with regard to the application of the forceps before the full dilatation of the os uteri, he could not refrain from expressing his regret that Dr. Johnston had not modified his views on that subject. He (Dr. More Madden) thought it was a practice which required to be received with caution.

Dr. HENRY KENNEDY said he had been afforded an opportunity of seeing the cases of zymotic disease that had occurred in the Rotundo Lying-in Hospital during the period dealt with in Dr. Johnston's admirable report. He wished this statement to go forth, and it was an undoubted fact, that the great majority of the patients exhibited the symptoms of fever on coming into the hospital. The times that the disease appeared after delivery were most various, in some two or three hours, in others as long as forty or fifty hours elapsed. If there was anything like contagion in the hospital, how could such facts be explained? In reference to the question of mental operation in these cases, it was quite remarkable the effect which the mind had on the subsequent recovery of the patients. If the patients were seduced they were almost certain to lapse into a very serious form of disease.

Dr. DENHAM said that not only the Dublin Obstetrical Society and the profession in Ireland, but gynæcologists over the entire of Europe ought to be indebted to Dr. Johnston for the most valuable reports he had furnished of the Rotundo Lying-in Hospital during the seven years of his mastership. The amount of labour, talent, and fidelity with which those reports had been drawn out excited their highest commendation and praise. (Hear, hear.) He would defy any man or any body of men in the slightest degree to cast an imputation upon the correctness and fidelity of those reports. Although he had neither the time, talent, or inclination to produce such reports during his term of office, which preceded that of Dr. Johnston, yet there were some things in those reports which had verified the views which he (Dr. Denham) had propounded while filling the office. In a discussion which took place before the Society some years ago, he expressed it as his conviction that women came into the hospital with disease lurking in their systems, that the poison remained latent until after delivery, and that then the disease became manifest. He had no hesitation in asserting that in many cases in both public and private practice the women who died of puerperal disease had contracted the disease before delivery, and that it only developed itself afterwards.

Dr. FITZPATRICK considered the progress within the last twenty years with regard to the use of the forceps remarkable. At the period he mentioned the crotchet and perforator were used in cases in which at the present day the lives of both mother and child would both be saved by the employment of the forceps. He was gratified to hear Dr. Johnston state in his report that in every case in which he had had to use the crotchet, and the necessity for it had arisen, that so great pressure had been used, and such an amount of obstruction existed, that the child was already dead. He (Dr. Fitzpatrick) had for very many years recommended the use of the forceps in cases where its employment was really necessary, but he was of opinion that it was an instrument that should be handled with extreme caution.

Dr. KIDD considered that Dr. Johnston's reports had not only served the Dublin School of Midwifery and that Society, but also the cause of humanity. He had given them details as to the way in which midwifery was carried on in the institution so complete as they had never had before. It might be a bold thing to say, but he (Dr. Kidd) ventured to prophesy that never again would they have such a system of reports as those which Dr. Johnston had given them. In conclusion, Dr. Kidd said that, unusual as it was to pass votes of thanks at the ordinary meetings of the Society, he begged to move that the marked thanks of the Society be given to Dr. Johnston for his most admirable and excellent series of reports of the practice of the Rotundo Lying-in Hospital. (Applause.)

Dr. DENHAM seconded the motion, which was passed by acclamation.

Dr. JOHNSTON, in acknowledging the compliment, said that he was put on his mettle in regard to the commencement of these reports, because at the time of his appointment the question of large maternities being foci of zymotic disease was under discussion. He was convinced not alone of the safety of the use of the forceps—if in skilful hands—to the mother, but also to the child. He had no doubt about it whatever.

The Society then adjourned.

Clinical Records.

CASES IN PRACTICE.

Reported by JOHN W. MARTIN, M.D.

Assistant-Surgeon, Mayfield Factory Dispensary, Portlaw.

CASE XII.—*Area of Heart's Dulness Enlarged—Double Friction Murmur heard over the whole Cardiac Region—Natural Sounds of Heart Weakened—Bronchophony, Dulness, and Tubular Respiration in the Left Lung—Recovery.*

T. O. N., æt. 35, by profession a strolling player, presented himself for treatment, March 22nd, 1875, with the following history of his case:—Previous to the present attack he had always been a strong healthy man. He assigned as the cause of his present illness a very severe wetting which he received some six weeks before my seeing him. This wetting was followed by sharp rigors, and acute febrile disturbance, lasting a week. As the feverish symptoms developed themselves they were accompanied by a very severe pain in the region of the heart, which remained constant down to the time of his coming under my notice. This pain was greatly aggravated by any exertion or exercise, and was attended by violent headache, dyspnœa, and a hard racking cough, which caused him great distress. When seen by me for the first time the hearts' action was regular, its impulse weak and diffused, the area of dulness much enlarged, measuring 4 × 4 inches in diameter from the lower border of the third rib, left side, and from the right border of the sternum; the sounds of the heart very weak, especially towards the apex, where the first sound could scarcely be heard. A double friction murmur was audible over the whole surface of the heart, but most distinctly so towards the base. He was very subject to frequent and violent attacks of palpitation. Pulse 120, very weak, and compressible. He also complained of pain and weight in the left side, in the axillary region, in which position there was dulness to percussion, tubular respiration, the respiratory murmur being very weak, and bronchophony; no crepitation present, or pleuritic friction sound; the tongue was clean, the bowels regular, but he complained of great loss of appetite, and a sense of weight and fulness in the epigastric region after meals.

During the first week of his illness he was greatly distressed, being compelled to go through a gymnastic performance every evening for the support of himself and family. As treatment I blistered him freely over the heart, and ordered the following mixture:—

℞ Potass. iodidi, ʒi.;
Tr. aconiti, ʒiss.;
Syrupi, ʒi.;
Aquæ ad ʒviij. M.

℥ Two tablespoonsful to be taken three times a day.

April 12th.—Under a steady continuance of the above treatment the improvement in the patient's health was very marked. Pain in the region of the heart, headache, and palpitation no longer felt; the tendency to dyspnœa much diminished; heart's action stronger, and less diffused; both sounds of the heart distinct, and audible towards the apex, where at first they were scarcely to be heard; the friction murmur, formerly noted, now more distinctly noticeable, accompanying each systole of the heart; the area of dulness much diminished, measuring 2 × 2 inches in diameter. General health much improved. I made the following change in his mixture:—

℞ Potass. iodidi, ʒi.;
Tr. cinchonæ, ʒss.;
Sp. amm. aromat., ʒij.;
Sp. chloroformi, ʒiss.;
Infusi cinchonæ ad ʒviij. M.

Two tablespoonsful to be taken three times a day.

I also ordered a stimulant liniment to be applied to the chest twice a day:—

℞ Oleum dulcis, ʒiss.;
Sp. terebinthinæ, ʒi.;
Sp. amm., fort., ʒi.;
Aquæ ad ʒiv. M.

Liniment to be used as directed.

Upon the 15th of April he left the town with the company to which he belonged. The heart's dulness was reduced to its normal limits, 1½ inches in diameter. The friction sound was becoming much fainter. The heart's impulse was normal, in both force and extent of diffusion. He asserted that he felt quite himself again, capable of any ordinary amount of exertion. I directed him to continue the treatment for some time longer, but have no further notes of his case.

As the use of aconite in preference to digitalis in the presence of weakened heart sounds may appear strange to some, I may remark that I find the former the more useful where there is *acute* inflammatory action producing palpitation. Digitalis is the more suitable remedy for chronic cases of effusion and palpitation.

MORTUARIES.

A DEPUTATION recently waited upon the President of the Local Government Board, introduced by Sir Charles Russell, M.P., to urge the necessity of more powers being given to local authorities in regard to the erection of mortuaries. Among those present were—Mr. J. S. Phillips, (member of the Metropolitan Board of Works), Dr. Rogers, Professor Tennant, Mr. T. F. Blackwell, Dr. Henry Cooper, Mr. Bonsor, &c. With the President were—Mr. John Lambert, C.B., Mr. Lumley, Q.C., and Mr. Fleming. Sir Charles Russell, in introducing the deputation, said that the Vestries had the power to erect mortuaries, but they had no power to acquire sites, and the deputation had to urge that, if the parishes were carefully arranged in "districts" and districted together, mortuaries could be so erected as to suit the convenience of many places, and so save the necessity of a separate one for each. It was requisite, too, that powers should be taken for the removal to a mortuary of persons who were stricken dead in the streets, or drowned, instead of the bodies being removed to a publichouse; and it was as urgently necessary that similar compulsory powers should exist for removing from a "living room" the body of a person who had died from an infectious disease. Sir Charles then introduced Dr. Rogers as one who had given the subject his earnest attention for a great number of years. Dr. Rogers then addressed the President at considerable length, showing that, while the Local Boards were unable or unwilling to erect mortuaries, the Metropolitan Board of Works had declined to take the question up, asserting that the matter was wholly within the province of the Local Boards. Then, when sites were obtained by the authorities, the inhabitants had caused the whole thing to miscarry by opposing the erection of mortuaries. The points the speaker urged were—1, that it should be made compulsory on every local Board to establish a suitable mortuary on a common plan, to be approved by the Local Government Board or Metropolitan Board of Works; 2, that these mortuaries should be in the proportion of not less than one to every 50,000 inhabitants; 3, that powers should be provided for the compulsory purchase of property under the provisions of the Lands Clauses Act, and for enabling parishes or portions of parishes favourably situated for such purpose to combine to form mortuary districts, such mortuaries to be maintained at their joint expense and for their common use; 4, that the medical officer of health, or the Poor-law medical officers, or the relieving officer should be empowered and directed to order the removal of a corpse to the district mortuary in all cases where it was found that the family, at the time of such death, occupied only one room, and in such other instances where it appeared desirable to these officials to direct the same. Mr. Phillips also spoke. The President of the Local Government Board, in reply, said that there was no need for the deputation to dilate upon the subject. He reminded them that the Local Government Board had no power over the vestries, who were the local authorities for the erection of mortuaries, and the only grounds upon which he could receive the deputation on this question were that he had some powers under the Nuisances Removal Act of 1866, which still extended to the metropolis; but he could give no other answer than had been given by the Home Office. The subject occupied his attention last year, but whatever compulsory powers were given, nothing could overcome the prejudice of a neighbourhood against the erection of such places. He promised to confer with the Home Secretary, and added that he knew that some of the London workhouses had not more mortuary provision than they needed. The Shoreditch workhouse authorities had to give notice to the parish of this fact in relation to that workhouse, and, he was informed, proper provision was being made for the parish in consequence.

ROYAL IRISH ACADEMY.

A GENERAL meeting of the Academy was held on the evening of January 10, Dr. STOKES, the President, in the chair.

Dr. STUDDERT, LL.D., read a paper entitled, "An estimation of the Free and of the Albuminoid Ammonia yielded by the Stagnant Water of the Dublin Streets, as compared with the Quantities of those Substances obtained from the Liffey Water after receiving the Sewage of Dublin."

Dr. STUDDERT stated that he had been induced, at the suggestion of the Professor of Chemistry, Mr. Galloway, in the Royal College of Science, Dublin, to undertake a series of estimations of the ammonia yielded by the surface water of some of the streets and squares in Dublin, taking as the standard of comparison the water of the Liffey near where the sewage is discharged into the river.

The examination was conducted in the laboratory of the Royal College of Science. Twenty-nine of these street waters and four samples of the Liffey water were examined. The method employed for determining the quantity of free and albuminoid ammonia was that devised by Messrs. Wanklyn and Chapman. The author said that it might be as well to state, for the information of those not acquainted with the Wanklyn and Chapman process, that under the term "free ammonia" is included not only free ammonia, or that body in combination with acids, but also the ammonia yielded by urea, or other easily decomposable nitrogenous bodies.

The average of *free ammonia* obtained from the four

samples of water from the Liffey was 0·0982, or under 1-10th of a grain in the gallon; the average of *albuminoid ammonia* yielded by the same samples of water was 0·0779, or under 1-12th of a grain in the gallon. The average of *free ammonia* obtained from the 29 street waters was 17 grains to the gallon, which was more than 170 times the average of the river water; the average of the *albuminoid ammonia* yielded by the same samples of street water was 3 grains to the gallon, which was more than 38 times the average of that yielded by the four samples of river water. The amount of free ammonia yielded by three out of the four samples of the river water was under that yielded by any of the 29 street waters, with the exception of the samples collected at Stephen's Green, east and south.

The *maximum* of free ammonia obtained from the Liffey water was yielded by the sample collected at Burgh Quay; it only reached 0·175 grains, or less than 1-5th of a grain to the gallon; whilst the *maximum* of free ammonia from the street waters were those collected at Moss Street and Poolbeg Street; it amounted in these samples to 105 grains the gallon, which is 600 times greater than the river maximum.

The *maximum* of albuminoid ammonia from the river water was obtained from the sample collected at Eden Quay, which yielded 0·098 grains; whilst the worst samples of street water in this respect were those collected at Moss Street, Peter's Place, corner of Adelaide Road, and Lees Lane, off Aston's Quay: these yielded 10, 10·15, and 11·2 grains respectively of albuminoid ammonia in the gallon, or more than 100 times the Liffey maximum. As animal refuse in a river like the Liffey is considered to be pretty fairly measured by 10 times the albuminoid ammonia which it yields, the average of such refuse in the four samples of Liffey water examined is equal to 3-4ths of a grain in the gallon; whilst the average amount of such refuse in the 29 street waters examined is equal to 29 grains to the gallon.

Dr. STUDDERT observed that much of this enormous amount of animal matter in the stagnant waters and muds of the streets of Dublin must, if not rapidly removed, take forms that will vaporise, seems all but certain, as the conditions for spontaneous decomposition are always present. What the effect must be on the people's health who dwell in an atmosphere contaminated by such exhalations, he said, it was not for him to determine; he simply recorded the results of his examination, and he left the conclusions to those medical men who have made this their peculiar study; but he thought that the continued presence of so much dirt in the streets would go far to account for the high death-rate (33 to the 1,000 yearly) lately recorded for Dublin, a city whose situation, other things being equal, might mark it out as one of the healthiest in the empire.

Dr. STUDDERT observed, in conclusion, that the results he had laid before the Academy clearly called for better scavenging, and for keeping the streets in such a state of repair as to prevent them from becoming the receptacles of filth and foul water.

MR. THOMAS, the Deputy Coroner for Middlesex, held an inquest last week on the body of a child, 3 months old, which had been lain upon by the father and mother, and the jury returned a verdict of "accidental death." The deputy coroner said the frequency of these cases was now quite alarming, there being upwards of 300 children suffocated in bed annually in the central district of Middlesex alone. He did not mean to explain it, but he might state that a very large proportion of those suffocations occurred on Sunday mornings. It might occur sometimes from over-indulgence in drink by the parents, and sometimes from the fact of the parents working harder and later on Saturdays.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 19, 1876.

THE DEBATE ON ALCOHOL AT THE MEDICAL SOCIETY.

IT has been noticed in the pages of the *Quarterly Review*, in a recent article upon Alcohol, that the general impression among persons living outside of the medical profession is that the members of it are almost unanimous in asserting that alcohol is a food, and that it is extremely valuable as a daily article of diet as well as the great remedy in all diseases of debility. Thus it came to pass that, in an inquiry set on foot by the clergy of the Church of England of the diocese of Canterbury, whilst a host of witnesses, including judges, jail chaplains, workhouse inspectors, policemen, and officers in the army and navy, were examined, and their opinions recorded, not a single medical man was called in to testify to the diseases and miseries caused by the use of alcohol in this country.

If the rest of society considers that all doctors encourage men and women to drink they are in a great mistake, and the sooner they are undeceived the better. We have had to record debates on the value of alcohol which have recently been held in New York, in Brussels, and elsewhere, and we have now to show that, as far as the Medical Society of London is concerned, there seems to be as great a difference of opinion as to the value of alcohol, whether as an article of diet, or as a therapeutic agent, as was found to exist among the speakers in New York and in Belgium.

On the evening of December 20th, Dr. Routh, President of the Society, being in the chair, a paper was read by Dr. Lauder Brunton on the "Physiological Action of Alcohol." This author observed that alcohol in small quantities increases the secretion of the gastric juice, and the movement of the stomach, and thus aids digestion. Although unnecessary in health, it is useful in exhaustion and debility. It increases the force and frequency of the pulse by acting reflexly through the nerves of the stomach. In large doses it impairs digestion by precipitating pepsin

and over-irritating the stomach. It may produce death by shock. After absorption into the blood it lessens the oxidising powers of the red blood-corpuscles. This property renders it useful in reducing temperature. When it is very constantly or very frequently present in the blood it causes accumulation of fat and fatty degeneration of organs. It undergoes combustion in the body, maintains or increases the weight of the body, and prolongs life on an insufficient diet. It is, therefore, entitled to be considered as a food. If large doses are taken, part of it is excreted unchanged. It dilates the blood-vessels, increases the force and frequency of the heart, imparts a feeling of comfort, and facilitates bodily and mental labour. It does not give additional force, but merely enables a man to draw upon his reserve energy. It may thus give assistance in a single effort, but not in prolonged exertion. The same is the case with the heart; but in disease alcohol frequently retards instead of quickening the organ, and thus economises instead of expending its reserve energy. By dilating the vessels of the skin, alcohol warms the surface at the expense of the internal organs. It is thus injurious when taken during exposure to cold, but beneficial after the exposure is over, as it tends to produce congestion of internal organs. The symptoms of intoxication are due to paralysis of the nervous system, the cerebrum and cerebellum being first affected, then the cord, and, lastly, the medulla oblongata. The apparent immunity which drunken men enjoy from the usual effects of serious accidents is due to paralysis by the alcohol of the nervous mechanism through which shock would be produced in the sober condition.

In the debate which followed the reading of Dr. Lauder Brunton's paper, and which proved so interesting to the Society as to lead to the very unusual event of an adjournment until January 10th, 1876, several gentlemen adopted entirely the views of Dr. Brunton. Among these was Dr. Broadbent, who, in a very few words, called attention to the points put forward by the author of the paper, all of which he considered as well made out. It was probably from his complete agreement with all that fell from Dr. Brunton that Dr. Broadbent gave so little of his own experience, which would have been most valuable, as that gentleman is well known to be physician to the Fever Hospital, and the question of the therapeutic value of alcohol in fever is at present exciting much interest at home and abroad.

Dr. C. R. Drysdale had never during his whole life been able to understand why alcohol was to be called a food, as the author of the paper had just done. The doctrines with respect to food were quite precise now-a-days. The milk of mammalian animals was a perfect food, and it contained water, albumen, grape sugar, fat, and several salts, including phosphate of lime. All these ingredients, then, were food; but neither alcohol nor ether were contained in milk, and hence the *onus probandi* of showing that alcohol was a food did not lie with those who objected to that way of speaking of it, but with their opponents. In his opinion, ether and chloroform were quite as entitled to the name of food as alcohol was. The experiments of Maurice Perrin ("Dictionnaire des Sciences Méd.") and of Ed. Smith showed that when alcohol is drunk the excretion of carbonic acid by the lungs is lessened. Hence it is by no means a diet like starch or sugar, although he believed it was slowly burnt in the blood, and probably excreted as carbonic acid eventually by the lungs, after perturbing the system or lowering the vitality and power of the muscular system throughout.

It was injurious to take alcohol in very cold countries, and equally so to use it in the tropics: for though it lowers the temperature of the body by preventing combustion, it tends to remain in the nervous tissues (*vide* Percy) and to disturb the functions of the economy. Alcohol, of course, was unnecessary in health; and yet the enormous consumption of strong beer, containing some 5 or 6 per cent. of alcohol, was all but universal in London, with the effect that an immense amount of gout was caused by it, even among the working men. He contended that physicians, at least, should avoid daily draughts of wine or beer, since it was not worth making the experiment on their own persons how little alcoholic fluid would produce gout in twenty years.

With the majority of the statements made by Dr. Brunton as to the physiological effects of alcohol he agreed; but the deductions drawn by the author of the paper were far more favourable to alcohol as a therapeutic agent than he could endorse. In his opinion there was a silent reaction taking place at present against the doctrines of the late illustrious Dr. Todd, and many, and he was of the number, were now very chary of pouring in large doses of brandy or wine even in fever or in pneumonia. Milk diet was more useful in the vast majority of cases in fevers, he thought, and the conclusion come to by the Congrès Médical of Brussels in September, after mature debate, was that the only case of disease absolutely indicating alcohol was that where it occurred in a person of intemperate habits. Finally, he protested against alcohol being supposed to be a food. He denied it: and the more emphatically because it led to so much drunkenness, disease, and social misery.

Dr. Sansom said that the speech just made by Dr. Drysdale was not to the point. The question was, what is the physiological action of alcohol? and for his part, he entirely endorsed all that had fallen from the reader of the paper. Dr. Sansom pointed out the valuable property possessed by alcohol in lessening the temperature, which was now taken advantage of in cases of hyperpyrexia, whether in fevers or in pneumonia, &c.

Mr. Bartlett mentioned that he had recently been making, in company with Dr. Drury, some experiments upon the behaviour of alcohol when taken into the system, and the way in which it was excreted. The test made use of by some of the earlier experimenters was valuable, but not reliable, because there were several substances in the urine which rendered the solution of bichromate of potash in dilute sulphuric acid green. He had used in his experiments spongy platinum; and had found that there seems to be a certain small quantity of alcohol formed in the system, even when none had been partaken of.

Dr. Symes Thompson also expressed himself as in the main perfectly in accord with the conclusions arrived at by the author of the paper.

Dr. Edmunds said that no doubt alcohol had valuable properties as a therapeutic agent; but he thought enough stress was not laid by the reader of the paper on its per-

turbative qualities, which, in his opinion, made it quite unfit to be classed among substances entitled to the name of food. A food, as he took it, was a substance which nourished without causing disturbance to the functions : but this surely could not be said of alcohol with any truth. The fact too related by Dr. Brunton, that it was extremely dangerous to go to sleep in frigid zones whilst under the influence of alcohol, even in small doses, was well explained by remembering the physiological fact that that substance had the property of warming the peripheral organs at the expense of the viscera, by the dilatation of the small vessels caused by the narcotic effects of alcohol. He held that as a general rule it was better for healthy persons to keep up a tonic condition of the peripheral parts of the body, by maintaining a moderate amount of coolness in them, than to heat the hands and feet, and thus withdraw warmth from the brain, heart, and more important organs. He had often noticed that when reading or writing with his feet close to the fire he could not concentrate his thoughts so well as when his feet were cooler.

These views had a bearing on therapeutics, and he thought that there had been too great a tendency to employ alcohol in the practice of late years, on account of theoretical opinions which were now generally admitted to be erroneous. The debate on the 10th January, 1876, was opened by Dr. Milner Fothergill.

RATIONAL AND EMPIRICAL MEDICINE.

"Cum hæc (*i.e.*, medicina empiricorum et medicina rationalis, &c.) per multa volumina, perque magnæ contentionis disputationes, a medicis sæpe tractata sint *atque tractentur;* subjiciendum est, quæ proxima vero videri possint." Such are the words of the old Roman physician, and we could not help recalling them to mind while we were listening to the long and interesting address which Dr. Broadbent recently delivered before the Harveian Society. We all know how, in that celebrated preface from which the above extract is taken, Celsus describes the difference *of opinion* which prevailed centuries before his time *respecting* the relative merits of the rational and empirical *methods* of studying medicine ; how, in language as lucid as it is terse, he stated all that had been urged by Herophilus, Erasistratus, and others, in favour of rational medicine, and all that those "qui se ἐμπειρικοὺς ab experientia nominant" had to say in behalf of the empirical method ; and lastly, how the Roman physician, without being unduly biased by the doctrines of either school, recognised the claims that both of them had upon our attention, and asserted, as every one has asserted since, that the truth was probably to be found between the two extremes.

More than two thousand years have elapsed since the then small medical world was divided by the rival sects to which we have adverted, and it was not a little significant to hear from an accomplished physician of the present day that the same conflicting opinions still obtain in the profession, and that there are not wanting many eminent men who might be justly classed among the empirics of old. Nevertheless we cannot wonder at this. As Celsus truly observes, medicine was an art before it was a science. With us art is more practical, tangible, utilitarian ; science more theoretical, abstract, and conjectural—the progress of the one comparatively rapid, that of the other remarkably slow. If empiricism has, as few will deny, done much more for the alleviation of human suffering than rational medicine has, we cannot be surprised that many refuse to be guided by anything beyond the narrow and often misleading results of human experience. When, therefore, Dr. Broadbent read, in the course of his address, extracts from a pamphlet in which some of the fallacies of rational medicine were exposed, we were not only not surprised, but thought that there was a good deal of truth in the remarks which were quoted. Notwithstanding the great advancement that has been made in our knowledge of the more hidden causes of disease, and of "morbid physiology" and pathology, *i.e.*, of rational medicine, it will be a long time before we can entirely dispense with empiricism in physic. Empiricism will necessarily be, for a long period to come, a crutch, as it were, on which we must lean until the science of medicine has arrived at that perfect state at which we are all aiming, and to which rational methods only can conduct us. The truth of this observation will be apparent if we reflect what the medicine of the future will be if it ever reaches that ideal state which Dr. Broadbent and others before him, have imagined it capable of attaining. Perhaps, however, the most forcible idea of what medicine must be before it can arrive at the dignity of a science is that which was given by Professor Huxley many years ago. Space will not allow us to quote his remarks in his own felicitous language, but the general purport of them was that, not until we can account for the symptoms of an internal disease—diagnose its nature and pathology—say what means will cure it—explain the *modus operandi* of those means—and do all this with as great precision as the surgeon can account for the symptoms, diagnose the nature, and put to rights a dislocated shoulder,—not until then can we say that medicine has arrived at that state of perfection which would warrant us calling it a science, and to which we all hope it may one day reach. It is evident that before such an idea can be realised the collateral sciences must also have greatly advanced, and that our knowledge of the processes that go on in the healthy body, of morbid physiology, and of the mode of action and uses of therapeutic agents, must have extended far beyond its present limits. But, in the meantime, the practice of medicine cannot stand still. Patients must have their aches and their pains attended to. They will take physic of one kind or another. And we must do all we can to meet the demand, and do what good we can, be it by empirical or by rational means.

But while both the empirical and rational methods of medical research must in some measure go hand in hand, we must be careful that neither is carried to extremes. To found a doctrine, or to receive as a settled truth a pathology which is not in harmony with all we know respecting the causes, the conditions, and the therapeutics of a disease, or when we are ignorant of the natural physiology of the part or organ affected, is as irrational as attempting to cure an affection of which we know little by means that are wholly empirical. The chief obstacles which have hitherto retarded, and still retard, the ad-

vancement of medicine as a science are not confined to the difficulties and complexity of the problems with which we have to deal. Imperfect observation, insufficient data, fallacious experience, the *post hoc propter hoc* method of reasoning, the influence of authority, of prejudice, and of routine, and a disregard of the enormous and undigested mass of information that lies stored up, or rather buried, in our countless medical works and periodicals, have no little influence in increasing the uncertainty and indecision which must in some measure be always an inseparable characteristic of that science, and more particularly of that department of it which deals with prognosis and treatment.

No one who takes an impartial but critical view of the present aspect of medical science can deny that there is a large amount of medical error afloat—error both of opinion and practice—and that, too, in spite of the great strides with which medicine has advanced within the last thirty or forty years. Notwithstanding we have in a great measure thrown off that yoke of medical ignorance and superstition with which the minds of our predecessors were burdened, our opinions and practice are still too much biased by the erroneous doctrines and conventional practices of the past. It is by divesting our minds of all preconceived opinions that some of the greatest triumphs of modern pathology have been achieved, and it is by pursuing the same independent path of medical research that we can hope to give still greater precision and positivism to the science and practice of medicine. It has been well remarked that there are more false facts than false theories in our art, and it is just this accumulation of false facts which is acting as a drag upon the progress which we are endeavouring to make. And herein lies the weak point of empirical medicine, as empiricism opens the door by which a large crowd of such facts gains admission, and is received as indisputable truths, while at the same time it encourages all kinds of dogma, loose observations, and plausible practices, which are not only in themselves a great drawback to the advancement of rational medicine, but also lull us into the belief that we know a great deal more than we really do. This is particularly the case with regard to therapeutics—a department of medicine in which we have most need, but in which there has been the greatest lack, of rational principles to guide us.

We cannot, however, now pursue this subject further. All we can say is that if we look to the past we have much to be proud of—if we look to the future we have much to hope for. An examination of the present state of our knowledge teaches us how much we have still to learn, while a reference to past achievements makes us confident that every year will bring us nearer and nearer to that ideal state of medical science which Dr. Broadbent represented to his audience, and at which we all ought to aim, even though it may never be within our reach.

PHARMACY IN IRELAND.

It will be recollected that, on the completion of the Irish Pharmaceutical Curriculum by the Council, an unofficial circular was issued by two of its members, which was strongly animadverted upon in the *Pharmaceutical Journal*, and was the subject of an official inquiry addressed by the Secretary of the London Society to that of the Irish Council as to whether the statements made in the circular were or were not authoritative. The following reply from the Irish Council was read at the last meeting of the London Council :—

[COPY.]

"Pharmaceutical Society of Ireland,
"6 Kildare Street, Dublin.
"2nd December, 1875.

"Sir,—Referring to your letter of 22nd ultimo, addressed to the President of the Pharmaceutical Society of Ireland, I am directed to state that in it you refer to two circulars, one alleged to have been issued by Messrs. McMaster and Hodgson, the other by Mr. Hayes, 'both of which refer to regulations for examination said to have been issued by the Council of your Society.' As your letter did not contain a copy of either of the circulars referred to, the Council decline to give any opinion upon them ; but I am to add that the Council have not given any directions to Mr. Hayes or Messrs. McMaster and Hodgson to issue any notice or circular on behalf of the Council. With regard to other questions in your letter as to proceedings of the Pharmaceutical Society of Ireland, I am to inform you that under Clause 17 of the Pharmacy Act of Ireland, it is provided that any resolutions and arrangements made under the said Act shall be laid before Parliament, and the Council hope you will find in such Parliamentary Report all the information you may require.

"I am, Sir,
"Your obedient servant,
"HUGH JAMES FENNELL,
"Clerk to the Council, Phar. Soc. Irel.

"Elias Bremridge, Esq.,
"Secretary Phar. Soc. Gt. Britain."

The tone of this communication seems to us to be unbecoming, flippant, and almost discourteous to the English society, and we regret that evidence of an unfriendly temper in the Irish Council towards its British sister should thus early in their association be manifested.

It is not inappropriate to this subject for us to register a protest against the course the Irish Council has adopted towards those who desire to make public its proceedings. The acts and sayings of the English Pharmaceutical Council, and of all similar bodies in England, are, as a matter of course, open to all the world, and, as a fact, are egularly published in the *Pharmaceutical Journal* in full detail. The Irish Council, on the contrary, though performg its functions under the authority of an Act of Parliament, and as the administration of a public body, nevertheless discourages and obstructs all attempts to afford the public (for whom it acts) any information of its doings. It has hitherto refused repeated applications for the admission of press representatives ; yet it allows the publication of pseudo-official reports, supplied no doubt by individual members, which give not only the subject-matter of the debates, but the speeches of the debaters. The entire proceedings of the Council since their inauguration seem to indicate that the collective wisdom of its members is represented less in its acts and sayings than in the peculiar characteristics of one ruling mind amongst them.

Notes on Current Topics.

Drunk or Dying?

How often have we heard this question! and how many more times will it be repeated without either the police authorities or the profession taking any such action as would put a stop to the absurd and deplorable mistakes of which we are constantly reading.

Very recently an inquest was held at Charing Cross Hospital on the body of Mr. James Smith, aged 38 years, who was found by a policeman lying on the pavement in St. James's Street, and who was supposed to be drunk. A stretcher was procured and he was conveyed to a station-house, charged with drunkenness, and placed in a cell. When, after an hour and a half had elapsed, he was visited by the inspector, he was found in a slight fit, and breathing heavily; and when the divisional surgeon was called in, he was at once removed to the hospital, by the resident medical officer of which he was seen about ten o'clock. He was then quite insensible, and remained so till he died the next morning. The *post-mortem* showed that death arose from apoplexy from disease of the brain, and it also appeared that drunkenness could have had nothing to do with the cause of his death.

It is a great pity that something is not done to prevent these blunders being made, especially as some very simple measure might be adopted which would at all events diminish the liability of a dying man being subjected to such treatment as this gentleman appears to have been. It may be that, as the morals of the lower classes improve, the exhibition of drunkenness in the public streets will not be of frequent occurrence, but an untimely attack of apoplexy is a calamity to which we are all liable, and therefore it is imperative that such a misfortune should not be aggravated by indignities that might in most cases be easily prevented. It is, moreover, a subject in the settlement of which we should be particularly interested, inasmuch as one excuse for the police authorities not taking *some effective* means to prevent these mistakes occurring, *is the difficulty* of deciding in some instances whether the *insensibility* proceeds from drunkenness or from disease. We cannot deny that there is often much difficulty in deciding whether the case is one of drunkenness or of apoplexy, but that is no reason why such a scene should occur as that to which we have adverted, inasmuch as, in all doubtful cases, the insensible man should receive the benefit of the doubt. Besides, it should not be forgotten that such deep intoxication as would place any one in the position in which Mr. Smith was found is now-a-days very rarely met with among the more respectable classes of society, and therefore the very fact of a gentleman being found in a helpless condition is *primâ facie* evidence in favour of his suffering from the effects of brain disease rather than from the effects of drink.

Perhaps it would be worth while posting up a notice in the police-station in which the more reliable distinctions between drunkenness and apoplexy were specified, and which might be drawn up by the divisional surgeon, or even by the College of Physicians. At all events, in all doubtful cases, or even in any case, we would insist upon the patient being at once removed to the station in a cab, and upon the divisional surgeon being summoned to see him with as little delay as possible.

Death from Chloral.

A LADY, by name Miss Rowe, died last week from the effects of an over-dose of chloral. It appears from the statement of the servant that she was accustomed to taking large doses of "Hunter's Solution of Chloral" to relieve pain in the stomach. On the day in question she had taken half a bottleful, equal to about 125 grains. Hunter's solution of chloral is said to contain 25 grains of chloral to each fluid drachm, and each bottle bears a label stating that from one-half to a whole teaspoonful may be taken by an adult.

Some of the jury considered that the sale of such a dangerous drug ought to be placed under the same restrictions as poisons.

Chloral hydrate is as much a poison as opium, and ought never to be taken except under medical advice; but this or any other drug may receive a name such as would class it under domestic remedies. Can these as such be patented, like many domestic remedies which contain opium, and then is given by careless and ignorant mothers to members of the family irrespectively, children or adults?

We quite agree with the expression of the jury, that if these drugs are allowed to reach the public, whether patented or not, they should be labelled poison. If such were the case people would be perhaps more chary of administering soothing syrups, powders, and cough lozenges, many of which contain no less than 1-6th of a grain of opium, one dose of which is sufficient to produce death in a child, and even in an adult also, if the kidneys happen to be affected.

The Compounding of Prescriptions.

IN our last we referred to the report of the Sheffield borough analyst, who, in testing a number of chemists in Sheffield in making up prescriptions, found in several cases that they had compounded the wrong quantities. At a meeting last week Mr. Brittain, one of the Town Councillors, urged the health committee to prosecute these chemists, whereupon Mr. J. T. Dobb indignantly charged the borough analyst with issuing an unfair report, which had cast a gross reflection on a band of honest men. He pointed out that the test had only been applied to chemists away from the centre of the town, who were not in the habit of dispensing medicines, and then giving his own opinion as a chemist, and the opinion of Dr. Griffiths, the borough medical officer of health, pointed out the difficulty of analysing, and that it was almost impossible to ascertain the quantity of iodide of potassium when mixed with other ingredients. He demanded that the report should be issued in a better form, inasmuch as in its present state it branded the entire fraternity of dispensing chemists. The report will be reconsidered. The annual meeting of the Sheffield Pharmaceutical Society was held the same evening, when the President spoke in strong terms of the recent report of the borough analyst respecting the prescriptions. Several members of the association also spoke strongly on the

subject, and a resolution was passed stating that the report of the analyst had cast unmerited reproach on the entire trade in the town, while tests were made from prescriptions made up by chemists in the outskirts, who were not often called upon to dispense prescriptions. A memorial will be sent to the Council praying for an alteration in the analyst's report.

Dipsomania.

Dr. Mann (*New York Med. Record*, Nov. 13) has recently read a paper on Dipsomania before the "American Association for the Cure of Inebriates." He mentions how frequent the relation between intemperance and insanity is, and asserts that some fourth of all the cases of insanity in lunatic asylums is caused by drinking. He defines *dipsomania* as "an uncontrollable and intermittent impulse to take alcoholic stimulants, or any other agent, as opium, &c., causing intoxication." He distinguishes this from the condition wherein the individual merely indulges in alcohol from love of it, and only occasionally. Cases of dipsomania should be examined, he thinks, for nervous disease, or for hereditary predisposition. The diagnostic symptom in such cases is the irresistible impulse impelling the patient to gratify his love of drinking. Such patients are unlike ordinary drunkards in that, between the paroxysms, they often dislike all kinds of stimulants, and are in these intervals often active in business. Periodic dipsomania is often hereditary, often runs on to mania, and if not checked, to dementia. In the chronic form, the patient is incessantly under the irresistible desire for alcoholic drinks, and if such patients are to be saved from mania, they must be shut up in some asylum where they cannot by any way get access to drink.

This craving for alcohol is often the result of a lowered vitality or abnormal organic development of the nervous system, hereditarily transmitted to the children and grandchildren of drunkards. The blunted moral preceptions exhibited by many dipsomaniacs is like the perverted moral sense in insanity. In all lunatic asylums we discover patients who exhibit no obvious intellectual deficiency, but whose *morale* is deranged.

Dr. Mann is much opposed to dipsomaniacs being taken into ordinary lunatic asylums, as they are such a numerous class, rapidly increasing too, and most troublesome, whilst they are most annoying and perturbing to the ordinary class of lunatics. They require an asylum adapted specially to their treatment. Most dipsomaniacs, when placed in ordinary lunatic asylums, are constantly demanding privileges which cannot be granted, and complain bitterly of the restraint they are undergoing. They laugh at and torment the other lunatics, being mischievous and undisciplined. Dipsomania is thus far more difficult to manage than simple insanity, and requires more perfect discipline, moral as well as physical. The patients have shattered constitutions, and their nervous systems are destroyed. The digestion is weakened, the appetite impaired, and muscles flabby, whilst the generative functions are in abeyance, and the nutrition perverted. They are prone to all kinds of diseases, because weakened by long continued use of alcohol, which acts as a poison to the system. Thus we find various complications in the various cases coming before us, such as cirrhosis of the liver, gastritis, dyspepsia, albuminuria, epilepsy, &c.

The patient must be placed under the most hygienic influence, and pleasant and cheerful surroundings must be sought out for him. Brain excitement is to be avoided, sleep procured, and he should have plenty of exercise in the open air. Purgatives, anodynes, and hypnotics are all useful as adjuvants, as are also tonics; but good food and plenty of exercise out of doors are the best remedies for the disease. The patients should be encouraged to work in the garden, and amusements should be provided for them. By such means patients may occasionally be sent home, permanently cured of dipsomania.

This is a very favourable view of the case, and we wish that we could say that the experience of British physicians entirely corroborated the conclusions of Dr. Mann as to the probability of many of their unfortunate patients returning home permanently cured. There is a general impression, however, we think, in this country, that dipsomaniacs are about the most incurable of all classes of patients, and that, for the most part, they die or become insane.

Poorhouse Patients and their Accommodation.

How far the double object of providing effectually for the insane poor of Ireland and of economising the rates can be most satisfactorily obtained is a problem of interest and importance, whether it be by the establishment of provincial chronic hospitals for the insane at present in, or from year to year likely to become resident in union workhouses, or by setting apart when expedient a whole or portion of a workhouse in each district or county contained within it for the detention of epileptics, idiots, imbeciles, and the like. The inspectors of lunatic asylums in their late report observe that under existing circumstances the tendency of some boards of guardians is to disembarrass their respective unions of persons who come within the term insane, no matter how trivial their affection may be, but particularly if they give any trouble. They probably think as the lunatic district at large, which comprises at least one county has to meet, through Grand Jury presentments, the cost incidental to an asylum residence, that not only a special saving to their unions is effected by an enlarged area of taxation, but by their taking advantage of the 4*s.* weekly rate in aid, for each lunatic when so transferred, a sum of £10 8*s.* annually, nearly equal to the whole cost of the like inmate of a poorhouse, would be further economised; but this fact should not be overlooked, that not only the difference between maintenance in a workouse and a district institution, about £14 per head, would have to be paid, but that to obviate the inconvenience and risk from overcrowding, the costly outlay on structural additions to meet continued requirements would eventually be entailed on local charges. The guardians of of union B. for example, labour under a fallacy in the supposition that by getting rid of their insane, idiots, epileptics, and the like, they obtain fiscal advantages—forgetful that unions C. D. E. and F. can adopt a similar practice in self protection.

The expediency of instituting some countervailing in-

fluence against the undue repletion of asylums from poorhouses can probably, as the inspectors think, be best upheld by a power of re-removal with the sanction of the inspectors, and on definite certificates to the safety thereof from visiting and medical physicians to these establishments is so clear as to require little comment. They state that they "are satisfied that the permanent utility of the lunatic department will be best consulted by confining expenditure within reasonable limits, at the same time not omitting to watch over the comfort and requirements of all denominations."

Care of Lunatics in Irish Workhouses.

THE inspectors of Irish lunacy in their recent report say that from year to year a progressive amelioration has been noticeable in the condition of the mentally affected in the poorhouses of Ireland who, as a rule, have come to be recognised in a proper light, and made objects of kindly consideration by boards of guardians. They are afforded an exceptional dietary, with animal food from three to six days in the week. Their clothing and bedding are improved, and personal cleanliness more carefully looked after. When the number of insane is large, separate apartments with a paid attendant for each sex is usually provided, or well disposed paupers, encouraged by some additional domestic allowances, are employed, and when grounds or open airing yards are available full opportunity for exercise is afforded. In a few workhouses we have found many of the imbecile and idiotic industriously employed in day-rooms set apart for them and, we not unfrequently learn from both masters and matrons that some of them are the most useful and willing of the inmates.

The aggregate of individuals of both sexes in the four districts just named reaches 1,260. The difference of 1,880 in the total of 3,140 becomes divisible among the other eighteen districts, comprising between them twenty-six counties and 118 workhouses, to each of which latter, if equally apportioned, 16, be they idiots, imbeciles, demented, or epileptics, would be chargeable.

Vital Statistics.

DURING last week 6,149 births and 3,892 deaths were registered in London and twenty-two large towns of the United Kingdom. The mortality from all causes was at the average rate of 25 deaths annually in every 1000 persons living. The annual death-rate was 23 per 1000 in London, 26 in Edinburgh, 31 in Dublin, and 32 in Glasgow.

At the request of the municipal authorities, Brighton and Plymouth have been added to the list of towns for which vital statistics are published in these returns. The sanitary condition of Brighton, as the most popular of holiday and health resorts, and of Plymouth, as an important port and the site of one of her Majesty's dockyards, is of far more than local interest. The population of the municipal boroughs of Brighton and Plymouth is estimated, to the middle of 1876, at 100,632 and 72,230 persons respectively.

The population of the twenty largest English towns, estimated to the middle of the year, is 6,953,639. Similar facts are published relating to the "outer ring" around registration London, the population of which is estimated at 797,179. Edinburgh, Glasgow, and Dublin, weekly figures for which are supplied by the Registrars General of Scotland and Ireland, contain an estimated population of 1,074,956. Thus the weekly return will henceforward embrace information relating to twenty-three of the largest cities and towns of the United Kingdom, having an aggregate population (including the London outer ring) of 8,825,774, or little short of nine millions.

The annual rates of mortality per 1000 last week in the other large towns were :—Brighton 13, Sunderland 16, Plymouth 17, Norwich 18, Nottingham 21, Bradford 22, London 23, Hull 23, Leicester 23, Bristol 25, Portsmouth 25, Sheffield 26, Birmingham 27, Wolverhampton 27, Leeds 28, Newcastle-upon-Tyne 29, Oldham 29, Liverpool 30, Manchester 30, and Salford 37. The annual death-rate from the seven principal zymotic diseases averaged 4·2 per 1000 in these towns, and ranged from 0·6 and 0·7 in Norwich and Plymouth to 6·8 and 7·0 in Salford and Sheffield. Scarlet fever is still fatally prevalent in Bristol, and the deaths referred to enteric fever in Sheffield were still more numerous than in recent weeks.

In London the 1,526 deaths included 83 from scarlet fever, 30 from different forms of fever, 20 from diarrhœa, and not one from small-pox. The deaths from scarlet fever were somewhat more numerous than those in the previous week, and exceeded the corrected average weekly number by 25 ; no less than 36 occurred in South London.

The Management of Private Asylums in Ireland.

DURING the year under review, in their recent report, the inspectors state that private asylums in Ireland on the whole have been satisfactorily conducted, and their inmates kindly and considerately treated ; they have to record no case of harshness or personal neglect on the part of proprietors or attendants, neither are they aware of an instance —indeed one could not well occur from the frequency of their visits, and the uncertain periods at which they are made—of an unwarranted detention.

The cases admitting of doubt were mainly those where moral perversities combined with eccentric conduct, but without the display of actual delusions indicated mental aberration, a lengthened indulgence in alcoholic drinks, or the excitement attendant on a continued dissipation, particularly when a predisposition to insanity existed constituting the immediate cause of disease.

It is very embarrassing to deal with such patients ; in confinement they profess deep regret for the past, moralise on the future, acknowledging their error with plausible engag ements to avoid, when at liberty, previous habits. Set free a different story too often has to be told ; they become in a brief period incorrigible as before, unmixed sources of personal apprehension and anxiety to their immediate relatives—not alone among men but females an inebriate propensity with its train of domestic evils is to be found ; the inspectors have known individuals of the latter sex to be admitted from three to four times into licensed asylums.

The Healing Element in Arnica.

THE ingredient in arnica long supposed most important was *arnicine*, an amorphous bitter substance, almost insoluble in water, but freely soluble in alcohol and ether; or else the ethereal oil, which is also insoluble in water. For a variety of reasons, says the *Philadelphia Reporter*, it is now probable that neither arnicine nor the oil, but *trimethylamine*, an organic alkali, is the really useful constituent of arnica.

Trimethylamine, $C_3 H^9 N$, is a clear, colourless fluid, very volatile, and freely soluble in water, alcohol, and ether.

For external bruises and cuts our contemporary thinks that arnica is undoubtedly very useful; and the mischances that have attended its use have probably resulted from the fact that the tincture, containing arnicine and the volatile oil, has been employed. The infusion or decoction alone should be used, and it would be better to give up employing all liniments and lotions in which the tincture is present.

Clinical Instruction for Women.

THE Board of Governors of the Queen's Hospital, Birmingham, have passed a resolution in favour of ladies being allowed to attend clinical lectures at the institution and of enjoying all the privileges hitherto granted to male students.

Exertion is being made to obtain clinical instruction for women in many hospitals, both in town and country, and doubtless other institutions will shortly open their doors to them, but Birmingham, which has been the first in many reforms, is likewise the first town in England to admit women to a medical education.

The Restraint Treatment of Dipsomaniacs.

IN their last report the inspectors of Irish lunatic asylums refer to the subject of establishing receptacles for dipsomaniacs, which for some time has been attracting public attention; they say, "from personal experience we cannot but think that the question of legislating on it is one beset with difficulties, requiring as it would a line of demarcation between excessive drinking as a vice punishable from its results when there was an infraction of law, or as a pernicious habit leading to morbid affections, and sufficient to justify an unwilling detention or confinement after the immediate consequences had ceased, and the assumed lunatic from abstinence became of perfectly sound mind. The impediment would certainly be not so great in respect to the lower orders without social position or means as it must be with regard to the better and richer classes of the community; drunkenness among the former is treated more as an offence or misdemeanour, among the latter as an incipient malady. Certain it is that while the doors of a public asylum are closed as a rule to the confined inebriate, those of a private licensed house are open for his reception. Furthermore, the disposition of property might be seriously affected by the power afforded to one member of a family, even with the most correct and benevolent intentions, to confine another on the plea of extravagance and drunkenness, as if for example a father or husband was detained against his will by a son or wife, he might subsequently be influenced by vindictive motives in its disposition, for no matter whether placed in an asylum or elsewhere, being of clear understanding, his civil rights could not be ignored."

At best the inspectors believe the recognition by Government of hospitals for voluntary applicants or available for the heads of families in regard to their children, and reciprocally as regards married people, but for definite periods, subject of course to official inspection, and stringent regulations is as much as can be reasonably expected, for after all the true test of lunacy is to be had in delusions, be they of themselves apparent or presumable as legitimate consequences.

The Professorship of Midwifery in the Queen's College, Galway.

BY the sudden death of Professor Doherty, which took place at Redcastle, near Londonderry, from apoplexy, on Saturday last, the Professorship of Midwifery in the Galway College becomes vacant. Dr. Doherty was a Doctor of Medicine of Edinburgh University of the year 1833, and was the first Professor of Midwifery appointed on the foundation of the Colleges in 1850. The emoluments of the professorship are calculated to be about £350 a year.

Admission of Women to the Practice of Pharmacy.

AT the last meeting of the Council of the English Pharmaceutical Society this question was again raised for discussion. The proposed list of Pharmaceutical *Chemist* Members originally included the name of Miss Isabella Skinner Clarke, but before the names were put to the vote,

The Vice-President asked that reference should be made to the minutes of a former meeting, when a similar question arose, the result of which was that the matter was referred to the decision of the next annual meeting, which decided, by a large majority, that ladies should not be admitted to the Society. Under these circumstances he did not think it would be becoming in the Council to reverse that decision without again consulting the members at large.

Mr. Hampson thought the Council was fully entitled to act on its own judgement, and considering that the lady now applying for election had passed the major examination, and intended to begin business in the usual way, he certainly thought she ought not to be refused her rightful privilege.

Mr. Sandford moved as an amendent:—"That the persons proposed for election be elected with the exception of Isabella Skinner Clarke." He said if the Council admitted one it must admit all. and he did not think it was for the interest of the ociety to do so. The lady in question had all the trade privileges which her having passed the major examination entitled her to, but he did not see why ladies should be admitted to membership, or they might some day make their appearance at the Council table.

The amendment was seconded by the Vice-President.

Mr. Brown thought the present case not at all parallel to the former one, seeing that this lady was the first who had passed the major examination, and if the sentiment was so strongly against the admission of ladies to membership it was not very likely that such a revulsion of feeling

would take place as would lead to the election of female members of Council.

Mr. Atherton felt sure that the general feeling throughout the country was against the admission of ladies as members. The question having been settled in 1873, he thought it a pity it should have been brought forward again.

A vote was taken, and there being seven for and six against the amendment (one member refusing to vote) it was carried, and the lady candidate was therefore excluded.

The Profession and the Public Press.

We are ofttimes at a loss to conceive the motives which animate editors of the lay press in their relations with the medical profession. Scarcely a week passes that we do not see a ridiculous paragraph of one sort or another "dressed up" and headed with a title at once damaging to our social status. This misrepresentation first commences with students. A riot never takes place which medical students have not fomented, and if a police-constable loses his helmet, or an apple-stall is overturned, some members of that vicious class from the hospitals are sure to have been seen lurking about in the neighbourhood an hour or two previously. When fully fledged and admitted members of an honourable body the same misrepresentation goes on in the lay press with redoubled vigour. A patient dies under the hands of a quack: forthwith a paragraph goes the rounds of the press—"Manslaughter against a Medical Man." A chemist's assistant takes up the wrong bottle and gives a drug to a customer which is attended with serious consequences. The carelessness of Dr. (!) So-and-so is at once the theme of universal condemnation. In Monday's papers we have the latest illustration of what we complain. Our attention was called to a paragraph headed "Extraordinary Charge against a Medical Man," upon reading which we found that a man had entered a pork-butcher's shop at Henfield, in Sussex, represented himself as a medical man, and offered to prescribe for the wife of the proprietor, who was alone in the shop. The woman protested that there was nothing the matter with her, but the fellow persisted in leaving a box of pills and a draught, and in payment took up a joint of pork and some sausages, and with a polite "good morning" quitted the premises. He was afterwards taken in custody at a public-house, charged, and fined 10s. under the Pedlar's Act. Could absurdity go farther? Yet the leaders of public opinion appear to glory in stigmatising a body of gentlemen rather than inquiring first whether such fellows are among their ranks. Surely the *Medical Register* is cheap enough to be found upon an editor's table; six shillings is not a heavy fee to pay for the truth, and were it ten times the amount the money were better spent than in the publication of libels upon an honourable profession. We do not for a moment impute malevolence to our coadjutors on the lay press, but in honour and justice it behoves them to exercise a little more care, and we are convinced that occasions for such paragraphs as the latter would not often arise.

The Threatened Plague.

On Saturday evening, at the monthly meeting of the Metropolitan Officers of Health, an important paper upon the above subject was read by Mr. J. Netten Radcliffe, one of the medical inspectors of the Local Government Board. Mr. Radcliffe, after tracing the various outbreaks of plague which had occurred, and showing the positive existence of the disease in the lower Euphrates in 1874-5, submitted that we could not too early take into consideration the danger to which this country would be exposed from an extension of freshly-developed plague in the countries bordering the Mediterranean, and the measures which might be desirable to adopt to mitigate the danger. As to the danger, should the plague appear in the Levant, it is hardly possible this country could escape the disease either by the sea route or by way of the Continent. At all events any alarm which the apprehension of its approach might create might be allayed by a knowledge of the fact that the medical officers of health had fully considered, in anticipation, the contingency, and were prepared through their several local authorities to meet it. Taking into consideration the vast changes which had taken place in this kingdom since the last visitation of plague, and the existing sanitary organisation, it would seem almost impossible for plague to get a serious hold upon the country. He had, however, no confidence in the population being plague-proof, and therefore it would be a serious error to rest satisfied with leaving things as they were, but it would be well to consider in advance what measures it would be advisable to take should plague be imported into the kingdom. Amongst the suggestions he would make would, as a matter of course, be to rigidly enforce the Quarantine Act, also the rigid enforcement of the Public Health Act of 1875, such as exists with regard to cholera, especially with regard to our shipping in the Thames, and in the Mersey, even extending to the detention of passengers and goods. He expressed his belief that the local authorities had ample power to deal with sanitary regulations in reference to plague as well as other diseases.

Stimulants in Asylums.

At the meeting of the Metropolitan Asylums Board on Saturday a report was presented from the committee of the Homerton Hospitals as to the extraordinary discrepancy which has existed in the cost of maintenance and length of residence of patients in the Homerton as compared with the Stockwell Hospitals, upon which there has been much controversy. The report stated that they had fully considered the whole subject, and had come to the conclusion that the cost of maintenance of patients and the duration of residence in hospital were matters for which the medical superintendents were alone responsible; they, therefore, called upon Drs. Collie and Gayton to report on the matter. Dr. Collie, in defending his own action, admitted that the difference was considerable, and said it was explained by the more liberal use of stimulants at Homerton than at Stockwell; but the large discrepancy under the head of medical extras had been in consequence of the way in which the tables at Homerton had been constructed by the accountant's clerk. Although admitting the difference amongst medical men as to the use of stimulants, Dr. Collie justified his large administration of stimulants. After showing the impropriety of turning patients out of hospital too soon, so as to breed contagion, he pointed out that if his system is interfered

with the responsibility will rest upon the managers. Dr. Gayton's report was similar to that of Dr. Collie.—Dr. Cortis and other members of the Stockwell Hospitals committee defended the management of that institution. —After a very lengthened discussion the report of the committee was adopted, but not the reports of the Homerton medical officers.

DR. CHARLES A. WEST has been placed on the Commission of the Peace for the borough of Bodmin.

SURGEON-MAJOR DANIEL WRIGHT, M.D., has been permitted to retire from the service on a pension of £220 per annum.

SURGEON THOMAS SEWARD, M.D., on half-pay, late of the 90th Foot, died Dec. 23, 1875. He entered the service, Feb. 1859, and retired on half-pay, Sept. 1873.

A PAUPER inmate of Horsham Workhouse died in the Union on Christmas-day from the effects of gluttony. He attacked his Christmas dinner so ravenously that in a few minutes he was choked.

DR. GEORGE JOHNSON, F.R.S., F.R.C.P., has been elected Examiner in Medicine at the Royal College of Surgeons of England, in the vacancy caused by the resignation of Dr. Wilks.

SIR DAVID DEAS, K.C.B., Inspector General of Hospitals and Fleets, died on Saturday last at the residence of his brother, Lord Deas, in Edinburgh, in the 69th year of his age.

SURGEON-MAJOR ROBERT WILSON, M.D., of the Madras Medical Department, died on Dec. 31, 1875, at Denton House, Elphinstone Road, Southsea, Hants, aged 48. He entered the service, Aug. 1856, and became Surg., Aug. 1868.

WE understand that the Obstetrical Society of London propose to give a *conversazione* in February next, and we believe that permission has been granted by the President of the College of Physicians for it to take place at the College. At the next meeting of the Society, which will take place on Wednesday, the 2nd February, the discussion introduced by Dr. Meadows upon the post-mortem diagnosis of a nulliparous uterus will be resumed, and a number of specimens illustrating the subject will be exhibited by Dr. Braxton Hicks and other gentlemen.

AN inquest was lately held at Paddington upon the body of a gentleman who was taken to St. Mary's Hospital for an injury received to the head, and who died suddenly as the result of the accident. At the inquest it was stated that deceased had a wife living, from whom he was separated, so his property was directed by the coroner to be impounded till the widow or other claimant should prove their right to it. Two ladies now claim to be the wife, so the coroner finds himself in a dilemma from which he can be extricated only by the law.

AT the annual meeting of the Lewes Town Commissioners, last week, it was stated by Mr. Braden, the medical officer, that not a single case of fever had been reported to him during the last six months. At this time last year typhoid fever was very prevalent, and a Government inspector was sent down. Recently the water company have obtained their supply from a new source, and direct from the chalk. The absence of fever is attributed by him to this change, together with the improved sanitary arrangements in the town.

THE total expenditure of the Irish lunatic asylums for the past year amounted to £184,749, and although there were 240 inmates more in these institutions for the time being, the charges were less by £4,060 than in 1873, being at the rate of £25·2 per head, as against £26·4 in the last-named year. The capitation cost varies in different asylums, and the inspectors remark that, as a rule, in consequence of repairs, refitments, and minor alterations to meet contingent wants, that the less perfect in construction and worse furnished the establishment at large, the dearer is after maintenance.

IF Dr. Robert MacDonnell, whose intention to present himself as a candidate for the Vice-Presidency of the Royal College of Surgeons in Ireland at the next election in June we have already announced, should carry that intention into effect, it will be necessary for him to vacate his seat on the Court of Examiners, his retirement taking effect probably from the first Tuesday in *May*, when the election of Examiners takes place. In such case we are authorised to state that Dr. Swan, Lecturer on Anatomy in the School of Steevens' Hospital, will present himself for the vacant Examinership. Dr. MacDonnell is at present the representative of Steevens' Hospital on the Court, and if replaced by Dr. Swan, the Hospital and School will still be represented. Dr. Swan is a Licentiate of the College of twelve years' standing, and one of its Fellows since 1868.

Correspondence.

THE ASSUMPTION OF MEDICAL INITIALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to draw your attention to the fact that of late some schoolmasters and others engaged in tuition have been placing after their names in advertisements the letters M.R.C.P. London. As these gentlemen have no connection whatever with the College of Physicians, or with the medical profession, is not this a breach of the Medical Act?—is it not falsely using initials leading the public to suppose that they are registered under the Act?

On making inquiries I find these gentlemen *qualify* for what they call the M.R.C.P.L. by passing an examination at some *institution* in London named the College (Royal) of Preceptors. The examination is, I believe, accepted as equivalent to the *matriculation* by some of the medical bodies in Schedule A.

Now if the assumption is not a breach of the Medical Act, is it not an easy way of obtaining a bogus distinction? Why go to Philadelphia for a degree which is only (if at all) of use to enable him to use *falsely* initials to which he has no legal right, when he may obtain authority to use the initials of a first-class British medical diploma without any medical training whatever.

I think the London College of Physicians is much to blame

in allowing this assumption, calculated as it is to bring their diplomas into contempt.

I hope you will allow this communication a place in your columns, as the habit is increasing. In one of the Cork newspapers last week I saw the advertisements from two M.R.C.P.'s.

Yours faithfully,
L.R.C.P.

THE NEW GRADE OF IRISH PHARMACEUTICAL CHEMISTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly state in your journal if there will be any check (and if so, what the nature of it may be) on the new grade of Irish pharmaceutical chemists, preventing them from *prescribing* in their establishments, a system which would be alike dangerous to the public as well as injurious to medical practitioners.

I am, Sir, yours truly,
MEDICUS.

[The Pharmacy Act declares that pharmaceutical chemists shall not be entitled to perform the functions of medical practitioners. This restriction, however, does not, as a matter of fact, prevent the similar class in England from prescribing in very many cases, nor does any law which now exists prohibit any person from practising medicine so long as he does not pretend to be a duly qualified medical practitioner. In fact, the pharmaceutical chemist will be legally disentitled to prescribe, but will actually be in the same position as any other person to infringe the law.—ED. M. P. & C.]

THE MEDICAL COMMISSIONERSHIP OF THE IRISH LOCAL GOVERNMENT BOARD.

ALTHOUGH the resignation of Dr. John MacDonnell is nearly three weeks old, no appointment to the office of Medical Commissioner on the Local Government Board for Ireland has yet been made, and the intentions of the Lord Lieutenant as to the succession are yet unknown. The impression within the profession is that the selection lies between Dr. Macnamara and Dr. Croker King, the choice of the former being indicated by the general voice of the Poor-law medical officers and the profession, that of the latter being suggested by political report and by an experience of the circumstances which control such appointments in Ireland. Speaking generally, and without at all applying the observation to the candidature of Dr. King, we may say that from a medical aspect it would be nothing less than calamitous that an incompetent, inexperienced, or inactive officer should be put in charge of this, one of the largest and most onerous of the Irish public services. The appointment is not one of those obscure legal sinecures to the occupancy of which the public may be and is absolutely indifferent, and the election to which excites only place-hunters and hungry members of Parliament. There is something to be thought of in the choice of a successor to Dr. John MacDonnell other than the distribution of a political plum to one fortunate claimant from a host of greedy and open-mouthed gapers each of whose relatives have deserved well of the Government. In this case there are a thousand officers to be watched and controlled, a hundred and sixty-three boards of guardians and nine hundred dispensary committees to be kept straight in their medical business, a hundred and fifty thousand a-year to be expended, and nearly a million of sick poor to be cared for, and in such circumstances the claims of petty patronage ought to stand aside, and those of merit should come to the front. We proclaim most earnestly the feeling of the medical profession that such interests cannot be fairly entrusted to a lay oligarchy, even if supported by the dictum of a medical subordinate. The Medical Commissioner of the Irish Local Government Board should be a man who is conversant with the service, and who, in addition, possesses the judgement, force, and professional rank necessary to give effect to his views. In the person of Dr. Macnamara these qualities are known to exist, and professional feeling in Ireland distinctly indicates its approval of his candidature, and its great apprehension lest personal and political influences should inflict upon the Poor-law Medical Service the incubus of a ruler whose only quality may be that he has opportunely made room for some nonentity whose advancement was desired. There are rumours that influences are hard at work in this latter direction, and we would suggest to the Government that a family job of this sort in the selection to so important an office would be most unpopular, not only with medical men, but with those of the public who knew anything of the matter.

THE election of a medical officer of the City of Dublin Hospital in the room of Dr. Arthur Barker, who was elected to an appointment in University College, took place, after a lapse of several months, last week. There were several candidates—Dr. Arthur Macan, Assistant-Physician to the Rotundo Lying-in Hospital; Dr. Wm. J. Smyly, Demonstrator of Anatomy in the Irish College of Surgeons; Mr. Roe; Mr. Hercules McDowell; and Dr. Wm. Stoker. Within the last year the system of election, which had previously lain in the hands of the medical officers solely, had been changed, and the monetary responsibilities of the hospital being assumed by the Board of Governors, they were invested with a voice in the choice of the medical staff. That to which we refer is the first election held under the new system. Three of the names which we have given above were selected by the medical officers and recommended to the "General Board," by whom Dr. Macan was selected to fill the vacant physiciancy. Dr. Macan is, it will be observed, a pure obstetrician, and his election restores to the City of Dublin Hospital the midwifery element which was contributed to it for so many years by the late Dr. Beatty. We understand that a special ward will be henceforth set apart for obstetric cases, and that this department will be made a special feature in the education of students of the hospital. Dr. Macan holds his qualifications from the University of Dublin of the year 1868, and became Assistant-Physician to the Rotundo Hospital in 1873.

A CASE which will raise a very important medico-legal question is about to come before the Master of the Rolls in Ireland, in the form of an application by the National Insurance Company to set aside an insurance upon the life of one of its policy-holders. This insurance was effected some years since, the health of the policy-holder being then duly certified as good; but since then uncontrollable intemperance is said to have taken possession of him, and more than one attack of delirium tremens has been the result. In anticipation of claim upon the company before long, its directors are about to apply to set aside the policy. If it be not alleged, or if the allegation be not proved, that the intemperance existed as a habit at the time of insurance, and was concealed (a circumstance which would, of course, nullify the policy at once), the case will raise the question whether a person who insures his life and then deliberately embarks in habits of drunkenness can claim the fulfilment of the contract on his death. In other words, it will have to be decided whether dipsomania is to be legally regarded as a disease which is outside the control of the victim of it, or whether it is a vice which he deliberately pursues, and which ought not to be included amongst the risks incident to the life of a healthy person.

WE learn with satisfaction that Dr. Lyons, of the Dublin Catholic University and the Richmond Hospital, whose state of health has for several months caused much anxiety in the profession, is almost entirely restored to health, and has returned to Dublin to resume his practice.

Literature.

MEDICAL POLITICS. (a)

THERE are men who believe firmly that the institution of prizes for essays on particular subjects stimulates public opinion. The late Mr. Carmichael was one of those; and he munificently left the sum of 3,000*l.* to the College of Surgeons of Ireland, in order to found a prize of 200*l.*, and a second of 100*l.*, every fourth year, the subjects to be selected for competition being limited to three. They are—1st. The State of the Medical Profession in its different Departments of Physic, Surgery, and Pharmacy in Great Britain and Ireland at the time of the writing of the prize essays; 2nd. The State of the Hospitals and Schools of Medicine, Surgery, and Pharmacy; and 3rd. The State and Mode of Examination, or of Testing the Qualifications of Candidates of the different Licensing Colleges or Corporations in Medicine, Surgery, and Pharmacy." Some directions are given in the will as to what points the testator would like the writers to attend to; and as to the publication of the successful essays so as to bring them prominently before the notice of leading members of the profession, Mr. Carmichael's object is the improvement of the profession, "with the view of rendering it more useful to the public, and a more respectable body than it is at present." These outspoken and not too complimentary expressions tell us how strong was the feeling of the testator about his profession; and his handsome legacy ought to do something towards furthering the object he had so warmly at heart.

The present essay is a neat, well-printed little volume of attractive appearance. As to its contents, we will take them in the order of the writer, so as to give the clearest impressions as to his method of handling his subject. His two leading principles are organisation or co-operation for the mutual benefit of the co-operators, and the right of self-government. As to the present position of the profession in these respects, the writer thinks it "for all practical purposes a disorganised rabble." He puts some home-truths in graphic language of unmistakable purport, and evidently holds with the late Mr. Carmichael, that there is much in the profession that might be improved. But that any metropolitan physician makes 30,000*l.* per annum is surely taking too rosy-hued a view of the prizes of practice. The question of a species of trade combination to prevent overstocking the market by limiting the number of entries into the profession is next discussed, amidst some generalisations in supply and demand. Drug selling is condemned. The fitness of women for the compounding of medicines is asserted with fairness, and this leads to the consideration of the higher education of women. The writer holds that lady-doctors are desirable, "on behalf of the young unmarried woman suffering from disease that nothing would induce her to speak of to a gentleman practitioner," a view which many will feel inclined to challenge. Women would sooner tell a man of many little matters of a personal character than trust them to another woman! Then follow some considerations as to the necessity for trades unions, and it is held to be necessary for the profession to combine. The different associations of medical men are next reviewed, and their aims and their aspirations given. Then follows the Poor-law Service of Ireland, and the dispensary system, which seems to need some amendment. The inefficiency of the preliminary examinations of the Irish corporations is dilated upon, apparently not unnecessarily; after which comes something very like an introductory lecture when its subject-matter is the course of study to be pursued.

Some decidedly pertinent remarks are made as to examiners and lecturers, and as to how both might be improved. Conjoint schemes of examination are themselves examined. After that comes the after-education of the individual himself, certainly by far the most important matter of all education.

Such is the scheme of the essay. As to its real value, probably differences of opinion may be expressed; it certainly ought to produce some good effect. Possibly if the style was a little more attractive and the sentences shorter and more incisive, the impression produced would be more vivid and distinct. Take, for instance, pp. 84-5, where three sentences cover one page and a-half. It is not that Dr. Ashe's writing is unreadable by any means, but that it does not produce well-chiselled impressions, so desirable in a work of this character, that makes us feel critical. The subject-matter refers almost exclusively to Ireland, as might be expected.

It is very desirable that the profession of medicine should become more conscious of what its true position ought to be. There is, doubtless, as Dr. Ashe states, much to be desired in the matter of improving examiners and teachers as well as students. Merit is too often subordinated to nepotism, to private friendship, and to other considerations, which ought not to be subordinated to it. Vigorous expostulalion on these matters can but evoke an affirmative response from the profession. All thinking members of the profession fully realise how very desirable it is that our profession should not only occupy a higher position in public opinion, but that it should so purge itself that its claims to such recognition are better justified and therefore less incontrovertibly than is at present the case. Dr. Ashe possesses the spirit of Carmichael, and we wish all success to this initial essay, which, on the whole, deserves well of the profession.

(a) "Medical Politics." Being the Essay to which was awarded the First Carmichael Prize of the Royal College of Surgeons of Ireland, 1873. By Isaac Ashe, M.D., Physician Superintendent of the Londonderry District Hospital for the Insane. Fannin and Co. 1875. Pp. 174.

Medical News.

St. Andrews Graduates' Association.—The following officers have been elected for 1876:—*President of Council*, Benjamin W. Richardson, M.D., F.R.S. *Honorary Treasurer*—Dr. J. H. Paul. *Honorary Secretary*—Dr. Leonard W. Sedgwick. *Members of Council*—Drs. W. Bloxam, W. Cholmeley, T. B. Christie, J. Lockhart Clarke, W. F. Cleveland, W. F. Coles, George Cordwent, Edwards Crisp, T. B. Crosby, W. H. Day, Henry Day, T. O. Dudfield, S. Day Goss, J. T. Griffith, J. Bower Harrison, Samuel Hill, C. Holman, Wharton P. Hood, J. Hughlings Jackson, S. Lawrence, J. Murray Lindsay, J. A. Lush, John D. Macdonald, J. Macintyre, Henry Moon, Richard Norris, R. Budd Painter, C. Royston, Joseph Seaton, R. H. Semple, J. Sparshall Willett, E. F. Watkins, W. Rhys Williams, A. Wynn Williams, A. Wiltshire, W. Bathurst Woodman, Mr. James Menzies, M.A., and the Rev. Charles Rogers, LL.D.

A Protest against Vivisection.—We hear that Baroness Burdett Coutts has written to the Archdeacon of London, asking him in his official capacity to invite the clergy to satisfy themselves at what hospitals vivisection is still practised, so that they may not preach for institutions where such abhorrent cruelties are sanctioned.

Testimonial to Mr. George Tatham, of Brighton.—A massive silver salver, with an appropriate inscription, was presented last week to Mr. George Tatham, who enjoyed considerable repute in Brighton, on his retirement from practice, which extended over thirty years. Only ladies, former patients, were allowed to subscribe, a cheque for twenty guineas from a gentleman being returned. Mr. Arthur H. Cox, one of the borough justices and late mayor, acted as treasurer.

Means of Transporting Invalids.

THE use of hammocks, or swinging beds, for the comfort of invalids who are obliged to move from one place to another, should become more general. By proper spring adjustments at the two ends, the patient may escape all shock or jar. A freight car may be engaged, or, if the cost of the journey can

be borne, a palace car. Such a low frame as is used for a child's suspended crib could be used. Perhaps a crib on springs, without the swinging or rocking feature, would be better still than a cot. Twine hammocks for the purpose are manufactured in London. The points of suspension are nine or ten feet apart, and the patient is placed in it with the feet toward the engine.

Inoculation of Varicella.

PROFESSOR STEINER, of Prague, has lately performed inoculation of varicella in several cases, and has arrived at the following results: The experiments were undertaken in consequence of the opinion being still held by some that varicella is only a modified form of variola. 1. The contents of the varicella vesicle are inoculable. Of ten cases of inoculation, eight were successful, and two failed. 2. After inoculating varicella, varicella, and not variola was always produced. 3. In all the children that were successfully inoculated, the stage of incubation was eight days. 4. In four cases, the general health of the children remained unchanged during the period of incubation, and the eruption of varicella vesicles appeared suddenly, without any premonitory stage. 5. In four cases, a distinct prodromal stage, of four days' duration, was observed; the symptoms being, rise of temperature and increased frequency of pulse, with distinct exacerbations in the evening and remissions in the morning, restless sleep, dulness, loss of appetite, and redness of the mucous membrane of the mouth and fauces. 6. The greatest rise of temperature—when it occurred—generally coincided with the eruption. 7. Defervescence was generally rapid and complete; intercurrent rises of temperature in rare cases attended the appearance of fresh vesicles. 8. Vaccination had no influence whatever on the form of the exanthem. Of the eight children successfully inoculated, five had been vaccinated, and three had not. 9. Varicella does not protect from variola. Dr. Steiner saw a child die of confluent small-pox fourteen days after an attack of varicella.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ROYAL INSTITUTION.—On Friday evening next, at 9 o'clock, Prof. Tyndall will lecture "On the Optical Deportment of the Atmosphere in relation to the Phenomena of Putrefaction."

SIR JAMES PAGET, Bart., will deliver the Hunterian Oration this year.

A HANGMAN'S REFRESHMENTS.—In connection with the recent execution at Dumbarton, Mr. Grant, the Governor of the prison, says the *Glasgow News*, has sent in an account to the Dumbarton Town Council for the "refreshment" of Marwood during the three days he was resident in the prison on the occasion, among the items in which are "one bottle of brandy, one bottle of whisky, and one dozen of bitter beer," being a bottle each for the first two days, necessary, no doubt, to fortify him for his disagreeable work on hand, and a dozen of "bitter" for the third day, as indicative of his state of feeling after all was over. There was also a charge in the account for "one bottle of brandy, one bottle of whisky, one bottle of sherry, and one bottle of port," said to have been used on the morning of the execution. As Mr. Grant had no authority from the magistrates to incur any such expense the Council refused to pay the account, and remitted the matter to the treasurer for inquiry.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The West Riding Lunatic Asylum Medical Reports. Vol. V. London: Smith, Elder, and Co.

Official Report of the Army Medical Department. Vol. XV.

Lectures on State Medicine. By F. S. de Chanmont, M.D. London: Smith, Elder, and Co.

Lett's Medical Diaries for 1876.

Wills of their Own. Edited by Wm. Tigg. London.

An Address in Obstetrics. By W. H. Byford, M.D. Philade'phia.

A Concise Statement of Objections to the Contagious Diseases Acts. By Sheldon Amos, M.A. London: Ridgway.

Zeimssen's Cyclopædia of Medicine. Vol. V. New York: Wood and Co. London: Sampson Low.

Bentley and Trimen's Medicinal Plants. Part IV. Churchill.

Tilbury Fox's Atlas of Skin Diseases. Part IV. Churckill.

Surgery of the Arteries. By C. F. Maunder, F.R.C.S. Churchill.

Braithwaite's Retrospect of Medicine. Vol. LXXII. London: Simpkin, Marshall, and Co.

Respiration, or Why do we Breathe? By Patrick Black, M.D. London: Smith, Elder, and Co.

Phthisis. By Austin Flint, M.D. London: Churchill.

Hospital Plans. Five Essays by various Authors. New York: Wood and Co.

Food: its Adulteration, &c. By A. H. Hassall, M.D. London: Longmans, Green, and Co.

Dr. Dobell's Annual Reports on Diseases of the Chest. Vol. I. London: Smith, Elder, and Co.

Royle's Manual of Materia Medica and Therapeutics. Edited by John Harley, M.D., F.R.C.P. London: J. and A. Churchill.

St. Bartholomew's Hospital Reports. Vol. XI. London: Smith, Elder, and Co.

A Few Words about the Movement Cure. By J. F. Bienemann, M.D.

On Pigmentary Deposits in the Brain. By W. A. Hammond, M.D.

Medical and Surgical Examination Questions. By H. Aubrey Husband, M.B. London: Longmans, Green, and Co.

The Natural History and Relations of Pneumonia. By Octavius Sturges, M.D. London: Smith, Elder, and Co.

The Practitioner. The Veterinary Journal. The Students' Journal. Journal de Thérapeutique. Richmond Medical Journal. Obstetrical Journal. The Chicago Medical Journal. Allgemeine Weiner Medizinische Zeitung. Paris Medical Journal. Le Progrès Médical. American Journal of Insanity. The Clinic. Pacific Medical Journal, &c., &c.

VACANCIES.

Middlesex Hospital.—Ophthalmic Surgeon. Honorary.

London Fever Hospital.—Medical Registrar. Salary, £10 a month. Address the Secretary, Islington, N.

Western General Dispensary, Marylebone.—Physician. Honorary.

Finsbury Dispensary, Clerkenwell.—Physician. Honorary.

Applecross.—Parochial Medical Officer. Salary, £154, with house. Address the Chairman of the Board, Tullick, Lochcarron, N.B.

Wantage Union.—Medical Officer for the Wantage District. Salary, £50, with fees extra. Address the Clerk to the Guardians, Wantage, Berks.

APPOINTMENTS.

BIRT, Mr. L. F. H., a Resident Clinical Assistant at the Hospital for Consumption and Diseases of the Chest, Brompton.

BUCHANAN, T. M B., C.M., Medical Officer for No. 8 District of the Barony Parish, Glasgow.

Clutton, H. H., B.A., M.R.C.S., Surgical Registrar at St. Thomas's Hospital.

CROSS, P. H. E., L.R.C.S.I., Medical Officer for the Workhouse and the 5th and 8th Districts of the Woodbridge Union, Suffolk.

EATON, J., M.R.C.S.E., a Medical Officer to the Grantham Hospital.

MADDEN, H. M., L.R.C.S.I., Medical Officer for No. 5 District of the Royston Union, Herts.

MAGUIRE, T. S., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for Nos. 1 and 3 Districts and the Workhouse of the Potterspury Union.

MARKBY, T., M.R.C.S.E., Medical Officer for No. 4 District of the Wells Union, Somersetshire.

MATHEWS, J. S., L.R.C.P.Ed., L.R.C.S.Ed., Medical Attendant to the Royal Irish Constabulary, Cloghan, co. Donegal.

MEREDITH, J. E., M.D., M.B., C.M., Medical Officer for No. 1 District, and Public Vaccinator for Nos. 1 and 2 Districts of the Maidstone Union.

MILLER, H., M.D., F.F.P. & S. Glas., a Physician-Accoucheur to the Glasgow Lying-in Hospital.

NEWCOME, F., M.D., M.R.C.S., a Medical Officer to the Grantham Hospital.

SEALY, J. T. H., L.R.C.P Ed., L.R.C.S.I., Medical Officer for No. 12 District of the Lincoln Union.

SHIPMAN, G. W., L.R.C.P.L., a Medical Officer to the Grantham Hospital.

TRAILL, H. S., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Chawleigh District of the Crediton Union, Devon.

WICKHAM, H., L.S.A.L., Assistant House Surgeon and Dispenser to the Kent and Canterbury Hospital.

WILSON, J. G., M.D., F.R.C.S.Ed., Consulting Physician to the Glasgow Lying-in Hospital.

Marriages.

DOIG—LINDSAY-BUCKNALL.—On the 10th inst., at Huntingtower Cottage, Perth, Alex Doig, M.D., to Jane Nina, only daughter of the late John Chas. Lindsay-Bucknall, Esq., of Turin Castle, co. Mayo.

NOLAN—MUTER.—On the 4th inst., at St. Mary's Church, Bathwick, Bath, Wm. Nolan, M.D., Civil Surgeon, Aden, to Francis Eliza, eldest daughter of Major-General Muter, Bombay Army (retired).

WYLIE—MACGREGOR.—On the 11th inst., at Glasgow, Wm. Wylie, M.D., of Skipton-in-Craven, to Elizabeth Harvey, daughter of the late James MacGregor, Esq., of Glengyle, N.B.

Deaths.

BAKER.—On the 1st Jan., at Halse, Robt. Baker, Surgeon, aged 77.

COLLIER.—On the 13th Jan., at Milverton, Leamington, Thos. Collier, M.R.C.S., late of Towcester, Northamptonshire, aged 71.

M'KNIGHT.—On the 6th Jan., at Mossy Green, Oakengates, Salop, Geo. M'Knight, L.R.C.P.L.

MORISON.—On the 9th Dec., at Horton, Yorkshire, Andrew Morison, Surgeon, aged 89.

TAYLOR.—On the 2nd Jan., at Ayr, John Taylor, M.D., aged 56.

THOMSON.—On the 31st Dec., at St. Heliers, Jersey, Samuel Thomson, M.D., aged 66.

TREACY.—On the 10th Jan., at Low Dinsdale, Matt. Treacy, M.R.C.S.E., aged 60.

WATT.—On the 3rd Jan., at Gallowgate, Aberdeen, Patrick Watt, M.D.

WEBB.—On the 8th Jan., at Barton-under-Needwood, Staffordshire, where he had practised for 50 years, Thos. Webb, M.R.C.S.E. and L.R.C.P.Ed., aged 75.

WILLCOX.—On the 29th Dec., at St. Columb, Cornwall, J. Willcox, L.S.A.L., aged 58.

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FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trade generally.

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WILLIAM J. VIAN, Secretary.

SURGICAL SOCIETY OF IRELAND.—The next meeting of the Society for the present Session will take place on FRIDAY evening next, the 21st day of January, 1876. Chair will be taken at half-past eight o'clock, precisely.
By Order,
B. WILLS RICHARDSON, F.R.C.S.I., }
JOLLIFFE TUFNELL, F.R.C.S.I., } Hon. Secs.
Royal College of Surgeons, December, 1 75.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. FIRST or PRIMARY PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, FEBRUARY 7th. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.
SECOND or PASS EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, FEBRUARY 14th. Gentlemen who have completed four years of Professional Study according to the College Regulations are eligible for admission to this Examination.
Registered Medical Practitioners qualified before January, 1861, are admitted to Examination under special By-laws.
Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all certificates and testimonials required by the By-laws are to be left at the same time.
The Licence of this College is a qualification to practise Medicine, Surgery, and Midwifery, and is recognised by the Poor-law Board as a qualification in Surgery as well as in Medicine.
Pall Mall East. HENRY A. PITMAN, M.D., Registrar.

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To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.
The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.
Pupils are admitted free by election, or by payment of £40 per annum. A higher rate is payable for separate accommodation.
Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.
Each donation of Five Guineas gives the donor a life-vote.
Annual Subscribers are entitled to one vote for each half guinea paid.
An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.
Full particulars as to the working of both Institutions, terms, &c., can be had at the office, 40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

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PRACTICES AND PARTNERSHIPS NOW OPEN for Negociation (in addition to those advertised in *Dr.* Langley's List, which is sent post free on application).

A 15. BRITISH INDIA. Partnership in a well established Practice, realising £2,500 a year. The Junior should be doubly qualified and competent to speak French, German, or Italian. A Half Share is offered with Succession to the whole in the course of a few years. The greater part of the premium may be paid by instalments, but no gentleman need apply who has not £500 at command.

A 16. NEW ZEALAND. Partnership with Succession, with preliminary "Locum Tenens" engagement *if desired.* One of the oldest practitioners in the *Colony,* having a Family Practice in one of the best *towns,* desires to secure the co-operation of a suitable man to succeed to his connection which realises upwards of £1,500 a year. The candidates must possess the Degree of M.D. and a Surgical Diploma, should be married, and have at their disposal £1000. The expenses are small and society pleasant.

A 14. Within 30 miles of London, in a prosperous market town, a good middle-class Practice, yielding over £600 a year. Appointments, £200. Convenient house, centrally situate, with stabling, &c. Rent, 50 guineas. Premium, one year's purchase.

A 13. LONDON SUBURBS. Established 18 years, a Family Practice realising £400 a year, but with great scope for increase. The Vendor being in bad health. Appointments bring in £110 a year. There is an excellent residence containing 14 rooms, with garden back and front, stabling, &c. Rent, £60. To an active gentleman the opening presents a favourable opportunity of getting into Suburban Practice at a small cost.

A 12. BRANCH PRACTICE. £200 a year with great scope for increase. The whole connection is believed to be transferable. Rent, £25. Premium, £100, part of which may be paid by instalments.

A 11. BRANCH PRACTICE near a large town. Receipts, £250 a year. Appointments can be obtained. Furniture may be taken at a valuation. Premium, £250, of which part may be paid by instalments.

A 10. LONDON, S.W. Private Practice with Open Surgery. Receipts, £500. No horse or carriage necessary. House in an excellent situation, and in an improving neighbourhood. Rent, £50. Easy terms.

A 17. LONDON SUBURBS, S.W. Good class Fee Practice. Partnership offered. Receipts, £1,400 a year. Midwifery, £5 5s. A small Share may be taken at first with Succession to the whole in 3 years, if desired.

NOTICE.—Dr. LANGLEY'S QUARTERLY LIST of SELECTED PRACTICES and PARTNERSHIPS for JANUARY is now ready. Post free on application.

IRISH POOR-LAW INTELLIGENCE.

WHISKY AT WAKES.

Mr. FERGUSON, Q.C., Chairman of the East Riding of county Cork, addressing the grand jury at Bandon quarter sessions, deplored the custom of drinking at wakes and funerals, and said the only serious case that came before them arose outof this practice. It occurred to him that this might to a great extent be remedied by the clergy. They would be quite justified in prohibiting the use of intoxicating drinks at those wakes. He knew of a clergyman who refused inariably to go into a house where intoxicating drink was at a wake, and the result was that no such disorderly scenes ever occurred in his parish.

FINTONA DISPENSARY DISTRICT.

ELECTION OF MEDICAL OFFICER.

A SPECIAL meeting of the Committee of Fintona Dispensary has been held in the committee rooms to elect a medical officer in the room of Dr. A. H. Robinson, resigned. Two candidates were to the poll—Dr. Thomas Duncan, Fintona, and Dr. Clarke, Tempo. There were 19 members of Committee present; 14 voted for Dr. Duncan and 5 for Dr. Clarke; the former was declared duly elected by a majority of nine votes.

BOYLE UNION.

FEES FOR PROSECUTING VACCINATION DEFAULTERS.

(From the *Roscommon Herald.*)

A CLAIM was made some short time since by Dr. Kisby, *Medical Officer* of the Ballyfarnon dispensary district, for *one guinea*, claimed by him for assisting in a prosecution against defaulters under the Compulsory Vaccination Act. This claim was supported by a certificate signed by a magistrate presiding at Ballyfarnon petty sessions. The demand made by Dr. Kisby came before a meeting of the Board of Guardians and was refused on the ground of no expense having been incurred.

A communication was read from the Irish Medical Association threatening to take legal proceedings against the Boyle Board of Guardians to recover the sum claimed by Dr. Kisby.

Mr. Mulhall—If a man had to travel five or six miles to attend a prosecution he ought to be paid, but he merely walked across the street from his own house.

Major Ferrall did not think the letter received from the Irish Medical Association had anything to do with the Board

The Chairman suggested that the letter then before the Board should be sent to Mr. Harkan for his opinion on the matter.

Major Ferrall—You might do that; but I think the letter of the Irish Medical Association ought not to be replied to.

Mr. Stuart—If a doctor had to pay car hire, or expenses of a witness, it would be well to pay him.

Chairman—But I think the Irish Medical Association did not write that letter without having legal opinion.

Mr. Stuart was of opinion that the letter from the Irish Medical Association ought to be answered, stating that no expenses had been incurred by Dr. Kisby in the case to which they referred.

Chairman—If they are to be replied to, I would be for first having the opinion of our solicitor.

The Board agreed to the Chairman's proposition.

DROMORE WEST UNION.

THE Clerk read the following letter, forwarded by the Local Government Board for the guardians' observations upon it, to consider which this meeting was specially summoned:—

"Dromore West, Dec. 5th, 1875.

"GENTLEMEN,—I beg to inform your Board that a man named James Loftus was admitted to the Dromore West Union Workhouse on 19th Nov. ult. He died on the morning of the 29th, and he died without having administered to him the last rites of the Catholic Church to which he belonged. On inquiry I found that the medical officer of the workhouse came on the day previous to the man's death at 3 o'clock p.m., and left at a quarter to four. I believe by the rules of your Board that he is obliged to attend not later than 12 o'clock noon. I have it on the authority of some of the inmates of the ward in which this death took place, that on that day the doctor merely stood a little inside the door, and never examined either Loftus or any other inmate, although there are two others confined to bed. Loftus must have been then in a most dangerous state, as he was suffering from some severe disease, and was very feeble when admitted. The distance from the door to where the sufferer lay uncared for, is eleven or twelve yards, and surely the doctor, be he ever so clever, could not have done him much service at such a space. And all night long in that dreary ward the poor creature cried, 'for Heaven's sake will any one get me a drink—I am burning with thirst!' And neither the idiot boy who is chief attendant there, nor any other person replied to that touching, pitiful appeal. Later on, the master, with Christian kindness, called the hospital nurse, and told her, for God's sake, bring the man a glass of wine to keep him alive until the doctor arrived, and he added, 'the wine we have to give is so weak that it cannot do any harm. The wine was brought. The man drank it, and he shortly after lay back dead about twelve o'clock! I now inform your board that the medical officer of the workhouse of the dates above stated, and whom the guardians, or at least a section of them, by their resolutions in your keeping, endeavoured to defend, is the same complained of in my letter of October 16th. He was appointed *locum tenens* to the dispensary and workhouse here on Nov. 16 ult. Gentlemen, he was re-appointed to this situation of medical officer to the workhouse by the vote of guardians who ought to be guardians of the poor. He was appointed on November 26th, ult. How has he dischrrged his trust? Hours of attendance:—Nov. 28th, from 3 p.m. to a quarter to four (this was the day preceding the death of the man Loftus before referred to); November 29th, 12¼ p.m. (this was the day of the poor man's death); Nov. 30, date of

that while additional provision is being gradually made for the insane community, the ratio of lunacy to the general population cannot be regarded as on the increase, bearing in view that the invariable results of enlarged asylum accommodation is to bring under treatment chronic cases of diseases which before were unheeded, or not enumerated, and that latterly individuals, natives of Ireland, who after emigrating to America or settling in Scotland, on becoming insane are not unfrequently sent back to this country—furthermore it should be remembered that within the category of mental disorders a disposition is new prevalent to include various manifestations of the mind which previously were not regarded as typical of genuine lunacy. Extravagance of conduct when carried to excess, the squandering of means without any ostensi- benefit, confirmed habits of drunkenness and dissipation, as well as continued discontent and waywardness of feeling, particularly if associated with a disregard to social duties, are looked upon in a new light, and attributed to unsoundness of mind. It is no doubt most difficult in many instances to draw a line of distinction between responsibility of action and lunacy; one fact, however, would appear certain, namely, that in 1875 people are considered insane, who thirty years ago would be held in a different estimation. Hence, perhaps, in addition to actual lunacy as evinced by the test of delusions arises the reputed extension of mental disease.

From the statistical tables before us we find that the registered insane had increased during the year 1874 by 257 patients, and that those at large had declined by 177. Contrasted with the state of lunacy in England as officially recorded, a marked difference is observable, for within the period under consideration there has been a very distinct progression in the development of lunacy in the sister country, so far as can be judged of by the actual numbers under treatment and totally exclusive of those who are at large.

This disparity, however, may in no small degree be accounted for by the organised facilities we possess of obtaining information through the police and constabulary in Ireland, who for a series of years have annually afforded the Inspectors particulars as to the reputed insane not under governmental supervision, including within the general denomination not only actual lunatics but epileptics, idiots, and imbeciles. This information cannot however be accepted as strictly accurate in every case, for practical purposes we place confidence in it as being closely approximate, and the more so as succeeding returns fairly support in detail the correctness of preceding ones, a fact previously we had occasion to remark. The total of all classes on the 1st January, 1874, was 6,981, and on the same date in 1875, 6,804.

The registered insane or those in public and private institution amounted at the opening of the present year to 11,583. The population of Ireland being 5,456,000, the ratio of such lunatics per 1000 may be set down at 2·14, but as obtains in other countries, particularly in Scotland, on examination in detail their proportion would not be found uniform throughout different provinces or counties.

(To be continued.)

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of Election	Distance of Dispensary from Railway Station.
Carlow	Bagnalstown ...	£120	£5 13 0	616	284	5,925	16,854	Jan. 19	G. S. & W. Railway.
Kenmare	Sneem	£120	£18 8 0	74	43	5,570	58,355	Jan. 25	Killarney 28 m.

ABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, January 8th,* 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION 1871.	WEEK ENDING SATURDAY, JANUARY 8TH, 1876.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . .	10,050	314,666	31	183	185	26	53	...	5	5	...	3	8	3	6	7	39
BELFAST . . .	20,687	182,082	27	120	96	23	12	...	...	4	...	...	...	1	2	2	12
CORK	13,816	91,965	22	31	39	5	9	...	3	1	...	...	1	2	1	2	10
LIMERICK . .	8,509	44,209	46	21	39	5	18	...	...	...	...	1	1	1	...	...	15
LONDONDERRY .	21,865	30,884	25	13	15	1	1	...	...	3	1	...	...	...	...	...	4
WATERFORD . .	17,209	30,626	14	24	8	1	1	...	...	...	...	...	..	...	2	3	...
GALWAY . . .	21,358	19,692	29	8	11	3	3	...	...	...	...	...	...	1	2	2	5
SLIGO . .	30,835	17,285	36	4	12	1	9	...	...	...	...	..	...	1	...	...	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 26, 1876.

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ON THE SCIENTIFIC AND EMPIRICAL INVESTIGATION OF EPILEPSIES.

By J. Hughlings Jackson, M.D., F.R.C.P.,

Physician to the Hospital for the Epileptic and Paralysed, and to the London Hospital.

CHAPTER VI. (*continued from p. 489 of last Vol.*)

THE PATHOLOGY OF EPILEPSIES.

The next question is, *How do changes beginning in non-nervous elements damage nervous tissue so as to cause "discharging lesion"?* Obviously in many cases we can only speculate on this matter, for of many cases it is clearly but an hypothesis that the change does begin in non-nervous tissues. I would remark to those who think that in some cases, as in genuine epilepsy of authorities, the pathological process begins in the nervous elements, that that is an hypothesis too. But referring to that, I have said (Dec. 15, p. 488) I would repeat that, of nervous diseases *of which the pathology is known*, there are very few, and possibly *none* in which the pathological change *begins* in the nervous elements of the nervous organ affected.

The pathological processes which lead to the one condition of grey matter instability are no doubt numerous. I can only speak with any degree of confidence of two processes which I believe to start in the non-nervous elements of nervous organs.

1. Occlusion of vessels (embolism and thrombosis).
2. The "irritation" of coarse disease.

1. *Occlusion of vessels.*—The reader will bear in mind that we are seeking the causes of instability, not the cause of some clinical entity. Thus the remarks apply to the production of changes of instability in general. I will, then, speak first of an hypothesis as to the mode of production of instability in chorea.

The following is, with a few verbal alterations, from a paper I contributed to the *Medical Times and Gazette*, March 6, 1869. It applies equally well, I think, to instability in some cases of epilepsy. When I first put forward my speculation on the pathology of chorea I did not know that blocking of arteries most often caused hyperæmia. I used to say it caused anæmia. In the paper from which the following is a quotation I made the necessary correction.

"If arteries be plugged, it seems certain that the nutrition of parts they supply will be *imperfect;* still, it does not follow that it will be *decreased.* For, according to certain physiological experiments, it seems that plugging of a small artery does *not* always cause *anæmia* of the capillary region to which the vessel should deliver arterial blood. On the contrary, it may cause *congestion,* and may even lead to extravasation. I must, for the facts and arguments of this question, refer the reader to MM. Prévost and Cotard's work, "Etudes physiologiques et pathologiques sur le Ramollissement cérébral" (Paris, 1866), and especially to a section (p. 38), "De la congestion qui accompagne infarctus." I will only quote the last of the three conclusions from their experiments (italicising some words):—"Consécutivement aux *oblitérations artériales* il se produit habituellement de *l'hyperémie* et de la tuméfaction," &c. Dr. Ivan Poumeau has also published very interesting statements on the effects of plugging of vessels.—"Du Rôle de l'Inflammation dans le Ramollissement cérébral," 1866.

. . . . . .

"As it seems to me, the local increase in quantity of blood . . . has an important bearing on the production of chorea *and other symptoms implying increased expenditure of force.* If it be venous we may suppose that although nutrition may be carried on faster, it will lead to *more imperfect* and more easily decomposable nervous matter, or if we suppose the nerve force is supplied from the blood to the nervous structures in the same way as recent investigators believe force is supplied to the muscles, the increase in the quantity of blood is still significant when associated with increased expenditure of force. I suppose we may fairly say that the general character of blood, which is stagnant or slowly changed, will be venous rather than arterial.

Since this was written Cohnheim's researches have ap-

peared. He thinks as Virchow does, that the hyperæmia and extravasation in the infarction result from venous reflux.

This speculation seems to me to accord with the speculation given Nov. 3 as to the alteration in Composition of nervous matter in "discharging lesions." From such a morbid stagnation of blood as embolism causes we should expect a greater quantity of nutrition, but one of a more general character, of worse quality. I suppose a tissue of more nitrogenous and less phosphorised composition. And it harmonises too with the dietetic treatment of epilepsy adopted by James Jackson, West, Trousseau, and Ireland. (*a*)

Let me now speak on conditions for embolism in association with convulsion. Some clinical facts are, I think, indirectly, evidence in favour of the production of local instability by occlusion of vessels.

It is not very uncommon to find when a patient has recovered or is recovering from hemiplegia, the result of embolism of the middle cerebral artery, or of some branch of this vessel, that he is attacked by convulsion beginning in some part of the paralysed region, almost always, I believe, the face or the hand. I have not, however, yet made a post-mortem examination on a patient whom I knew to have had fits *of this kind* after supposed embolism. It will be safer, then, to say that such seizures occur in patients who have recovered partially, or seemingly entirely, from hemiplegia occurring with heart disease, or with the parturient state. And as I have made no port-mortem examination in any such case I will not relate any cases in illustration. I have recorded several cases of the kind in a paper on "Loss of Speech," in the first volume of the "London Hospital Reports," 1864. (*b*)

Dr. John W. Ogle and Dr. Murchison have drawn attention to the fact that aneurisms of the larger cerebral vessels have been found in patients who have been subject to "epilepsy," that is, to chronic convulsive seizures before the fatal one due to rupture of the aneurism. Mr. Callender ("St. Barth Hosp. Rep.," 1867, vol. iii., p. 426) has made the very important observation that "the epileptic attacks belong to aneurism of the middle cerebral artery." I have, in vol. vii. of the "Lond. Hosp. Reports" above referred to, spoken of the significance of the fact of aneurism of the middle cerebral artery being attended by fits. But I know of no case on record *in which the particular kind of fit associated with aneurism of that vessel has been described.* I surmise that in these cases the convulsion begins on one side, but I have, I repeat, no facts on the matter.

I do not think as I then did (1864) that in cases of embolism the *persistent* condition of nerve tissue on which the fits depend results from *diminished* supply of blood to healthy nerve tissue in this vascular region. Plugging of small branches of the middle cerebral artery would lead to congestion, and thus to over-nutrition, and consequent instability of the convolutions (and possibly of the grey matter of the corpus striatum).

Venous Thrombosis.—There are cases of disease of the ear (attended by discharge) with which epileptic or epileptiform convulsions occur. I believe the accepted explanation is that these seizures are due to reflex action, the results of irritation starting from the ear. My speculation is that the local instability on which they depend is the result of local hyperæmia from infarction of cerebral veins; it is, I suppose, a result of a minor degree of the same process as that which sometimes leads to cerebral abscess. I do not enter into this matter here. I may refer to remarks on the subject—*Brit. Med. Jour.*, June 26, 1869, p. 591, and to the *Med. Times and Gaz.*, Jan. 6, 1872; in the latter there is adduced evidence that venous thrombosis causes instability and indirect evidence that disease of the ear may be the origin of such thrombosis.

Coarse Disease.—By coarse disease I mean such disease as tumour (including syphilitic growths and masses of tubercle), cysts, abscesses, &c. All these are "foreign bodies."

This subject is far too extensive for full treatment here. I must, then, speak categorically. Any one of these foreign bodies may be latent; for as we have seen, much of the brain may be destroyed when there are no symptoms of any kind. They often do not produce symptoms of importance by their direct action, *i.e.*, because they destroy so much either by involving a part in their growth or by squeezing other parts. There is another way in which they can act. They are sources of irritation, (*a*) and thus, I suppose, cause a local encephalitis. Speaking otherwise I would say that they produce instability of grey matter about them by irritation. The chief symptoms of the instability they produce are headache, optic neuritis, vomiting, and convulsion.

Eccentric Irritations.—There is yet another way in which it is believed by most physicians that local instability may be developed—viz, by eccentric irritations. The case of tetanus is very striking.

We have to distinguish betwixt irritations discharging nerve tissue already unstable, and irritations causing that instability. It may be however that we have here only two degrees of one thing. What Reynolds says strikes me as most to the point. He writes:—"The general mode in which an eccentric irritation passes over into convulsion is the same in each instance—viz., by inducing the peculiar organic condition upon which the paroxysm depends. An impression made upon an afferent nerve determines, not only in it, but in the centre to which it is attached, an interstitial change; and this latter is the cause or essential condition of a motor impulse, which is transmitted along a motor nerve to the contractile fibres of the muscles or the vessels. In such conversion of impression into motion, we have the simplest idea of a 'reflex' action."—Reynolds' "Epilepsy," page 18.

This subject always makes me recall cases mentioned by Sir James Paget in a lecture he delivered many years ago—neuralgia set up by injury persisting when the nerve to the injured part was divided. It seemed as if the local injury to the nerve had led to permanent changes of instability in some connected part of the sensory centres, for the patient continued to feel pain in the injured part when it was quite anæsthetic from surgical division of the nerve trunk supplying it. (*b*)

Eccentric irritations will have to be considered more carefully later on. It is a matter of great importance, as everyone acquainted with Brown-Séquard's researches knows.

Appendix 1.

Although I speak in the text, as is the custom, of the body as if it were made up of tissues, I think the expression is not a correct one. I no more believe it to be a scientifically adequate expression to say that the body is made up of tissues than to say that a language is made up of words. Language is made up of propositions in which words are arranged in a particular order of inter-dependence; I believe that an organ is made of tissues arranged in a

(*a*) In the just issued fifth volume of Crichton Browne's "West Riding Asylum Reports," there appears a most valuable paper by Dr. Merson on "The Influence of Diet in Epilepsy." I shall refer to and quote from that article in an Appendix to this Chapter.

(*b*) I think it very likely that in some cases of convulsion after embolism we should find post-mortem aneurism of a branch of the middle cerebral artery. The autopsies I have had in cases of death by rupture of aneurisms of large cerebral vessels tend to confirm the view Dr. John W. Ogle has put forward as to the causation of aneurism by embolism. For facts in support of this view see Dr. Church's admirable paper, "Contributions to Cerebral Pathology," "St. Barth. Hosp. Reports," 1869.

(*a*) Dr. Burdon Sanderson, in his first "Lectures on Inflammation" (see Abstract, *Lancet*, January 8, 1876), writes:—"—" such words as 'irritation' must be got rid of—words which, in their original meaning, assume a property of irritability, and we must substitute for it the phrase 'injury of tissue.'"

(*b*) If so, it is but a caricature of the process by which such changes are established in nervous centres by outward objects as enable us to see the objects ideally during subsequent excitations limited to these altered centres.

particular order of inter-dependence. Using the chemical terms composition and constitution, we may say that an organ is Composed of tissues, but is Constituted by particular arrangements of tissues. Thus, a piece of brain is composed of connective tissue, arteries, capillaries, and veins, as well as of nerve cells and fibres. The functional unit (the nervous organ in miniature) is, however, constituted by the particular relation which its components have. The nervous is the leading tissue, subordinate to it is a circulatory system (artery, capillaries, and veins), and probably there is a nervous system by which, according to requirements of the leading element, the arterial tonus is increased slightly, or the artery is strongly contracted. Perhaps there is inhibitory action. Lionel Beale writes of the frog :—

"If a small artery be brought into focus and the tip of one of the toes be very lightly touched, the artery is seen to contract immediately, and somewhat irregularly, in different parts of its course. Sometimes a few blood corpuscles are firmly compressed, and for several seconds the vessel remains so strongly contracted that not a corpuscle passes along it. By performing this instructive experiment the observer may realise the effects of the wonderful contractile power of the coats of the smaller arteries, and demonstrate conclusively that the afferent nerve fibres distributed to the skin of the foot generally, influence the nerve centres from which the nerves ramifying amongst the muscular fibres of the arterial coats take their rise. This is a beautiful instance of reflex nervous action affecting the vessels." ("How to Work with the Microscope," Fourth Edition, p. 135. See also Beale's Croonian Lecture, 1865.)

Beale writes also (*op. cit.*) :—"In many instances ganglia are seen in connection with the nerves ramifying amongst the muscular fibre-cells encircling the vessels. I have seen such upon the vessels of all the viscera and those of the palate of the frog : they are to be detected on the iliac arteries in considerable number. The results of Mr. Lister's experiments render it probable that ganglia exist in connection with the arteries of the limbs."

My hypothesis is that in every nervous action there is a physical change not only in the nerve cells of the nervous Unit, but in its arterial system. In some cases where the functional exercise of the leading element is excessive, there results, we may suppose, loss of "tonus" in the over-tasked arterial system. It becomes exhausted : an illustration is that from over-use of hypermetropic eyes there ensues great redness, and even some swelling of the *optic discs.*

I think that on this principle we may account for the *origination* of some degenerations—atrophy of optic nerve, chronic Bright's disease.

I submit that degeneration is not the first thing. It is plainly not so in degenerations of arteries. There is here a prior active stage called endarteritis.

Before degeneration sets in there is, I submit, as an indirect consequence of *over-use* of the leading elements (nerve cells, gland cells, &c.), a stage of arterial relaxation permitting increased quantity of blood and yet less change of blood. This is a circumstance unfavourable for the proper nutrition of the tissues of leading function (nervous, gland cells, &c.), and comparatively favourable for the proper nutrition of the tissues of subordinate function (connective tissue). The leading elements will be over-fed and yet worse fed, and thus will easily degenerate (slowly "decompose"). We see how there results degeneration of nerve elements and increase of connective tissue. In the optic atrophy of so-called tobacco amaurosis there is increased redness of the discs before atrophy sets in. The pains of locomotor ataxy are, I think, the signs of active changes, which lead to further degeneration. Pathological changes causing pains cannot be merely degenerative.

Of course, widespread arterial relaxation is produced in other ways, by the ingestion of alcohol for example. Local capillary repletion is produced by embolism or thrombosis of arteries.

This hypothesis as to "functional units" brings nearly into one the two hypotheses (see Chapter 1, Oct. 21, 1874) that the hereditariness of disease is (1) a tendency to disease of particular tissues, and (2) of an inheritance of imperfectly developed organs. An ill-developed organ is, in the case of an organ like the kidney, one which has few "functional units," in the case of the brain, where the units differ, one in which the most special units are few. The inheritance of a tendency to phthisis is, I think, not an inheritance of a tendency to any kind of tissue change, but an inheritance of small lungs ; the smallness of the lungs being inferrible from the size and the expiratory form of the chest. The small organs are organs easily overworked, there is less reserve.

Appendix 2.

Dr. Merson writes (*op. cit.*) :—"Another way in which the nutrition of the brain may be influenced through the food is by the effect of the latter on the circulation, and the general nutritive activity of the system. Dr. Parkes has proved that the power of the heart's action is capable of being diminished by a reduction of the nitrogenous principles of the food, especially if the voluntary muscles are kept in active exercise. A man was fed for five days on a diet of non-nitrogenous matter, consisting of fat and starch alone. It was found that the voluntary muscles, excited by the will, could act with as much force as ever, although starved of nitrogenous matter ; but it was not so with the involuntary muscles. The heart soon began to suffer in nutrition, and its force, as shown by the sphygmograph, was reduced nearly one half. 'I draw the conclusion from this experiment,' says Dr. Parkes, 'that if the nitrogen is cut off and the voluntary muscles are kept in their usual action, they do not fail ; but that the power of the heart may be thus reduced if it be desired to do so. In other words, the food the heart requires is attracted from it by more potent actions. Here, then, we possess a power of affecting the action of the heart if it be needed. *The same remarks will, of course, apply to the muscular tissue throughout the circulatory system.*"

These statements, especially the concluding sentence which I have italicised, are very important. I had overlooked the facts Dr. Merson mentions.

Dr. Merson concludes, as regards his experiments :—"On a review of the whole evidence furnished by these observations, I think, after making due allowance for all circumstances likely to tell in the opposite direction, that these are fair grounds for the conclusion that a farinaceous diet is likely to be more useful in the treatment of epilepsy than a nitrogenous ; but in order to get satisfactory results, observations would have to be extended over a longer period than was at my disposal in the present instance. I hope, however, to continue these observations, and at some future time may record the results of my further experience."—Merson, *op. cit.*

Dr. Merson does not, however, find that the administration of phosphorus is of value, as according to my speculations it should be. I should, however, like much to hear of observations by Dr. Merson on the use of arsenic instead of phosphorus. It is one of the congeners of phosphorus. I have suggested (see foot-note, p. 356) that the therapeutical value of the iodide of potassium is due to its replacing its congener, the commoner, and as I suppose, less potent haloid, the chloride. I believe there is a Substitution Nutrition. Similarly it may be that arsenic will replace the phosphorus, and lead to nervous tissue of more stable constitutions.

The central nervous system and the superficial layer of the skin have one embryological origin. It is well known that arsenic is a valuable remedy in certain skin diseases. Dr. Broadbent, who believes that substances which have a chemical relationship may have allied therapeutical powers, has, in illustration of his doctrine, suggested the use of phosphorus in certain skin diseases.

FOR AND AGAINST ANIMAL VACCINATION. (a)

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Continued.

The animals which enter the cow-houses of the Institute in good health leave it in the same; the vaccine process does not in any way affect them; and if some of the youngest subjects have sometimes appeared to suffer during their stay, it is because they entered it in bad condition. The use of older animals does not prevent such accidents. The whole secret lies in not admitting any animal for vaccination unless it be in good health. It has been supposed that it might be possible to avoid such illusory objections by only employing heifers of eighteen months old, and drawing from them more certain and better elaborated products than those furnished by younger animals. Experience has not confirmed such perfectly theoretical views: for, at Milan, where the committee of animal vaccine employs only animals of this age—not from preference, but because there are no young calves sold in the market, since the Milanese exclude such young calves from the table—the products obtained are not in any way superior to those of the Institutes of Naples, Venice, or Bologna, nor, above all, to those of the Institute of Verona, which has a special reputation in Italy, and where vaccinal lymph is, as it is at Brussels, exclusively kept up on young calves of two or three months old.

Dr. Warlomont says that it is animals of this age which have appeared to him the most suited to the culture of animal vaccine; besides that they have always yielded lymph in sufficient abundance, this lymph has succeeded in the hands of all who have understood how to use it, and in a proportion which leaves nothing to be desired. He adds that calves of this age are, of course, more easily managed and handled than when they are older.

A certain predilection, legitimate or not, we know, is attached to the lymph which comes from cows at the period of lactation. Such vaccinifers, evidently, could not be suitable for a culture designed to furnish regularly large quantities of cow-pox. This would be ruinous and impossible. Nevertheless, in order to afford, as far as possible, satisfaction to a respectable desire, a middle course has been hit upon, suggested by the practice carried on in Bavaria. It seems that in Bavaria, in order to prepare the vaccine d'Etat, it is the custom annually to pass the lymph of an infant, in view of regenerating it, through a milch cow. The vaccine lymph thus prepared is inoculated on children. and the product of this transmission is distributed officially. Dr. Warlomont remarks on this Bavarian practice, that the passing of the cow-pox through the arm of an infant is probably due to it having been found that cow-pox is not transmissible by means of tubes, and that ivory points have not yet made their way into Bavaria. "It is the Bavarian method," he adds, "which we apply, by periodically passing the vaccine of the calves through a milch cow. The vaccine d'Etat is thus always derived from spontaneous cow-pox, kept up on the bovine species and renewed in the eyes of the most exacting by periodical transmission through the organism of those animals which are indicated by popular opinion as being best fitted to restore vigorous and unimpeachable products."

Speaking of vaccino-syphilitic contagion, Dr. Warlomont said, in 1871: "I have never had any intention of discrediting human vaccine to the profit of animal vaccine. Six years ago facts about vaccinal syphilis, well or ill established, were pointed out and brought to our ears by every wind of Heaven. We were at our wits' end. Add to this the fact that we constantly met with children of four and five years old, vaccinated some years ago, and yet seized with fatal small-pox, or when revaccinated, yet have legitimate vaccine vesicles. The conculsion was drawn that the lymph was not only poisoned, but that it could no longer be depended upon as a preservative agent. What was the consequence? Some one came and said to the public—You who, under the pretext of adulteration, or exhaustation of the human virus, refuse to allow your children to be vaccinated, or to revaccinate yourselves, go to the heifer, this will no longer give you any pretext for indifference or defection. And, on hearing this, the whole world ran, trembling with fear, to the heifer."

On this point Dr. Marson (*Reynolds' System of Medicine*, 1866) mentions that four-fifths of the admissions to the London Small-pox Hospital are now for the disease in persons already vaccinated. He attributes this mainly to careless vaccination; but (p. 476) he adds, "It is a question that may be fairly and properly entertained, whether we ought not to resort more frequently than has hitherto been done to supplies of lymph from the cow." It must be remembered that from 1796 to 1825, there was no epidemic of small-pox in London: then came the epidemic of 1838; then that of 1840-41, then that of 1844-5, and 1848; then that of 1851, and of 1854-5-6, of 1859-60, of 1863-4-5; then that of 1871. Does this mean that the early vaccine period was the most preservative? Or does it mean that the process of vaccination has fallen into less careful and instructed hands than it was when the immortal discoverer of vaccination was alive?

Dr. Seaton contends (*Reynolds' System of Medicine*, 1866, p. 490) that, ordinarily, persons who have once been successfully vaccinated are permanently protected against small-pox. He maintains, too, that of 20,590 deaths from small-pox which occurred in England and Wales in the six years ending 1861, 5,010 were in children under one year of age (loc. cit., p. 489). Marson gives the aggregate mortality with good vaccine scars, from small-pox, uninfluenced by other diseases, at only 2.52 per cent.; the aggregate mortality with indifferent lymph, at 8.82 per cent.

Dr. Warlomont states that the importance of only using early lymph in animal vaccination is still more marked than it is in human vaccination. An experience extending over several thousands of vaccinations has left him in no doubt on this point. At first he only vaccinated with vaccine-vesicles of the seventh or eighth day and then often failed. Afterwards he advanced a day and found his success at once more constant. Again advancing the period of his vaccination, he tried the vesicles of the fifth, and even of the fourth day after inoculation. Then it was that no vaccination any longer failed to take, and he renounced the employment of vesicles of greater age than five days. So that he no longer keeps the calves more than four whole days in the cow-house of the Vaccinal Institute. It is within a period extending from the middle of the fourth day, and, in summer, from the commencement of the fourth day to the end of the fifth, that the heifer gives the best lymph. This is at that period quite limpid, and less coagulable than when it is more ancient; the vesicles, too, may be compressed by means of a forceps, which, of course, is impracticable in the case of infants.

Tubes.—The results furnished by animal vaccine in tubes are far from approaching those given by arm to arm vaccination. Mr. Seaton attributes this to the heat necessarily employed in the case of human vaccine. In his "Handbook of Vaccination" of 1868, p. 150, he shows that, whilst arm to arm vaccination has failed in Dr. Husband's hands only once in some 150 cases, that by means of tubes has given 10 per cent. of failures.

Ivory Points.—Both Seaton and Marson declare (loc. cit., p. 150) that when human lymph is used the balance in favour of ivory points over that of tubes as a means of preserving lymph is very great. Hubert, of Louvain, declares, too, on the head of another detail of animal vaccination, that of scarification, instead of puncture, that he has used only scarification for some thirty years, and has hardly witnessed one failure in 1000 persons

(a) Read at the Medical Society of London on the 15th November, 1875. Dr. Routh, President, in the chair.

in arm to arm vaccination, when the subject was a virgin one. Animal vaccine cannot be preserved at all in tubes, since the specific part contained in the more solid portion of the lymph separates from the more fluid. So that, in general, out of twenty tubes of animal lymph, however carefully filled, there are nineteen which must be rejected, even in twenty-four hours.

At first Dr. Warlomont sent out much animal vaccine in tubes, but the failures were so frequent that the process seemed likely to be abandoned, except in the case of heifer to arm vaccination. Fortunately, just in proportion as animal vaccine is ill-suited for preservation in tubes, it is well suited by its physical properties for the English plan of preserving on ivory points. It was to an English medical practitioner, Dr. Blanc, that Dr. Warlomont confesses himself indebted for discovering that the use of ivory points is the best adapted for the storing up of animal vaccine. This gentleman, in 1869, after returning from Abyssinia, studied animal vaccination for some time in Brussels, and then attempted unsuccessfully to introduce the practice into London, where, however, it did not take. Animal vaccine lymph is very plastic, and thus easily adheres to the point, and does not penetrate too deeply into its substance. On the other hand, the use of a compressing forceps makes the lymph exude from early vesicles, possessed of great virulence, and thus the points can be coated with a very active lymph. To do this well, the points are charged with two coatings at least, by plunging them in the drops of lymph expressed from well-chosen vesicles, and dried in the air, or by suitable heat. Vaccine thus prepared brave the action of the external air for a period, which experience has not yet definitely settled, but which varies from fifteen days up to several months.

To prove this latter fact Dr. Warlomont gives a letter from Professor Neffe, of Ghent, who, on August 5th, 1871, received three points of animal vaccine, and made use of one of them. Forty-nine days afterwards he successfully vaccinated another child with the other points. Dr. Blanc also, in a letter dated Bombay, April 27th, 1871, mentions that in January, 1871, six points were sent him from Brussels. All these six points succeeded both on calves and on children inoculated by them. Some of the said points were forty-five days before they were used.

As to the success of vaccination by means of the ivory points of animal lymph, Dr. Warlomont gives us very *full evidence that* it is extremely great. Thus Professor *Neffe, of Ghent*, in a letter dated June 7, 1871, mentions *11 vaccinations* made with them, with 11 successes, and 26 re-vaccinations on persons vaccinated in the year of birth, with 18 successes. Dr. Ansiaux, Professor at Liége, writing in March, 1871, says: "When points were substituted for the tubes, and the operation performed by means of little incisions, I recommenced my operations with animal vaccine. Then it was that no vaccination failed any longer, whilst revaccination gave 61 successes in 100 cases. Dr. Alexandre, of Sivry, writing in June, 1871, mentions that he moistens the point in water, and leaves it to soften for five whole minutes, then, rubbing the lymph on a piece of glass so as to obtain a milky drop, until, looking at it through the glass, it is all homogeneous and without any particles, or syrupy in consistence, he rubs it in."

Dr. Raikem, of Liége, writing in June, 1871, says:—"I find in animal vaccine the three following qualities: 1, a great guarantee of origin; 2, an almost certainty of success; 3, the sole method placed at my disposition for vaccinating with." This gentleman mentions that he had vaccinated with vaccine points 19 times, with 18 successes, and that he had made 132 revaccinations, with 67 successes.

Dr. Gallez, of Chatelet, writing in June, 1871, says:—"I have practised nearly 300 vaccinations and revaccinations, all, or almost all, directly by vaccine points, from the Institut, *i.e.*, without passing through a vaccinifer. The vaccinations have all succeeded, the revaccinations in two-thirds of the cases."

Dr. Moreau, of Tournai, writing in June, 1871, says he had never failed when he had vaccinated with ivory points furnished by the Institut. In the same month of 1871 Dr. Coppin, of Mortanweltz, says:—"From March 11th of this year small-pox commenced here, and lasted up till June 15th, during which time I have practised, with the points furnished by the Institute, 102 vaccinations on children from a few months old up to eight years. All have succeeded except two, who have resisted all methods hitherto tried."

(*To be continued.*)

ON A CASE OF TRANSPLANTATION OF THE CONJUNCTIVA OF THE RABBIT TO THE HUMAN EYE. (*a*)

By H. R. Swanzy, F.R.C.S.I.,
Ophthalmic and Aural Surgeon to the Adelaide Hospital and National Eye and Ear Infirmary, Dublin.

Early in last June a shopkeeper's wife from a provincial town came to me, complaining that she could no longer wear an artificial glass eye in her left orbit, owing to the cavity having become too small. This diminution in size of the orbit was owing to the formation of a band of fibrous tissue extending from the inner surface of the upper lid to the inner surface of the lower, at the outer canthus. It was probable that this band had had its origin in the irritation caused by an eye which had been worn too long, and had lost its enamel. I proposed to remove this impediment, and to this the patient readily agreed. I did not of course anticipate any difficulty in the excision of the band, but I thought it quite possible that there might be some difficulty in keeping the wounded surfaces of the two lids from uniting and producing even a worse condition than before; or that, if this did not occur, contraction of the cicatrices would soon leave the patient no better off. For these reasons I determined to attempt a transplantation of a portion of the conjunctiva of the rabbit to the cut surfaces.

Having procured a large black and white rabbit, I placed my patient on a couch in one room, and gave her an anæsthetic, while Dr. Fitzgerald chloroformed the rabbit for me in the next room. I had a small vessel of hot water ready, across the mouth of which I laid a microscopic glass slide. As soon as the animal was under the influence of the chloroform, I dissected off as large a piece of the bulbous conjunctiva as I could from each eye. I spread out these pieces as soon as removed on the object glass in the steam of the water, carefully noting whether the epithelial surface lay above or below. I then proceeded to my patient, and with a scissors excised the band of tissue close to its insertion into each lid. Its surface of attachment to the upper lid was much larger than in the lower lid, and consequently the cut surface here was also greater. Dr. Fitzgerald then everted the upper lid, and I took one of the pieces of rabbit's conjunctiva in two pair of forceps and spread it smoothly over the cut surface, taking care that the epithelial surface of the flap should be outside. Then, with some very fine needles and silken sutures I secured the graft in its place. I applied in all seven sutures, the size of the flap being about half an inch square. It covered the whole of the wounded surface of the upper lid. A bit of lint with simple dressing was then placed over the graft, the cavity of the orbit filled up with charpie, and a firm bandage was applied over the lids.

On the first day after the operation there was no apparent change in the graft; it was of a uniform grey colour On the second day, a small portion at the nasal side seemed to be assuming a pink hue. On the third day the pink hue was more decided, and extended over a larger part of the graft. Three sutures came away on this

(*a*) Communicated to the Surgical Society of Ireland on the 7th of January, 1876. The discussion will be found at page 72.

day. On the fourth day two more sutures came away, and on this and the fifth and sixth days the pink hue continued to extend over the graft, until it became difficult to distinguish it from any other part of the patient's conjunctiva. Examination with the point of a probe showed that not only the pink part, but also a portion at the outer margin which still remained grey, was firmly adherent to the parts beneath. On the tenth day the patient was allowed to return home, the remaining two sutures having been removed. The whole graft had become pink, except a small portion at the outer edge. It was hardly possible to distinguish the graft, except by aid of a strong convex glass, through which it might be discerned like a thin coating of mucous secretion over the place where it had been applied. I exhibited the patient at a meeting of the Biological Club. I have seen her only once since. She went home; but her husband, who was lately in town, told me that she wears her artificial eye now with great comfort.

I may mention that the rabbit seemed to miss his conjunctivæ very little. As soon as he recovered from the chloroform he began to eat and enjoy himself apparently as before, and as long as he continued under observation —it was some days—no evil effect resulted to his eyes.

Dr. Wolfe, of Glasgow, it was who, not long ago, first proposed to transplant the conjunctiva of the rabbit to the human eye. Since then the proceeding has been cultivated by Becker of Heidelburg, Wecker in Paris, and others on the Continent. It is chiefly employed to correct symblepharon, in which the lid becomes adherent to the globe, either from trauma, or as the result of granular ophthalmia, a condition which was incurable until this method and that of Mr. Teale were proposed. In two particulars this conjunctival grafting differs from the usual skin grafting. First, the transplanted portions are very much larger than in the case of dermic grafts; in fact, it is desirable to cover the whole wounded surface with the portion of conjunctiva. Secondly, the grafts are secured in their places by means of sutures. For a symblepharon of the lower lid, Wecker uses about 20 sutures. Wolfe and Becker use only four. In my case, as I mentioned, I used seven sutures; and I do not think one could err in putting in too many, while, if too few were employed, the graft would be liable to become displaced during the dressing.

Where circumstances admit of it, portions of conjunctiva from the opposite eye of the patient may be utilised as grafts, or the latter may be obtained from the orbit of a friend whose eye has been enucleated. Illing, of Vienna, in one case used grafts from the mucous membrane of the lip of the patient, and from the lip of a fellow-soldier. In another case, one of partial symblepharon, he successfully grafted a portion of mucous membrane from the vagina on to the conjunctival sac.

It occurred to me that transplantation of mucous membrane might be of use in some of the cases with which obstetric surgeons have to deal. Upon inquiring from Dr. Macan, he informs me that the method has been employed by Dr. Beigel, of Vienna. In a case of extensive ulceration of the vagina and cervix uteri, the grafts were taken from the mucous membrane of the healthy portion of the vagina. Dr. Beigel did not attempt to cover the entire granulating surface with the graft, but proceeded after the original method of Reverdin. The transplanted portions were kept in position by careful plugging of the vagina. In a second case of vaginal ulceration, Dr. Beigel transplanted particles of skin from the inner surface of the patient's arm. In both these cases, which had obstinately resisted all other modes of treatment, the transplantation brought about a complete recovery.

HER MAJESTY'S ironclad *Sultan*, arrived at Plymouth from Gibraltar, sent to hospital eight cases of scarlet fever. Two of the cases are serious. She left 20 of her crew in hospital at Gibraltar ill from the same disease.

A CASE OF SPINAL INJURY. (a)

By JOHN K. BARTON, M.D. Dub., F.R.C.S.I.,
Surgeon to the Adelaide Hospital, and Lecturer on Surgery in the Ledwich School, Dublin.

IRISH surgeons have happily not so much experience in the effects of railway accidents as our English brethren have, so that cases of spinal shock and injury such as Mr. Erichsen describes in his book on "Concussion of the Spine" are rare on this side the Channel. For this reason, and because the following case presents points of much practical importance to surgeons, I trust it may prove interesting to the Society, and that the questions suggested by it may be freely discussed. It belongs to a class of cases about which difference of opinion may exist even amongst the best informed surgeons, but when this difference of opinion finds publicity in a court of justice, and is magnified by the cross-questioning of lawyers, it becomes detrimental to the character of our profession. To prevent such exhibitions should be our object, and the best way to do so is by the free discussion of the difficulties that meet us in such cases as the following:—

Upon the 17th of May, 1874, I was sent for to see a lady who, I was informed, had been much hurt the evening before while walking with her sister upon the South Circular Road. I found the patient in bed. In her I recognised a young woman whom I had seen upon two or three occasions before for different ailments. She was tall, stout, florid, with reddish hair, and at the time of the accident in excellent health, the history of which was related to me as follows: A frightened dray-horse, over which the driver seemed to have but little control, came galloping down the road and came up on the pathway close to where the sisters were, and suddenly, without their being able to see how it occurred, the patient was knocked down, and immediately afterwards the horse was got off the pathway. The lady felt greatly hurt and shaken, but succeeded in getting into a cab, and reached her home, which was not very far off. She had been restless during the night, and felt pain and stiffness in the lower part of her back, where she said she had been struck, she believed, by the end of the shaft of the dray or cart. Upon examination I found a patch of ecchymosis about the size of the palm of my hand between the lumbar spinous processes and the posterior crest of the right ilium, partly over the spine, but extending considerably to the right side. The skin was not broken. Any motion of the lower part of the spine caused great pain. The pulse was somewhat quick, and her manner excited. The treatment adopted was rest in bed, and a sedative at night. The opinion given was that she was severely shaken, that there was no fracture, or apparently any serious injury of any part, but that the effects might be serious, that a few days would tell. The next day the patient's sister came in to say that she had slept badly, and was complaining much of pain in her back. I saw her again on the following morning, and found her dull and heavy, without much heat of skin, pulse not more than 84, complaining constantly of her back, both at the seat of injury and all the way up to the shoulders. Day by day this heaviness increased, so that in five or six days after the accident she could tell nothing about it. She lay in a semi-conscious state, capable of being roused, but when questioned about the accident she seemed to have forgotten it. At the same time the stomach began to be sick, and basinfuls of vomited matter, consisting of biscuits, liquid acid, and mixed with food, were shown to me daily; but I did not myself see her absolutely throwing off upon any occasion. About the same time the left side of the face became affected with a constant twitching of the muscles, by which the left corner of the mouth and the ala of the nose of the same side was kept alternately raised up and relaxed again. The sickness

(a) Communicated to the Surgical Society of Ireland on the 7th of January, 1876. The discussion will be found at page 71.

of stomach continued, while day by day the patient became less conscious of what was passing around her. She knew me when I went in; would hold out her hand and call me by my name, but soon relapsed into her customary condition of listless drowsiness. Always, when questioned as to her feelings, she gave the same answer, "*Pain in the back*," extending up to her neck and into her head, but chiefly in the back. Rubbing her back seemed to relieve the pain. Pressure anywhere she seemed to suffer severely from, not specially at the seat of the injury. Dr. Hudson now saw the patient, and agreed with me that the symptoms pointed to inflammation of the cord. She was placed upon a mercurial treatment, by inunction, and small doses of calomel by the mouth. The sickness of stomach prevented the use of bromide of potassium, &c.

Mr. Butcher soon after this saw the case, and to show the progress of the disease I may mention that at the consultation with Dr. Hudson she answered when roused all questions put to her regarding her state; but to Mr. Butcher she answered nothing, remaining with her eyes closed, and when he had left she complained bitterly of him, said he had broken her piano, and other serious charges equally untrue.

For about a month after the accident, although lying in a partially helpless state, yet when the bowels required relief she could be induced to rise, and could stand or walk a few steps; but about this time I was informed that she was becoming quite unable to stand, and upon examination of the limbs I found the feet and legs as far as the knees perfectly anæsthetic. No tickling, pinching, or pricking produced any sign of feeling or reflex movement, until the skin immediately above the knee was reached, when the patient at once showed signs of feeling and annoyance. The limbs, when raised off the bed by my hand, fell again, but not like a completely paralysed limb, there being a stiffness and rigidity about the muscles, which contrasted with the lifeless flaccidity of a totally paralysed limb. In attempting to bend the knee this rigidity of the muscles became still more apparent, for I found that no force I could use with propriety could bend the knee-joints. The anæsthetic condition of the limbs spread slowly upwards from day to day. I carefully examined this sign, and found the boundary line which divided the sensitive from the insensible skin, steadily advancing up the thigh. I marked with ink upon the skin this line, which was abrupt, and clearly defined, and found an inch, or sometimes more, was gained in two days, until it came up to Poupart's ligament, and even advanced two or three inches over the iliac regions on each side. Below it finally extended over the entire gluteal region, and over the sacrum. The urine was never retained, although I understood that it was passed very slowly.

While the anæsthetic symptoms which I have just described were in progress, the patient was becoming from day to day more insensible to outward impressions. She no longer recognised me when I entered her room, but lay with her eyelids closed, perfectly indifferent to everything passing around her. When aroused by her sister and asked did she know me, she for a moment would wake so far as to say a word or two, but immediately relapsed again into the same state. Her eyes, I have said, were invariably kept closed, the eyelid of the left eye constantly twitching, as I have already described; but when her lids were held open she appeared not to see anything, and when roused and asked did she see, she said, "No, that the room was quite dark." The light which at first distressed her made no difference now, and she lay facing it as well as with her back to it.

The diagnosis which I formed of the cause of these phenomena, and in which I was supported by my friends who saw the case in consultation, was that a slow process of inflammation had been set up in the nerves by the accident, which had extended up the cord, involving or including in its action the sympathetic ganglia. The treatment adopted was such as this diagnosis would suggest—mercury, leeches, spinal ice-bag, and blisters to spine and head. Aconite was given at first, but as the sickness of stomach came on, all medicine by the mouth was useless. To check this sickness we all in turn prescribed everything we could think of without the slightest, even temporary, alleviation. The patient was nourished by beef-tea enemata twice a day, which the bowel never resented or rejected. A little champagne or brandy was often taken, and frequently retained on the stomach.

This case became the subject of legal proceedings. Mr. Porter and Mr. Wharton saw the patient on the part of the defendant, who was the owner of the cart which was stated to have injured her; and Professor McDowel and Mr. Butcher saw her in consultation with me.

The state of the patient at the time of the trial was as I have just described it—she lay with her eyes closed, insensible to almost all outward impressions; she heard and spoke, but was to all appearance quite blind; she could not stand, while her legs up to her hips were absolutely without sensation. She was frequently vomiting, and was nourished by enemata. Under these circumstances there was but little room for difference of opinion. The evidence given by Mr. Butcher and by myself was to the effect that we believed her present state resulted from the accident, that we attributed it to a concussion of the spinal cord, and when asked did we consider that she would recover, or might recover, from the state she then was in, our answer was that, while it seemed to us unlikely, yet that we thought it possible; and when asked whether, if she did recover, we thought she would be permanently injured, we said we could not say, but thought recovery possible. The jury awarded substantial damages, and exception was taken by the defendants; not, however, to the surgical aspect of the case, where, happily, there was no unseemly difference of opinion. The subsequent history of this case renders it still more interesting; but here I am not stating what I have seen myself, but reporting what has been reported to me by others. I left town immediately after the trial for an autumn tour on the Continent, and did not see the patient again upon my return. I was informed by her sister, who had nursed her during the time I was in attendance upon her, that she continued in much the same state for about three months, that then the sickness began to be less frequent, and food was retained on the stomach, but that there was no other sign of improvement until the following February—fully six months from the time I last saw her, that then she was removed to Bray, apparently unconscious of what was being done with her, that then she slowly began to improve, in the spring she was able to be removed to Bangor, in Wales, and that there a much more rapid improvement took place. She is now quite well. I saw her a short time since, and found her free from any sign of disease. She says she cannot read more than a very short time without her sight becoming misty and her head confused. She is able to walk miles without fatigue or any return of the symptoms. She looks quite well.

The points in this case which appear to me of special interest are:—

1st. Can a reasonable doubt be maintained as to the genuineness of the symptoms? In other words—May the whole thing have been got up for a purpose? What lends colour to such a supposition is the manifest object which existed, and the complete recovery afterwards. But, on the other hand, the idea of exaggeration at least being possible occurred to me from the very first, and I carefully watched the patient from day to day to satisfy myself on this point, with the conviction being forced on me that the symptoms were genuine: the variety, unusual character, and slow progressive character of the symptoms also declared their genuineness.

2ndly. If we admit the genuineness of the disease, the next point of interest is the diagnosis. Were the symptoms due to hysteria or to inflammation? Hysteria is so loose a term that, as used by some, any signs of nerve disease may be called hysterical. But, if we understand by the term hysteria those reflex pains and emotional

excitements which we connect with functional derangements, there was nothing in common between the symptoms in this case and such. In the first place, the pain was never of the acute, sudden kind, and described as "terrific," or "awful," nor did it change from place to place. And, again, the symptoms were *progressive*, which, as Mr. Erichsen points out, distinguishes them from hysteria, in which the symptoms are as bad the first day as they ever are. It appears from that we are compelled to adopt the diagnosis which we made. The affection of the eyes which has been specially described by Mr. Wharton Jones is attributed by him to the cervical ganglia of the sympathetic being implicated, and this, amongst other reasons, induces me to think that these nerves have been the seat of inflammatory action in this case.

The third point of practical interest is as to the evidence which the surgeon should give in such a case. We must be prepared to answer, in the first place, the question—Is the state in which the patient now is the result of the accident? and also—Do you think she will recover, and if so, when? The answer I gave to the first of these questions was a distinct affirmative. To the second I said her recovery seems improbable, but I think it perfectly possible. As I understand that it has been reported that I said it was impossible, I am anxious that it should be understood that what I did say was that I considered it perfectly possible.

The fourth point of interest in this case is its remarkable termination. Although I thought her recovery possible, I confess that I was quite unprepared for so complete a restoration, and no doubt the case assumes a new interest from its termination.

Clinical Records.

PUERPERAL CONVULSIONS—CASE FROM PRACTICE.

By William Nolan,
Medical Officer Castleisland Dispensary.

On the night of the 3rd instant, at 7 o'clock, I was called on to attend Mrs. R., living about a quarter of a mile outside the town. I was told she was seized with a sudden fit; I knew nothing of my patient until I saw her, as she only came to live here lately.

I found the woman in convulsions of the most desperate type ever experienced. Her husband, on my asking him about her, told me she was in the family way, and he thought she did not know the moment she would be confined.

This piece of information gave me some clue to the nature of the case I had to deal with. He also told me it was her first child she was carrying. Her age I understood to be twenty-three.

In my presence she had fit after fit, with scarce a minute's interval, and in the intervals between the paroxysms she was in the most profound state of coma, attended with a snore. I had no chloroform about me, not knowing the sort of fit I had to deal with until I saw her. I at once made up my mind to bleed her from the arm; accordingly I watched for a quiet moment to do so, when, with the assistance of her husband, who held the arm and forearm for me, I took away about 10 oz. of blood. She got repeated paroxysms whilst I was bleeding her, which facilitated in a great measure the flow of blood, as the forearm and hand used to be convulsively clenched on the arm. The venesection having a good deal quieted her, I left her for a time, after examining to know whether labour had set in; it had not. I then handed her over to a midwife, with directions to leech her temples should she get a recurrence of the fits. I heard from her at 10 o'clock, and was told she had one attack since I left, and that the nurse applied some leeches.

I was called at 2 o'clock a.m., and was told she was in labour, and that the convulsions were as severe as when I first saw her. I saw her immediately, and took some chloroform with me. I found her in a fearful way, the paroxysms so great that she had to be kept forcibly in bed, or she would throw herself on the floor.

I made an examination, and found the os dilated so as to admit the fingers of my hand freely. There were, however, no pains, but I found the walls of the uterus moist and thin, and clearly dilatable if called upon to do so. I asked the husband to get me the assistance of the other doctor living in the town. He readily assented. Dr. Harold soon came to my assistance. We applied chloroform to nostrils, and put her well under its influence. The attacks ceased for a time, but only to recur with increased violence. As she had no pains, I proposed to my colleague that it appeared to me a case in which we might take a lesson from Dr. Johnston, late Master of the Rotundo Hospital, and follow his practice of delivering with the forceps, especially as I could introduce the greater part of my hand within the walls of the uterus, the head being within reach. Dr. Harold kept the poor woman under the influence of chloroform, whilst with careful manipulation I locked the short forceps of the Dublin School, Churchill's, I believe. After about half-an-hour I extracted a living male child; the infant from its small size seemed to be premature. After the child was born we found there was a second child. Now for the first time labour pains commenced. I then ruptured the membranes, and as the head came within reach, I at once applied the forceps, with greater facility this time, as I could encircle the entire head with the hand. After a little time (the pains assisting) I succeeded in delivering a second male child, which was equally as small as the first. The placenta came away with a pain at once—a single one; but the convulsions recurred as bad as before delivery. We again had recourse to the chloroform, with little benefit, except to subdue for a time their violence. We left our patient at 6 o'clock in the morning. I was asked to see her again at 9. I did so. I found her still in the same horrid condition. There was deep coma, eyes fixed, dilated pupils, frothing at the mouth, teeth clenched, surface of the body getting cold, and unable to be got to swallow anything. I directed her head to be shaved, and that I would try the effect of a blister. Her husband objected. I did not press him, as I thought her case now hopeless. She died at 2 o'clock a.m. The infants lived for 24 hours. They were strong when I made my last visit.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, January 14th, 1876.

Sir William Jenner, Bart., M.D., D.C.L., F.R.S., President, in the Chair.

MORBUS ERRONUM.

Dr. Greenhow introduced a patient, presenting such marked pigmentation of the skin that he had been sent to Middlesex Hospital as a case of Addison's disease. He was a pauper about 60 years of age, and had doubtless been long exposed to the influences of dirt and vermin. Most of the regions chiefly affected in Addison's disease were here very deeply pigmented; but some symptoms, such as vomiting and breathlessness, which might be attributed to constitutional disturbance, were accounted for by cardiac disease. Possibly some cases, erroneously described as Addison's disease, without suprarenal affection, were examples of this kind of pigmentation, which Dr. Greenhow proposed to style "morbus erronum." The pigmentation, however, was more mottled and less uniformly distributed than in Addison's disease. Moreover, the face and hands were least discoloured, and repeated applications of detergents diminished considerably the depth of tint.

CONGENITAL FATTY TUMOUR.

Mr. E. Venning related the particulars of this case.

C.E.G., a male child, aged 8½ months, was seen in July last. At that time, a tumour was found situated on the right buttock, rather to its inner side. It was first noticed by the mother at the birth of the child, and was then about the size of a pigeon's egg. Its surface was very red, and she remarked that it began to increase in size when the child was two months old. When seen in July last, it was of the size of a Tangierine orange, its surface was of a dark red colour, it was elastic to the touch, and became much more tense when the child cried. There was no impulse, and it had no connection with the rectum. It so much resembled a large nævoid growth that it was diagnosed as such. The growth was then divided into three portions by strong silken ligatures, and for a time they seemed to be contracting rapidly. In September, the case was again seen, when it was found that rapid growth had taken place, and the tumour was then as large as a moderate sized orange. Extirpation was decided on and performed. Very little hæmorrhage took place. The tumour was found to consist of fat, very like fœtal fat, and differing considerably from the usual appearance of a fatty tumour occurring in adults. Remarks were first made on the difficulty which was experienced on arriving at a correct diagnosis of the nature of the tumour, as it presented so many of the characteristics of a large nævus, and secondly upon the rarity of fatty tumour occurring in a congenital form. Reference was made to reported cases, and also to some specimens of the disease in the museum at St. George's Hospital.

Mr. HOLMES said that congenital growths were too often put down as nævi. There were many congenital growths which were mere outgrowths of cellular tissue resembling udder, some solid, some containing cysts. Some of the softer varieties of growths increased as rapidly as cancer, for which they might be mistaken. He had seen many such in the neck. In Mr. Venning's case he considered it a remarkable feature that it should have grown so rapidly after surgical interference. He could not account for the tension which occurred in the tumour when the child cried. He at first thought it was due to contiguity to the rectum, but it had no relation to the gut.

Mr. NORTON referred to the examination of the structure of a tumour by removing a small particle by means of a crochet needle through a fine trocar, and added that if such an examination had been made in the case under consideration it would have been recognised at once as a fatty tumour, and the operation for ligature of a nævus would then have not been performed. He referred to a case under his own care, in which a growth situated beneath the deltoid muscle was at once detected to be a fatty one, and was therefore removed. This growth protruded from the border of the deltoid when that muscle was brought into action, and produced cramping of the muscle and pains in the sholder-joint. It was quite impossible to say whether the tumour was a cyst or a *bursa*, or whether it was connected with the joint.

Mr. VENNING in reply said he considered the tension which occurred when the child cried was due to the extreme vascularity of the skin covering it.

THROMBOSIS OF THE CAVERNOUS SINUSES: SUDDEN LOSS OF VISION: HÆMORRHAGE INTO THE RIGHT ANTERIOR LOBE.

Dr. DOWSE read notes of this case. The patient, a strongly built man, in the prime of manhood, whilst walking home from Covent Garden, was suddenly tripped up behind, causing him to fall upon the back of the head. He was stunned for a few seconds, but recovered himself sufficiently to walk home, a distance of a quarter of a mile, without feeling giddy. There was no evidence of any serious injury to the skull, nor hæmorrhage, nor vomiting. The following morning, the scalp in the occipital region was much swollen; but he did not experience any severe pain in the head for two or three days, when it came on with great severity, and extended to every part. On the day previous to his admission into the Central London Sick Asylum at Highgate, his sight became cloudy, and in a few hours he was completely and (as it proved) permanently blind; so that, when first seen, there was nothing to be noted, either mentally or physically, save the total loss of vision. The other special senses were good, and both cranial and spinal nerves normal. The pupils were dilated, and the irides immovable. Upon ophthalmoscopic examination, the condition of ischæmia papillaris was well marked. The discs were swollen, œdematous, and covered with small patches of extravasated blood. The veins were large and tortuous. He was treated with blue pill and iodide of potassium; but the want of sight continued. On December 6th, he was seized with diffuse inflammation of the scalp; and on the day previous to his death the following note was made: "Is lying on his back in a state of partial coma. The lower limbs are devoid of voluntary automatic or reflex movements. The upper limbs are moved automatically. There is subjective, but not objective, cerebral consciousness. There are no convulsive movements, nor muscular rigidity, showing pretty clearly that his condition is not due to hæmorrhage over the convolutions." Thus was found a state of subconsciousness, cutaneous anæsthesia, muscular æsthesia, akinesis of lower and automatic movements of upper limbs. Pulse 160; temperature 104.2. The post-mortem appearances of the brain were stated in detail. The superior longitudinal and lateral sinuses were free from thrombi; but the cavernous sinuses were almost completely occluded with fibroid masses adherent to their walls. In the substance of the right anterior lobe, there was seen to be considerable hæmorrhage of recent date, not localised, but distributed freely through it. At the outer part, it was punctiform; but towards the anterior fissure, in relation to the gyrus rectus, was a clot of blood about the size of an acorn. The microscopic appearances of the brain and optic nerves were then detailed. Dr. Dowse remarked, in reference to the plugging of the cerebral sinuses, how little we have to guide us in making a diagnosis as to the existence of this lesion; and from examinations which he had made, he was inclined to believe that thrombosis of these blood-channels was of more frequent occurrence than was usually supposed; and it became a question how far this part of the circulation might be interfered with, and yet the brain retain its physical and psychical characteristics. It appeared probable that, in the case under consideration, thrombosis of some of the sinuses took place shortly after the accident, and gave rise to the intermittent attacks of pain. That the sudden loss of vision, with rupture of the retinal vessels, was caused by the plugging of the cavernous sinuses, seemed probable; and, again, the hæmorrhage into the anterior lobe might be ascribed to the same cause. Hæmorrhage into the anterior lobe was of rare occurrence, and its diagnosis more difficult than that of any other. (Gintrac found that, in a total of 751 cases of hæmorrhage within the cranium, it occurred only in 17.)

Sir WM. JENNER remarked that punctiform hæmorrhages could only occur as a result of an impediment to the return of the venous blood.

Mr. HULKE said that in most of these cases there was a distinct pulsation leading to the belief that the disease was an aneurism, and Mr. Holmes remarked that noises in the head were also usual, to which Mr. Hulke added that he recollected a case in which the noise such as Mr. Holmes had referred to was so loud that the husband of the patient was unable to sleep with his head upon the same pillow. He believed the noise was produced by compression of the vessels by the clot.

Dr. SYMES THOMPSON spoke of the case referred to by Mr. Hulke, and corroborated his statement.

SURGICAL SOCIETY OF IRELAND.

THE third meeting of the present session was held on Friday evening, January 7th.

The President of the Royal College of Surgeons, Mr. EDWARD HAMILTON, occupying the chair.

After the minutes of the previous meeting had been read by Mr. B. WILLS RICHARDSON, Hon. Sec., and confirmed,

Dr. BARTON then read a paper

ON A CASE OF SPINAL INJURY,

which will be found on page 68.

In the succeeding discussion

The CHAIRMAN said that from the detail of symptoms which Dr. Barton gave, he was inclined to form a most gloomy prognosis. He really did not think there was the possibility of her recovery until he heard the sequel.

Mr. F. T. PORTER inquired whether any analysis of the urine had been made in this case, because such was of importance. Another point of interest was that in which Dr. Barton said there had been no retention of urine. During the last month he (Mr. Porter) had had, he was sorry to say, a fatal case of spinal injury, and he was told by the patient that she had passed urine regularly, but on going

into her room one morning he found the bed wet. In explanation the patient told him that she had passed a quantity of urine, and, thinking it might be an overflow, he passed a catheter, and drew off about two tumblerfuls of very fœtid urine. He thought they ought not to be guided by the statements of patients as to their passing urine, because it might be the result of mere overflow. Another question which he desired to ask was, what value Dr. Barton placed on strychnia, when, of course, the acute symptoms had subsided?

Dr. HENRY KENNEDY said that the question of the evidence in such cases that had been raised was probably about the most difficult that could now engage the attention of the medical man in the public courts. His impression of the case recorded was, from the history of it, and from what he had read in Mr. Erichsen's book, that there was nothing at all of hysteria in it from beginning to end. It had all the symptoms that had been detailed by Mr. Erichsen so ably. The gradual progress of the symptoms was quite enough to show that the disease was a real one, and not one of mimicry, as Sir James Paget had called it. He (Dr. Kennedy) would be curious to know whether the administration of mercury was pushed as far as salivation. It was not so extraordinary that the effect of the injury was a slow form of inflammation which graduatly spread up the spine the whole way and implicated finally vision itself and the nerves which went to the eye. Under that impression, he thought mercury would be a most judicious plan of treatment—the best that could by possibility be used, and Mr. Erichsen specially mentioned that bichloride of mercury was a medicine of the greatest possible value in these cases. He thought Mr. Erichsen also alluded to the fact of the loss of vision being an early or late symptom as being one of considerable importance. If loss of vision occurred early in the case it was a more favourable sign than if it resulted several weeks or months after the occurence of the accident. He merely wished, in conclusion, to know whether mercury was pushed to salivation in this particular case.

Dr. BARTON, in reply to Mr. Porter's question, said that the urine was frequently examined, but no albumen was detected in it, nor indeed was there any material change in its characteristics. It presented none of the appearances which were usual in cases of direct injury to the spine, nor was it retained. The fact was, that merely the power of expelling it appeared to have diminished. Strychnia was never given—for this reason, that the patient could take no medicine by the mouth; vomiting was so constant that he could not calculate on giving any medicine by the mouth. With regard to what Dr. Kennedy had asked as to the administration of mercury, he (Dr. Barton) might say that inunction was the method in which it was used, partly for the irritability of the stomach, and it was perseveringly used for about six weeks, but no salivation occurred, nor any appearance of it. Loss of vision came on very gradually and rather early in the case, he thought, after a lapse of about four weeks from the commencement of the symptoms, which in those cases was early.

Mr. SWANZY then read his paper

ON A CASE OF TRANSPLANTATION OF THE CONJUNCTIVA OF THE RABBIT TO THE HUMAN EYE,

which will be found on page 67.

In the discussion which followed,

Mr. F. T. PORTER wished to ask Mr. Swanzy whether the sensibility in the transplanted part of the conjunctiva continued to be as well marked as in the rest of the conjunctiva?

Mr. SWANZY said that the sensibility in the transplanted portion of the conjunctiva as soon as it became pink was as good as the rest of the conjunctiva, but as long as it remained grey the patient did not feel it when touched lightly with the point of a probe. He might add that the proceeding he had detailed in his paper was of great use in a condition which often arose—he dared say perhaps a very similar condition to that which was found in his own patient, although not so extreme—where the general sac of the conjunctiva became too small, and the artificial eye had no proper place to rest, and had gradually become pushed up, and it was impossible to get any artificial eye to fit those eyeballs after a certain time. In those cases the proceeding he had narrated in his paper was adopted with great success by Wecker and others.

Dr. HENRY KENNEDY then read his paper,

A CASE OF CHRONIC RHEUMATIC ARTHRITIS OF THE HIP-JOINT.

which will be published in our next.

The Society then adjourned.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 26, 1876.

VIVISECTION.

VIVISECTION is a subject which a certain class of agitators is not likely to let drop. It is not our intention to enter the lists with them at present, as we hope before long to take a full and dispassionate view of the *whole* question; but we cannot help making a few remarks *in* reference to the very inopportune and intemperate *letters* that have recently appeared in the columns of the *Times*—one from that benevolent and highly-respected lady, the Baroness Burdett-Coutts, the other from Mr. Auberon Herbert.

The letter of Mr. Herbert is not merely remarkably verbose and rambling, weak in argument, one-sided, inflated, and flavoured with what the *Times* has very justly called "cant and rant"; it is something worse. It is altogether, from beginning to end, a tissue of gross misrepresentations. It is crowded and disfigured with such aspersions upon the moral character and feelings of scientific men as will not bear a moment's examination, and which are so unjust and devoid of foundation that we had scarcely the patience to wade through the whole of the letter. In answer to the question why he should select scientific men for his attack, while he overlooks commoner forms of cruelty, he says it is because they "count as a greater force in the future of society," and that when they defend vivisection they are "an educated and intelligent force on the side of cruelty." We have no wish to endorse the *tu quoque* retort that has been made use of by those who have protested against this outcry against one particular form of cruelty; but the hollowness of Mr. Herbert's argument has been well shown in the short and pithy rejoinder of Sir Henry Thompson. If the only fault of Mr. Herbert's letter consisted in the looseness of his arguments and the recklessness of his statements, we should not have much reason to complain; but the aspersions to which we have just referred, and the description he gives of the moral feeling, the work, and

the aspirations of scientific men, not only betray on his part great ignorance of the subject, but show that, however humane he may be to the lower animals, he is remarkably illiberal and unjust towards his own species. We little suspected that such reckless assertions could be made by one who cannot be ignorant of how much men of science have done towards the advancement of civilisation and in promoting the comfort and welfare of mankind. To say that "under the new gospel of knowledge all means and all instruments are sanctified," that the experimentalist thinks it his duty to discover at any cost and at any sacrifice of morality, and that we invite our censors to "look upon pain, not only as a secondary matter, but even as a good action for the convenience of special studies," are random statements which show in the writer a great lack of better argument, and which are calculated to discredit rather than to advance the object that he has in view. But Mr. Herbert does not stop here. He goes so far as to say that he and his followers are "called upon to face a revolt of a part of science against the authority of morality," that science has "practically repudiated any connection with the moral science of civilisation," that it is the humour of science to renounce all law higher than its own, "and that it lived less for the glory of God than for the making of personal reputations!" The utter untruth and recklessness of statements like these must be so patent to any one at all acquainted with the daily work, the aims, the singleness of purpose, and even the private character of most scientific men, that we ought to apologise for laying before our readers such absurd and groundless assertions. To attempt to refute them would be a task only too easy, but one of supererogation. Such rash aspersions—and we have by no means exhausted the list—carry with them their own refutation; and as we are not now addressing the general public, but those only who know how unjust they are, we shall take no further notice of them.

Mr. Herbert is anxious that his readers should understand the issues which are raised by the controversy about *vivisection*; but it is just in this very respect that he is *most* at fault. He would have the public believe that it really has "to face a revolt of science against the authority of morality;" that unless it makes a stand the hospitals and other places will be the daily scenes of the most outrageous tortures; and that "we are entering upon a battle which has to be fought out by the nation itself!"—and all this in face of the fact that painful experiments are either of rare occurrence, or are performed while the animal is under the influence of chloroform, and while he is himself obliged to admit that "this method of research has scarcely been acclimatised as yet in England."

We yield to no one in our love for the lower animals, and in our repugnance to the causing of any kind of harm to them that could possibly be avoided. But when we reflect that the cruelty of which our censors complain is not, even were it as they represent it, one hundredth part of that which is in other ways inflicted upon animals, and which they themselves sanction or connive at, we are at a loss to find language sufficiently strong to express our contempt for this hysterical shriek of humanity which some are indulging in—some, we might say, who are so anxious to pull out the mote which is in their brother's eye, while they do not see the beam which is in their own. With regard to the letter of the Baroness Burdett-Coutts, we are inclined to speak in the same terms that are used in speaking of the faults or mistakes of heirs apparent, and to say that we do not so much blame that estimable lady as we do her "advisers" for the indiscretion and injustice which characterise her letter. It is scarcely just to make hospitals responsible for what some of their staff may think proper to do in the course of their own scientific researches, and to call them institutions "in which the dissection of live animals is practised." As we have just seen, even Mr. Herbert admits that the practice of vivisection has scarcely gained any footing in our hospitals, and the cases in which, even under the influence of narcosis, experiments are made upon animals are so exceedingly small, that it was hardly necessary to require a guarantee from hospital authorities that no portion of the sums accruing from the Hospital Sunday Fund should be spent upon such experiments. In fact, so little is practical physiology studied in this country, so little of that science is learnt from a study of dead, much less of living, bodies, that original investigation has never been carried on to any great extent, and we are often twitted, especially by our Continental neighbours, because we learn our physiology and pathology more from books than from direct observation of nature. And, lastly, a little consideration might have shown those who are raising such an outcry against vivisection that the period allotted to students for the study of their profession is so short, the curriculum embraces so many subjects, and the teachers themselves have so much work on their hands, that there is really very little opportunity for experimenting on living animals—a method of investigation which takes up a great deal of time, which is attended with many difficulties, and which cannot by any possibility be practised except by those few men who are so devoted to the advancement of their special department of knowledge as to spend their time, and often their health, in original research.

THE ANTI-VACCINATION LEAGUE.

THE very same battle is being waged against vaccination that used periodically to rage in the life time of the immortal discoverer of the practice in the first quarter of this century. Now, as then, there are a certain number of persons who do not seem capable of understanding what Jenner has accomplished for the race, and who seem to remain in a chronic state of horror at the idea that matter should be taken from one infant and inoculated into the arm of another. There is a distinguished professor of Latin in the ranks of the Anti-Vaccination League who also makes himself notable by his vegetarian principles—a man of great literary ability, but without any practical acquaintance with medicine, who seems to have his mind filled with the horrors said to arise from vaccination. In his imagination, and in that of his fellow anti-compulsory vaccination leaguers, all kinds of diseases are habitually caused by vaccination. Epilepsy, phthisis, skin diseases, paralysis, and indeed every disease to which humanity is liable, are attributed to the beneficent discovery of Jenner. Fortunately it is the

prerogative of demonstrable truth that it is all the more strengthened by opposition. It is almost a pity that Government could not organise a body of men to protest against vaccination, against bank-notes, or policemen, in order to give society at large the advantage of hearing again and again what are the arguments for the prevention of small-pox, for paper currency, or for order in the streets. This function is, however, performed by the members of the Anti-Compulsory Vaccination League, as far as vaccination is concerned, and, were it not for the tragical consequences to individuals which arise from listening to these agitators, in all probability their opposition proves useful in arousing the medical profession to greater energy and care in practising vaccination.

Among the numerous cases recorded, where humble parents have been persuaded by these opponents of the Acts to brave the consequences of infringing them, we notice that of Frederick Keen, a dairyman, living in Notting Hill, who appeared some little time ago at the Hammersmith Court to answer six adjourned summonses to show cause why his children should not be vaccinated. On a former occasion the defendant set up a defence that five of the children had had small-pox, the illness being of three or four days' duration only. He also said he was his own doctor, and was guided in the treatment by a work by Dr. Coffin. The summonses were adjourned for the children to be examined.

Two children now attended with his eldest child, and produced a certificate from a medical gentleman stating that he had examined the boy, and was of opinion he had had small-pox. On this Mr. Shattock, the vaccination officer for Kensington, said he believed the medical gentleman was connected with the Anti-Vaccination League.

Mr. Bridge said the certificate was not legal evidence.

The defendant then called Mr. Thomas Charles Pearce, who said he was a surgeon, but not registered. The reason was that the orthodox mode of treatment was defective, and being so persecuted because he was a homœopathist, he could not reasonably associate with the orthodox school. He was a legally qualified practitioner, as he was a member of the Royal College of Surgeons. He had been in practice for thirty years, and had seen a great deal of small-pox. He had seen the child, who had scars of small-pox of a mild form. The scars might either be from small-pox or chicken-pox. If small-pox, the illness would have been more than three or four days. Chicken-pox, said the witness, might be mistaken for small-pox.

Dr. M'Cann was called by Mr. Shattock, and stated that he knew of many cases of small-pox where it would not be necessary to confine the patient to bed for one day. A child might have small-pox and only be ill for three or four days. From an examination of the defendant's child he thought it impossible to say whether or not he had had small-pox. It was, he added, quite impossible for so many unvaccinated children in one family to have slight attacks of small-pox.

Mr. Bridge, the magistrate, said the Act was passed under the conviction of the Legislature that it was necessary for the public safety that children should be vaccinated. He had nothing to do with the question whether it was right or wrong, and had simply to carry out the Act. The onus of proof that the child had been vaccinated, or had had small-pox, rested with the father. The defendant said his children had had small-pox, and he alone attended upon them; that he studied Dr. Coffin's book, and had sufficient knowledge to judge that it was small-pox. In corroboration he called a gentleman of experience; but it was quite clear from his evidence that the child had suffered from chicken-pox and not small-pox. He then made an order for five of the children to be vaccinated within fourteen days. With respect to the sixth child the summons was withdrawn, as it was not in a fit state of health to be vaccinated.

During the first twenty years of the 19th century the practice of vaccination by Jenner and his disciples kept England nearly free from any epidemic of small-pox; but of late years, it must be remarked, one epidemic has succeeded another with great rapidity. Non-vaccination and carelessness, with neglect of adult revaccination, are doubtless the main causes of this grave error in hygiene. As to the host of diseases set down to vaccination, after due attention has been given to all the arguments of opponents, it is on all hands admitted that the only disease clearly attributable to it is syphilis. A few years ago even that disease was said, in this country at least, never to have been spread by vaccination; but now, in 1875, we presume that even the most sceptical have at length admitted the possibility of that calamity occurring, even to experienced vaccinators.

It was this knowledge that syphilis might occasionally be spread by vaccination which led to the use of heifer vaccination, now so commonly made use of in Belgium, and which the recent debate in the Medical Society of London has so tended to popularise in this country. It certainly does seem fair that, in all states where vaccination is compulsory, as it is in this, those parents who have an over-sensitive dread of syphilitic contagion might be allowed to have their children vaccinated from the calf, as they do in Brussels. Compulsory vaccination, like compulsory education, is doubtless destined to become the practice of all civilised states. Government, we hold, has a right to force all who bring children into being to provide them with food, clothing, and other necessaries of life, among which reading and protection from small-pox are surely to be included.

The *experimentum crucis* for vaccination was more easily made in the days of Jenner than it will ever be again. In his time the practice of inoculation was in vogue, and a disciple of Jenner, after vaccinating an infant, would in a week or two inoculate it with small-pox virus, which, when the patient was successfully vaccinated, produced no effect. If the anti-vaccinators of our modern days could but get this one fact instilled into their minds, it might perhaps teach them what medical men mean by a prevention of disease. In the domain of hygiene there is nothing at all comparable with the powers of vaccination as a preventitive of small-pox. Were scarlatina or measles as easily prevented as variola, we might indeed boast of our positive acquisitions in the science of medicine.

THE DUBLIN HOSPITAL SUNDAY DISTRIBUTION.

THE Report of the Distribution Committee was presented last week. The Committee have adhered to the plan of distribution adopted last year, with one modification—viz., that they have raised the value of extern maternity cases by allowing 200 instead of 500, such cases to count as equivalent to one bed maintained throughout the year. The Committee having ascertained that there was a sum of £3,780 to the crédit of the fund, it was determined to distribute the sum of £3,450 among the participating hospitals :—Two-thirds of the sum (viz., £2,300) to be distributed according to the amounts of voluntary contributions received during the past year, and the remaining one-third (viz., £1,150) to be divided on the basis of the number of beds maintained by the amount of subscriptions received by each hospital during the preceding year. The cost of each bed has been computed on an average of the expenditure of the three preceding years. The Committee have made the following awards, viz. :—

	1875.			1874.		
	£	s.	d.	£	s.	d.
Sir Patrick Dun's ...	341	14	3	335	17	5
City of Dublin ...	613	16	2	1,160	17	2
Steevens' ...	213	4	3	312	0	4
Meath ...	677	17	4	—		
Mercer's ...	236	17	0	387	18	10
Whitworth (Drumcondra)	77	16	3	—		
Coombe (Lying-in) ...	155	9	9	215	2	7
Rotundo (Lying-in) ...	281	1	8	407	1	10
St. Mark's (Ophthalmic) ...	202	10	2	59	18	7
National Eye and Ear Infirmary	81	1	10	—		
Convalescent Home ...	430	18	11	—		
Cork Street (Fever) ...	137	12	5	121	3	3
Total ...	£3,450	0	0	£3,000	0	0

The more equal character of the distribution this year will be observed, which is due to the participation of the Meath Hospital and Convalescent Home, both of which institutions have, up to the present, been chiefly dependent for their income upon voluntary contributions.

The outcome of the Dublin Hospital Sunday movement this year appears to be, on the whole, encouraging, inasmuch as there may be said to have been no diminution in the disposition of the public to contribute. The £3,450 divided this year represents the charity contributions of nearly fifty churches more than were represented by the £3,000 allocated in 1874, and there is therefore no real growth in the benevolence of the Dublin public such as the figures would seem to indicate. The distribution, moreover, has a more equal look, and the anomaly is no longer presented of one hospital carrying off one-third of the entire fund from its sixteen equally meritorious fellow-workers. The glaring injustices of the old system of distribution are, however, still manifested ; for it may be observed that, as last year, the institutions which do the best work amongst the destitute sick of Ireland receive only a small fraction of the fund, while those which do least for the poor, but are in greatest favour with the rich, are handed over three-fourths of the money. If any unprejudiced citizen of Dublin were asked to name three hospitals which are specially known for their usefulness and for the extent of their charitable work, he would probably point to Mercer's, Steevens' and the Rotundo ; and if he were asked to indicate two others (of those which participate in the movement) which have, as far as the sick poor are concerned, "little to do and plenty to get," he would put his finger at once on Sir Patrick Dun's and the Convalescent Home. How are we expected to chorus the jubilation of the Committee when we have examined the distribution of the public charity to these two classes of hospitals ? We find that the three hard-working and over-taxed institutions receive each £243, while the two opulent and easy-going hospitals receive each nearly £400 ; and the very principle of the distribution is such that, as long as that principle be acted upon, the bulk of the fund must go to hospitals which live by begging, not by work.

The Committee has, however, departed from the method of distribution adopted in 1874 in one respect. It has given a higher credit and a larger grant for extern maternity cases than it did last year, and we are reminded by this circumstance to inquire to what hospitals such maternities are attached. We find only two—Sir Patrick Dun's and Steevens'—and it is thus obvious that the already replete revenues of the former hospital will thus receive an additional reinforcement.

We have already remonstrated with all our force against so inequitable a method of distributing the public charity, and we repeat our protest against a system which to such an extent disregards the actual working value of hospitals. We repeat our complaint that the fund is not distributed to those hospitals which afford the largest amount of medical relief to the poor, or apportioned in ratio of the amount of useful work done by each hospital, but is, on the contrary, freely appropriated amongst hospitals which are not in the position to meet the requirements of the majority of the sick poor, to the neglect and injury of those institutions which bear "the burthen and heat of the day."

COOKING FOR THE ARMY AND NAVY.

THE ingratitude with which those at the head of the Government of this country invariably treat inventors and public benefactors is proverbial. We were inclined to believe that no branch of the public service could produce so many conspicuous examples of official neglect of recommendations for the preservation of health and life as members of the medical profession. It does appear, however, that inventions for the improvement in cooking for the army and navy must be reckoned among those things that the Government and those charged with the duty of providing good and nutritious food for our soldiers and sailors, seem to regard with the supercilious air of a junior clerk of the War Office.

Ten years ago Captain Warren, R.N., observing that the ordinary mode of cooking, both by roasting and boiling, involved a large amount of waste and loss of nutritious material, set to work to remedy this, and after a series of expensive experiments, introduced to the notice of the authorities a novel system of cooking, by means of an ap-

paratus simple in construction, and which not only prevents loss, but attains a desirable object in the culinary art, that of securing the largest amount of the most valuable and palatable portion of meats without loss of flavour by soaking in water or burning, and at an extraordinary saving of fuel. Captain Warren's apparatus is a closed receptacle, around which the steam of boiling water freely circulates. The meat is placed in an inner chamber, the outer case of which is heated by water kept at the boiling point, and is cooked in its own vapour; but the heat to which any food is subjected never exceeds 210 degrees Fahr. In April, 1865, this invention was fairly tested in the kitchen of the Cambridge Barracks, at Portsmouth, in the presence of Major-General Lord William Paulet and the officers of the staff, and all acknowledged that there was a marked superiority of the food in every way. The soup was decidedly of richer flavour, the meat more tender, and the gravy richer. As regards the baked rations, they were decidedly superior. The economy also was marked. It is estimated that the loss of meat by ordinary methods of cooking is about one-third by roasting, and rather less by boiling. A leg of mutton weighing 12 lbs., cooked in Warren's apparatus, lost only three-quarters of a pound; when taken out it weighed 11¼ lbs. On questioning the soldiers to whom the rations were served, the reply was unanimously in favour of the soup, of the *bouilli*, and of the mutton; of their superiority in quality and in flavour to the ordinary cooked rations. The experiments were repeatedly tried and conducted in a most searching manner by command of his Royal Highness the Commander-in-Chief, and always with results which showed that if this mode of cooking were adopted the gain in a national point of view would be enormous—that the saving to the nation in the consumption of meat alone would at least amount to £2,750,000 per annum. With respect to economy of fuel, many trials were made for the purpose of testing the apparatus in this respect. At Aldershott it was seen to be superior to Deane's in—1st, as effecting a saving of fuel amounting to 50 per cent.; 2nd, in labour of attendance; 3rd, in saving food; 4th, in improving the quality of the food; 5th, in expenses—first cost of fitting up cooking-house. Having seen Captain Warren's apparatus fairly tested for some time past in hospital, we can vouch for the saving effected in these several particulars, and feel convinced that if adopted for ordinary domestic cooking a material saving, both of fuel and meat, must be the result. The saving of fuel would be not only individually, but in the aggregate, very large. Taking the average cost of fuel for cooking purposes during the summer months alone, when fires for heating are not required, at 6d. per diem, and it is fairly estimated that it would effect a saving in London alone of nearly two millions worth of coals annually.

Captain Warren subsequently turned his attention to the victualling of the soldier, a subject particularly demanding attention from those interested in the health of the army. He prepared a "campaign biscuit," containing meat, to take the place of the unwholesome salt pork and biscuit, for service in the field. These were highly spoken of, and Sir Richard Airey proposed to the War Office that Captain Warren should be rewarded, receive a special appointment, and become associated with Professor Abel in conducting experiments for the purpose of improving the dietary of the troops in time of war, and of rendering them independent of salt junk. This proposal was, however, rejected at the War Office, and to the present moment, and in defiance of the recommendation of the Duke of Cambridge that Captain Warren should be suitably remunerated for the benefits he has conferred on the country, the soldier, and the sailor, we are told that that gentleman is to be "left in the undisturbed enjoyment of his natural privilege of paying his own expenses."

Notes on Current Topics.

Women Graduates at the University of London.

At a meeting of Convocation at the University of London the admission of women to degrees was brought under consideration, and elicited a discussion which may turn out to be one of great importance. It was moved by Mr. A. P. Hensman "That it is desirable that a new charter be granted to the University, and that no such charter will be acceptable to Convocation which does not enable the University to grant degrees in Arts to women."

The motion met with general approval, but fortunately for the female sex there were many present who objected to the insertion of the words "in Arts," and a resolution was carried omitting those words.

It will be for the Senate next to consider that resolution, and though hitherto the majority of the Senate have been of opinion that it is not advisable to admit women to degrees, yet since the discussions that have taken place in the lay and the medical journals, and at the meeting of the General Medical Council, some members of the Senate have changed that opinion, and we shall not be surprised to hear that the Senate have adopted the resolution sent up to them from the members of Convocation, in which case it will be open for women to take degrees not only in Arts, but also in Law and Medicine.

Mortality of Infants in Russia.

Official statistics show that in Russia out of 10,000 infants 3,830 die before they have completed the first year, 975 the second, and 524 before the third. Out of 1000 children only 655 are alive at the end of five years. Probably the extreme rigour of the climate causes such fearful mortality among the younger population, and undoubtedly the system of baby farming which is carried on by the State to a great extent contributes largely to swell that death-list which it was intended to diminish. The foundlings, who are admirably looked after by the officials in establishments of this kind to be met with in the various towns of Russia, are, after completing a few years in the institute, sent out to peasant women in the villages. The little ones are often very kindly treated, but it can never be expected that a woman will take as good care of another person's offspring as of her own.

House Foundations.

On Thursday last a deputation waited upon the Home Secretary with the view of urging upon the Government

the necessity of introducing some measure to prevent the present system of building upon insecure and unwholesome foundations.

Dr. Tripe, as one of the deputation, said that the worst results were seen in diseases such as consumption and fever arising from houses being erected on rubbish shoots. The good brick earth was taken away, and the vilest rubbish took its place. He had tried all in his power, as medical officer of health, to prevent such deposits, but had failed owing to magistrates holding that they must prove injury to health of some individual passer-by, which, of course, it was impossible to do. In South Shields the medical officer's report said that large deposits had been made, and injury to health had resulted. In Leicester the medical officer found the high death-rate due largely to an annual visitation of infantile diarrhœa in those parts of the town built on such refuse. Drs. Parkes and Sanderson say that in Liverpool the practice was one of the probable causes of the unhealthiness of the town. They had advised the Town Council not to allow excavations to be used for the reception of refuse unless it was efficiently drained. Medical officers generally held that the offensive matter in cinders should be dry before use, and the only way to secure this was by efficient subsoil drainage ; that as the vegetable and animal matter was nearly dried up the cinder decayed and disappeared in about three years, and was virtually innocuous before that time. They further recommend that places filled up with cinder refuse should not be built on for two years from the date ef the last deposit ; and also that road scrapings should not be mixed with cinder refuse. His own opinion was that it should be made illegal to erect buildings over these deposits, and that a condition should be imposed, whereby a layer of sufficient good concrete to the satisfaction of the district board and the surveyor of the board should be used, so as to secure that the concrete would offer adequate resistance to the admission of any foul air into houses. He considered also that all drain-pipes going under houses *should* be laid in concrete, owing to the very common fact that pipes gave way and emitted smells of a most contagious character.

Mr. Sclater-Booth remarked that in the country they had bye-laws which placed the remedy in their own hands.

Mr. Cross, the Home Secretary, promised to think over what appeared to be a serious and growing evil before committing himself to a distinct promise.

New Coroner's Court.

A NEW Coroner's Court House, situate at 15 South Wharf Road, adjacent to St. Mary's Hospital, was opened by Dr. Hardwicke last week, so that inquests in that district will no longer be held at the neighbouring public-houses.

Advisability of Lectures on Insanity in Medical Schools.

WHEN referring to the increase of insanity in Ireland the inspectors of lunatic asylums deduce its rapid extension within the past twenty years from the tables furnished by the English Commissioners, a rate of extension latterly much in excess to that of the progressive growth of the population. Between the three kingdoms the authenticated number of the mentally affected may now be set down as fully 90,000 human beings, or 18,000 more than in 1860. In the different universities and schools of medicine throughout the empire, we find professors of anatomy, surgery, botany, chemistry, &c., and teachers in physiology, and other scientific subjects of research, a knowledge of which is deemed requisite for an educated practitioner ; on the study of bodily diseases, common to man and the lower grades of animal creation, every attention and care are bestowed, while to that of the mind, its functions, its reaction on matter, and the reciprocal influence which physical ailments exercise over the mental faculties, little or none is given.

The inspectors refer to the opinion given forty years ago by the late Lord St. Leonards, when simply as Sir Edward Sugden, Lord Chancellor of Ireland, who, feeling the necessity which existed for a system of tuition in the treatment of insanity, proposed its establishment under Privy Council rules, subject, however, to the approval of boards of governors to district asylums, as on them would devolve all expenses incidental to the maintenance and salaries of clinical clerks. No practical action having been taken in furtherance of his Lordship's views, the matter rests in abeyance, and more perhaps to the detriment of individuals and of the general community, than the unobservant would be disposed to assume. The inspectors express the opinion that to open the wards of asylums to all medical students, by making their attendance compulsory, would be most injurious to the tranquillity and well-being of the insane, in fact, in any one institution there would not be space enough to accommodate a fifth of them as visitors, nevertheless, in our opinion at least, it would be highly advisable they should attend lectures delivered in schools of medicine by physicians of practical experience in the treatment of lunacy, certificates of which should be considered recommendatory in obtaining civil and military appointments.

Unqualified Practice.

IT would appear to be a hopeless task attempting to put a stop to unqualified practice, either by legal measures or journalistic influence, when our contemporaries admit the evil openly to their advertisement columns. For instance, in last week's *Lancet* we read an announcement—"To Surgeons, or well-up Non-Qualifieds who can get the co-operation of a Medical Man." A business "opened by the proprietor, a non-qualified seven years *who does well in practice and midwifery*," to be sold.—Address Veritas, *The Lancet* Office. Here is an unqualified man openly engaged in illegitimate practice, who boasts of having "several midwifery cases on the books," allowed to use the columns of a medical journal, and to flaunt his flag from an office which assists him in his unholy traffic. We pause !

The Clinical Society.

AT the annual general meeting of the above Society, held on the 14th inst., the report of the Council was read and adopted, and the following gentlemen were elected as officers and Council for the ensuing year :—President : Sir William Jenner, M.D., K.C.B. Vice-Presidents : Dr.

George Johnson, Dr. Murchison, Dr. Henry Thompson, Mr. Thomas Bryant, Mr. Christopher Heath, and Mr. Jonathan Hutchinson. Treasurer: Dr. Headlam Greenhow. Council: Dr. Bastian, Dr. Buzzard, Dr. William Selby Church, Dr. Andrew Clark, Dr. Dyce Duckworth, Dr. Hilton Fagge, Dr. Braxton Hicks, Dr. Moxon, Dr. Douglas Powell, Dr. Reginald Southey, Dr. William H. Brace, Mr. Brudenell Carter. Mr. Warrington Haward, Mr. George Lawson, Mr. Howard Marsh, Mr. Arthur Trehern Norton, Dr. Michael W. Rice, Mr. James Rouse, Mr. Edgcumbe Venning, and Mr. Soelberg Wells. Honorary Secretaries: Dr. William Cayley and Mr. Thomas Pickering Pick. Mr. Hulke moved, and Dr. Cholmeley seconded, a vote of thanks to the retiring secretary, Dr. Southey, who briefly replied. This was followed by a vote of thanks to the retiring vice-presidents and the other members of the Council, proposed by Dr. Broadbent, and seconded by Mr. Norton.

During the evening it was announced that the Council had proposed that Mr. Cæsar Hawkins, F.R.S., should be elected an honorary member of the Society. It will be remembered that recently Sir Thomas Watson and Dr. C. J. B. Williams were chosen honorary members.

Pharmacy in Ireland.

We referred last week to a somewhat impertinent letter addressed by the Irish Pharmaceutical Council to the Secretary of the English Society. A new light is thrown on the epistolary style of the Irish Council by a paragraph which we find amongst a record of its proceedings in the last issue of the *Chemist and Druggist*. It is stated that "the Clerk to the Council remarked that he had received about twenty letters which required answers, and asked was he to send replies. The President directed him to acknowledge the receipt, and say they would be considered at the next meeting."

This method of doing business on the part of the Irish Council is consistent with its proceedings, but hardly either polite or business-like.

Comparative Cost of Maintenance in Asylums and Poorhouses of Lunatics.

If not impossible, it would be very difficult indeed, and the Irish Inspectors of Lunatic Asylums consider of little practical use, to arrive at the exact amount which 3,140 insane located in no definite mode and under no fixed regulations in 153 workhouses cost during the year for their immediate maintenance, entailing as they do a very fractional portion of the general expenditure, and the more so as not unfrequently they are found diffused through these establishments, mixed up with, and living among the ordinary paupers. Taking, however, one union with another, from local inquiries they compute that £11 a head would in round numbers be the closest approximate calculation, if so, the expenditure on them as a body in 1874 might be set down at £34,450; whereas were they resident in district asylums, they would have incurred an outlay of £79,160, the cost therein of each patient, including the rate in aid of £10 8*s*., being £25 2*s*. for that year.

Dr. Tilt has been elected an Honorary Fellow of the Obstetrical Society of Philadelphia.

Death from Chloroform in Dublin.

We regret to learn that a death from chloroform took place on Saturday last at Dr. Steevens' Hospital. The patient was a young and apparently healthy man, and was undergoing an operation for phymosis by Mr. Hamilton when he suddenly developed symptoms of syncope which, with all the efforts of the surgeons in attendance, could not be averted. We hope to give further particulars next week.

Earl Granville has accepted the Presidency of the Dover Hospital, and promised to assist the institution in every way in his power.

Her Majesty the Queen has been graciously pleased to appoint John Thomas Banks, Esq., M.D., to be a Member of the Senate of the Queen's University in Ireland in the room of Robert Adams, Esq., M.D., deceased.

Lord Napier of Magdala, the Commander-in-Chief in India, while at a parade of the troops at Delhi on the 8th inst., was thrown from his horse, and had his collar-bone broken by the fall. His lordship is doing well, and his condition gives no cause for uneasiness.

The Football contest between the London United Hospitals and Liverpool, in the result of which considerable interest has been manifested, came off on Saturday last at Kennington Oval. The Londoners proved themselves much the stronger team, and gained a hollow victory.

By the will of the late Mr. Bishop, of Chepstow Villa, Notting Hill, St. Mary's Hospital, St. George's Hospital, Middlesex Hospital, Charing Cross Hospital, St. Bartholomew's Hospital, the Royal Free Hospital, Brompton Consumption Hospital, St. Thomas's Hospital, and the Small-pox Hospital each receive a legacy of £1000.

It has been decided that medical officers upon attaining the rank of surgeon-major, will not in future be required to provide at their own cost a capital case of surgical instruments; but all executive medical officers will have to provide themselves with, and keep up at their own expense, a case of pocket instruments of an authorised pattern, which will be shortly approved. This case is to be carried in the regulation pouch.

The County and City of Cork Medical and Surgical Association will meet this (Wednesday) evening at 8 o'clock, p.m., at the Royal Cork Institution, when the following communications are set down for reading:—

Dr. H. M. Jones, on "Eyeball containing Segment of Percussion Cap."

Dr. Atkins (for Dr. Cremen), on "Sacculation of Aorta—Pin-hole Rupture—Sudden Death" (specimen).

Dr. H. M. Jones, Discussion on paper on "Anæsthetics."

Prof. O'Connor, "The Effects of Alcohol on the Nervous System."

A post-mortem examination made last week upon the

body of a lunatic patient in the Prestwich Asylum led to the discovery of no fewer than 1,841 articles in his inside, viz.:—1,639 shoemaker's sparables, six 4-inch cut nails, nineteen 3-inch cut nails, eight 2½-in. cut nails, eighteen 2-inch cut nails, forty ½-inch cut nails, seven ⅝-inch cut nails, 39 tacks, five brass nails, nine brass buttons, 20 pieces of buckles, one pin, 14 bits of glass, ten small pebbles, three pieces of string, one piece of leather three inches long, one piece of lead four inches long, and one American pegging awl—the total, 11lb. 10oz.

Another fatal instance of the growing practice of ladies taking narcotic medicines without professional advice formed the subject of an inquiry before Mr. Carttar, coroner, at Greenwich, last week. It appeared that an independent lady, named Eliza Moore, æt. 59, who resided at Greenwich, told her servant to bring her medicine which she had been in the habit of taking; and on the girl again going into her bed-room she found the bottle (containing a liquid chiefly composed of laudanum) empty and her mistress very ill. Dr. Pink was in immediate attendance and resorted to the most active means to avert a fatal result; but without success.

The Rev. Dr. Bartle, principal of the Freshfield College, near Liverpool, was charged last week with refusing to vaccinate two of his children, æt. eight and eighteen months respectively. The case was instituted by the board of guardians of Southport, who pressed for the utmost penalty, as Dr. Bartle was guilty of wilful non-compliance with the Vaccination Act. The doctor pleaded guilty, and said he had conscientious scruples against vaccination, as he believed it did more harm than good. One of his children was now suffering from the impure lymph introduced into its system. The magistrate fined him 20s. and costs in each case.

The extension of the libraries and museums of the Royal College of Surgeons in Ireland, which has been for some time under consideration, and for which competitive plans were obtained last year, has at length been decided upon. The contracts for the work have been signed by the President and Council and Messrs. Hall, of Harcourt Street, Dublin, the contractors. The present library is to be lengthened to the extent of about two-thirds its present length, and widened by about 15 feet, and above it a museum of the same size is to be buit in communication with the present museums. The cost is to be £5,000, and the work is to be completed within a year, under the superintendence of Mr. Symes, the College architect.

SENTENCE ON A QUACK.

The untimely tender-heartedness of judges and magistrates in dealing with medical swindlers as compared with their severity towards rogues of other classes has been a great discouragement to those who have undertaken to deal with such vagabonds. It is therefore gratifying to be able to record an exemplary punishment administered to a quack in Belfast last week by Mr. Otway, the Chairman of the County of Antrim. The subject of his sentence was James Graham, a quack doctor, who had been going amongst the working classes of the town imposing upon them worthless medicines, and representing himself to be a medical practitioner, he being unqualified. His worship delivered a lengthened sentence, in the course of which he said it was no excuse for the prisoner that others had traded and traded successfully by similar falsehoods on the strange credulity of mankind, and that others who call themselves professors of health should, by the marvellous power of high-sounding advertisements throughout the world in which they mixed, by proposing to cure by means of some pills, and to cure all sores by means of some ointment, amass immense fortunes. They announced that their cures were of universal value, and if the public were willing to believe the lie they suffered accordingly. But the prisoner's plan was not confined to advertisements. He travelled from place to place, announced by circular and by placard that he was a doctor, gave columns of certificates, all of them identical and signed by different names. The certificate for use in Edinburgh was the same as that for use in Belfast, the first purporting to be signed by some person named Frazer, and the second by a man named Arnold, of Dublin. He made local visits from house where he had reason to think people were unwell, telling them in most cases they had a disease called "Wolf on the Liver," persuading persons that they were unwell, and in all cases that were alleged against him, inducing them to take his medicine, promising them speedy recovery, telling them he would call again, taking their money, and never calling. He said he did not think he was guilty of a crime in selling the medicine. He (his worship) did not believe that, but the crime to which he had pleaded guilty was that he feloniously pretended that he was a qualified physician and was not, that he knew and could cure diseases of which he was totally ignorant, and by this means abstracted money from the poor. The sentence of the court was that he be imprisoned for twelve months.

THE VACCINATION ACTS.

At Bow Street Police Court, on Jan. 22, a woman was summoned before Mr. Flowers on a charge of neglecting to have her child vaccinated. Mr. Yardley, on behalf of the St. Giles's district, prosecuted, and said that since the first occasion on which the defednant attended the court she had caused the child to be vaccinated, and the summons would be withdrawn on the defendant paying the costs. This the defendant declined to do. She produced the child, and called attention to the swollen and inflamed state of the arm and an eruption on the face, which appeared since the vaccination had been performed. The child had also had several fits. Mr. Flowers said the child certainly appeared to be in a dreadful state, and he could only account for it by the fact that vaccination had been performed while the infant was in a bad state of health. Mr. Yardley said, of course, under the circumstances, he would not press for the costs, but would pay them out of his own pocket. The summons was then withdrawn.

It is a pity Mr. Flowers did not confine himself to simply deciding the case, without hazarding his opinion upon the child's disease. A little consideration or inquiry might have shown him that it was possible the child's symptoms had nothing whatever to do with vaccination. It did not occur to him that skin eruptions and fits commonly arise from many different causes, and that certainly it would be difficult, if not impossible, in most cases, to trace any form of "fits" to vaccination. It is to be regretted that magistrates let fall observations of this kind, since they are eagerly caught at and used by the anti-vaccination agitators in encouraging their ignorant followers to break the law. An instance in point, which would be amusing were it not for the sad reflections on the pernicious ignorance of certain agitators, was recently exemplified in an anti-vaccination circular. A great point was there made of the fact that Mr. Simon had demonstrated that the *inoculation* of tubercle was possible, the writer of the circular

being apparently unaware of the circumstance that the term inoculation could apply to the use of any other material than vaccine lymph, and that Mr. Simon's remarks referred to the inoculation of tuberculous matter alone. and in no way to the vaccine virus. We need not tell our readers that no evidence whatever exists even of the possibility of transmitting tuberculous disease through vaccination. There can be no objection to persons outside of the profession discussing questions like vaccination, and informing themselves upon it ; and indeed, the more the public know about these matters the better ; but it would at least be a subject for congratulation if persons of some education, like certain of the anti-vaccination agitators, such as those who penned the circular in question, would, before throwing their energies into such a movement, acquire a knowledge of the fundamental facts of the subject upon which they strive to influence public opinion.

THE MEDICAL COMMISSIONERSHIP OF THE IRISH LOCAL GOVERNMENT BOARD.

Referring to this subject, the *Lancet* says: "The question of the suppression of the Medical Commissionership is much discussed among the profession in Dublin. It is discussed first with regard to the injurious policy which such suppression would imply, a policy as fatal to the thorough efficiency of central public health administration as the suppression of medical officers of health would be to local public health administration. Next it is discussed with regard to the particular individual whom the profession had looked to as the proper successor to Dr. M'Donnell. In view of this latter gentleman's resignation there is a singular unanimity of feeling among medical men in Dublin, equally entertained, it may be said, in London, that it is especially to be desired that he should be succeeded in the Commissionership by Dr. Rawdon Macnamara."

We have good reason to believe that a strong effort is being made in the Local Government Board office and on the back stairs of Dublin Castle to push two of the *employés* of the Board into comfortable berths at the expense of the country and of the doctors. Mr. Henry Robinson, a non-medical inspector is—it is stated—to have a new place made for him as Assistant Under-Secretary at the Castle, in order that his place in the L. G. B. may be emptied for the occupancy of a *protégé* whom it is desired should (like Doub) be "taken care of." We are most concerned to hear the rumour that if Dr. Croker King should get the Medical Commissionership his place as Inspector is to be filled by a nameless non-medical clerk in the office, and one more thus subtracted from the already weak medical staff of the department. There is nothing certain about the ultimate arrangements except the conclusion—inevitable in all matters of Dublin Castle patronage—that pets will be provided for and the necessities of the public service entirely disregarded. From the very fact that the rumour to which we have alluded violates every sense of justice and expediency, we think it likely that it is true.

DISPENSING FRAUDS.

The exposure of the malpractices of certain dispensers in Sheffield by the public analyst, in which the omission of or subtraction of the most potent remedies from medical prescriptions was brought under notice (with which our readers are doubtless familiar) has created an absolute uproar, not only in the pharmaceutical journals, but in the leading journals of the kingdom, in the latter of which a virtuous horror has been evoked which is rather amusing to those who are acquainted with the real state of the medicine trade. It seems to be new light to the newspapers that a prescribed medicine does not always contain either in quantity or quality what the medical adviser has ordered, and that medical men are not uncommonly obliged to be content with an approximation to the exact effect which their treatment is expected to attain. The pharmaceutical journals are virtuously indignant with the analyst for having exposed the nude verity of the dispensing trade, and have enrobed themselves in a garb of innocence which, after their attitude about the Adulteration Act, sits rather unfittingly upon them. For instance, we find in the *Pharmaceutical Journal* the following phrase :—"There is no room for reticence, and we are unreservedly in accord with the argument used by one of the writers, that if the publican who fortifies his beer with noxious drugs offends against morality no less than against law, *this is still more the case with the chemist who sophisticates his drugs or deliberately dispenses medicines without the proper proportions of the remedies ordered.*" This enunciation is rather out of place in columns which have but a few weeks ago been eloquent in apologies for the sale of citrate of magnesia without citric acid or magnesia and which were some months before lonely in denunciation of an Act intended to put down the rogueries practised by the vendors of "milk of sulphur" one-half plaster of Paris and scammony well fortified with adulterants.

The Sheffield *Daily Telegraph* points out that in the event of the case being proved, it will still remain to be ascertained where the fraud lies, whether with the druggist who actually made up the prescriptions, or with the manufacturers and dealers who supply the retailers of such articles as iodide of potassium and sulphate of quinine. This is quite true, and we are heartily glad that the analyst's outspoken report has raised a flutter of newspaper agitation, even though the matter will be no more than a nine days' wonder. It is manifestly too late to pretend pharmaceutical purity when it is a matter of notoriety that great fortunes are made by the sale of articles which are not what they profess to be, and by drug contracts for the supply of the refuse of the materia medica market—tinctures made with methylated spirit and all the rest of it—at enormous prices for the use of the sick poor.

At the December examinations of the English Society, a lady, Miss Isabella Skinner Clarke, passed the Major, and thus became, as far as examination can make her, the first lady "pharmaceutical chemist" in Great Britain. Miss Clarke intends to conduct a pharmacy in the West End. It should be added that she has studied for all her examinations at the South London School of Pharmacy, and has been successful on each occasion that she has presented herself.

Literature.

ON ADDISON'S DISEASE. (*a*)

This work consists of the Croonian Lectures of the Royal College of Physicians for 1875, and consequently its subject-matter is already more or less familiar to our readers. The lectures are now published in the form of a neat, well-printed volume. The original lectures are, however, supplemented by an appendix, containing detailed reports of 37 cases, selected from Dr. Greenhow's own practice, and from other sources. By such means a pretty perfect picture of this comparatively rare but very interesting malady is furnished. In a second appendix is to be found a list of 303 cases of more or less genuine Addison's disease, arranged in twelve groups, so as to give the reader a fair idea of the different associations with which skin-bronzing is found. The whole forms a complete treatise on the subject, and as such will take its place alongside other important monographs in the library of all practitioners who aspire to be thoroughly cognisant of their profession in its less familiar as well as its common aspects.

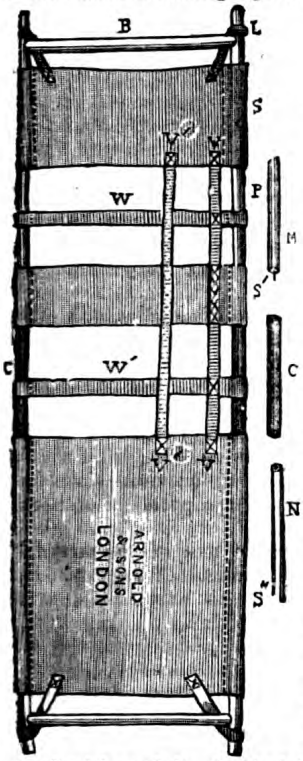
(*a*) "On Addison's Disease." By E. Headlam Greenhow, M.D., F.R.S., Physician and Lecturer on Medicine to the Middlesex Hospital. Longmans and Co. 1875. Pp. 212.

New Inventions.

DESCRIPTION OF A FORM OF STRETCHER.

By C. R. B. KEETLEY,
Assist.-Demonstrator of Anatomy at St. Bartholomew's Hospital.

IN many cases of typhoid and other fevers, of peritonitis and other inflammations, of bed-sore of various chronic diseases, in many surgical and obstetric cases, it is very desirable to have a mode of moving a patient from room to room or from bed to bed, and a mode of changing the patient's bed and body linen without causing the least avoidable disturbance or excitement. For such cases this apparatus has been contrived. The chief principles on which it is constructed are: 1. It can be placed under the patient piecemeal, and afterwards easily and without danger of mistake fitted together again. 2. It is only a skeleton of webbing in the part which sustains the back and buttocks, and thus allows bed-sores and blisters to be dressed. 3. The cutaneous sensibility of the back is so extremely blunt that the network of webbing, coarse as it is, feels like a whole and undivided piece. Its chief advantages are: 1. The most sensitive or feeble patient can be freely moved with no sense of discomfort and no dangerous disturbance. 2. Bed-sores and blisters on the back can be easily dressed through its means, and even the back percussed or auscultated through it. 3. Its details can be easily modified by any needlewoman to suit the necessities of particular cases without altering the apparatus in principle. 4. It is light and portable, it packs into a parcel three feet long and five inches in diameter.



In using it, s s′ s″ w and w′ are passed under the patient gently one by one, and the poles then slipped through the hems and loops. Two chairs, each having one of the cross-pieces B upon it, can sustain the patient while the bed is made, &c.

The stretcher has been used with satisfaction at the Queen's Hospital, Birmingham, and at St. Bartholomew's Hospital, London. It is made by Messrs. Arnolds, West Smithfield, London.

Correspondence.

MEDICAL ATTENDANCE ON THE CONSTABULARY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent A. B. has made a great mistake. Were I acquainted with him I would write privately; but as he appears under an anonymous signature, I can only address him through your columns, and in doing so, though unwilling to give offence, I must remonstrate sharply. He has offended against common morality by acting towards another as I have no doubt he would not wish another to act towards himself. He has acted against all the principles of medical ethics in attempting to deprive another of what are really private patients—at least, we must consider them as such until the law is altered—and I am only surprised that the Inspector-General let him down so easily in his answer. He has offended against the profession and himself by letting the authorities think that the attendance on the constabulary is so liberally paid for that it was worth while to do a shabby act to obtain it. I am similarly circumstanced with A. B., and would as soon have thought of sending a circular to my friend's private patients as to endeavour to oust him from a position which he has long and creditably held. A. B. can only be excused by the plea of youthful indiscretion and want of consideration.

It is quite right and fitting that in all new appointments the attendance on the constabulary should be given to the medical officer of the district; but to attempt to oust a person already in attendance is really too bad, and I am glad that the authorities were so considerate and consistent as to refuse to listen for a moment to the proposition.

I am, Sir, your obedient servant,
J. MARTIN.

DR. HARDWICKE AND CORONERS' INQUESTS.

THE following is Dr. Hardwicke's explanation—embodied in a letter to the Rt. Hon. Assheton Cross—why he considered it his duty to hold an inquest upon the body of the late Mr. Acton. As Dr. Hardwicke remarks, if a letter from the Home Secretary to him has been published, it is only fair that his explanation should be also made public.

Coroner's Office, Park Place Villas,
Paddington.

To the Right Hon. RICHARD ASSHETON CROSS.

In reply to your letter of the 21st inst., I have the honour to state that in the case of the late Mr. Acton I followed in every respect the usual course. I received instructions from the proper officer that Mr. Acton had been found dead in his bath-room on the morning of the 7th inst., and that he had not been seen by any medical man since the 29th of September last. The officer added to this information the fact that on calling at the residence of the deceased he was told by a relative that the death could not be certified, except after a post-mortem examination. The officer then called upon Dr. Hall Davis, to whom he had been referred as the last medical man who had seen the deceased. He saw Dr. Davis, who was unable to assign a cause for death, and who presumed that an inquest would be held. On this information from the officer being laid at my office in due form, with the usual request for an inquiry—26 hours after the death of Mr. Acton—a warrant was issued for the inquest, and an order was given to Dr. Hall Davis to make a post-mortem examination in accordance with the provisions of the Medical Witnesses Act. In compliance with this order, Dr. Davis gave evidence at the inquest upon the facts of the post-mortem, and received the usual fee for a post-mortem and evidence thereupon. In the evening of the same day, after the warrant for the inquest and the post-mortem order had been issued, and after the jury and witnesses had been summoned, and after the post-mortem had actually taken place, Mr. Acton, jun., called upon me, bringing a certificate from Dr. Murchison, who had been present at the post-mortem, and desiring to know if the coroner's inquiry could be avoided. I told Mr. Acton simply the fact that it was impossible for me to cancel the inquest unless the Registrar of Deaths felt he could accept the certificate. No further communication being made to me, the inquest took place the following day, as previously arranged. I have since learnt that the Registrar refused to accept the certificate on the ground of the coroner's warrant having been issued. You will see from these facts that no certificate or explanation accounting for death from natural or expected causes was made known to me until some hours after the Coroner's Court was called into action. The warrant was granted and the post-mortem order issued in the mode that is always adopted by the coroner in similar cases of sudden death, and upon like information as that laid by my officer in the present instance. The question raised in this case, in so far as the jurisdiction of the coroner is concerned, is whether a certificate of death given after the issue of a coroner's warrant, and after the post-mortem examination ordered by the coroner has been made, ought to supersede and cause to be set aside his public inquiry into the circumstances connected with the death. The question to my knowledge has never previously been raised, and it would have been a great relief to me in this instance, as an old personal friend of the deceased, if I could consistently with

my duty have answered it as the friends of the deceased wished. I gave the question my most careful consideration, and I came to the decision that, however pleasant it might be to personal feeling, and however it might smooth and ease the anxieties of my office to accede to such a request, the concession would be an innovation subversive of all past rule and precedent. But that which influenced me most was the fact that the departure asked for from the usual course in this case must be purely an exceptional act, applied to one case out of at least 300 similar cases of sudden death occurring in the district of Central Middlesex in the course of the year. I felt that if I granted this exception on personal grounds, or other grounds, it must necessarily be accepted as a precedent (unless it were concealed, which would be very wrong), and that I should experience, almost daily, the utmost difficulty in holding inquests at all; and I felt also that such precedent might be used to thwart an inquest where inquiry is of the utmost importance to the public interest, and to private interests in cases where property is concerned. The coroner of a large district is daily conversant with these difficulties in relation to sudden deaths; he knows how readily and fatally he might be misled, if on private information, or questionable certificate of death, he were to allow an inquest to be cancelled or set aside. He feels, therefore, that so long as the present rules for the registration of deaths remains, he has no truly safe course open to him but to carry out his inquiries in open court, without distinction of class, and in accordance with the long-established usages and precedents of his office. It was in this spirit, and none other, that I allowed the inquest to proceed in the case of the late Mr. Acton.

I have the honour, &c.,
W. HARDWICKE,
Coroner for Central Middlesex.

NIGHT SENTRIES.

A HOSPITAL surgeon writes in reference to the comments upon night sentries in an evening newspaper urging in effect that men can be hardened and rendered more fit to bear exposure to wet and cold by being constantly exposed to them, and also that it is legitimate in time of peace to subject soldiers to hardships which are then unnecessary, in order to discover and weed out those who are more weakly than the rest.

The first part of this contention rests upon an error once widely prevalent with regard to the nature of the influence which is exerted by habit upon the human organism. Because muscular strength and fitness to undergo certain kinds of muscular exertion my be increased by training, it is assumed that the power of resistance to depressing agencies may be increased by resisting them. Nothing can be more fallacious than such an argument.

The night duty of sentinels is liable to be injurious in two chief ways—first, by its interference with the sleep which is necessary to the maintenance of health; secondly, by the influence of cold and wet in chilling the surface of the body. The power of resisting cold is simply a matter of consumption of fuel, and depends upon the power of the digestive apparatus to receive and assimilate sufficient food to produce the necessary amount of animal heat. Now the digestive functions are not rendered more active by exercise, except within narrow limits and for a short period of time; and any one, under increased exertion, or unusual exposure to cold, or the abandonment of alcohol, experiences an increase of appetite, will speedily find that such increase is neither permanent nor progressive. The digestion is mainly governed by the nervous system, and the nervous system is soon shattered by broken rest. To deprive a man of a considerable portion of his sleep and then to expose him to cold is simply to exhaust his reserve of vital force, and to push him half way towards the goal of a complete breakdown. In the case of sentry duty in time of peace over empty palaces and offices deserted by all but housekeepers, the physical evils are heightened by the feelings of disgust and weariness which are associated with them. In time of war, the mental tension will do much to sustain the bodily frame against hardship; but there is no fatigue so depressing as that produced by labour which is necessarily barren of results. "Sentry-go" in London stands in this respect on the same level as shot drill.

Apart from theoretical considerations, the history of shipwrecks, and of other circumstances which have demanded proendurance, proves that such endurance has invariably been displayed in the highest degree by those who had not previously been called upon for any similar effort.

The practice of weeding out the weakly men of the brigade by testing them to the breaking point, if it is actually pursued, may be cited as affording an entirely new illustration of the survival of the fittest in the struggle for existence, and its cruelty will be thought by many persons to deserve, at least, some share of the attention which is being bestowed upon the vivisection of the lower animals. That the idea is not wholly imaginary may perhaps be shown by the following extract taken from the official Report on the Health of the Army which has just been issued:—

"In the Foot Guards, the highest ratios of admissions (to hospital) of deaths and of invaliding are combined in the 1st Battalion of the Grenadier Guards stationed at London and at Windsor."

Obituary.

MR. GASCOYEN.

IT is with deep regret that we announce the death of Mr. George Green Gascoyen, member of the Board of Examiners of the Royal College of Surgeons of England, Surgeon and Lecturer on Surgery at St. Mary's Hospital and Surgeon to the Lock Hospital.

On the Monday he commenced his duties with pride and pleasure at the first meeting of the newly-constituted Board of Examiners at the College, when he appeared to be suffering from a bronchial catarrh. On Tuesday the symptoms increased in severity, and on the Wednesday he found it necessary to absent himself from the Examination. He died on the Sunday morning after a short attack of pleuro-pneumonia, having previously suffered for some two years from obscure symptoms of disease of the lung.

The career is thus cut short of one of the most able and promising of the younger school of surgery. His election on the Board of Examiners was a sufficient recognition of the estimation in which he was held by the leading members of the profession, but it was only one among many such which his labours had evoked.

He held the important office of Dean of St. Mary's Medical School for some years, in which capacity his earnestness in the working of the institution, his judgment in the direction of the students, and the unfailing amiability of his disposition were strikingly displayed, and on his retirement the good-will of the students was evinced by the presentation to him of a magnificent testimonial in silver.

Mr. Gascoyen held also the distinguished post of Honorary Secretary to the Royal Medical and Chirurgical Society.

His contributions to medical science, which are numerous, though not embodied in the form of a work, consist of valuable papers in the Transactions of the Societies, and in the pages of contemporary literature.

His name may be placed among the very few who had not an enemy—publicly well known and respected, in private life beloved and appreciated by the numbers who had the pleasure and privilege to call him a friend.

DR. WILLIAM LANE, OF NEWTOWN-LIMAVADY.

ONE of the most respected medical practitioners of the north of Ireland has been removed from the sphere of usefulness which he had occupied for fifty years in his place of residence, and his death has been regarded with a unanimity of sorrow which it falls to the lot of few men to elicit. He died on the 13th of January, and having been born on the 24th of June, 1804, was just about completing his 72nd year. He had held the appointment of medical officer to the Workhouse and Fever Hospital since their foundation with unremitting attention to his duties and with equal credit to himself and satisfaction to the guardians, gaining for himself at the same time a high

public character for his surgical adroitness and his ability as a physician. He was for many years coroner of the district. The local papers of all politics give expression to the universal regret. No death, says the *Londonderry Sentinel*, for the last forty years in this part of the country has evoked so much public sorrow. For Dr. Lane was no ordinary man—large-hearted, sympathetic, and tender, his name was a household word. He was not only looked up to with confidence as a man of skill in his profession, but regarded as a warm friend. Approachable at all times —morning, noon, or midnight—kind and genial in manner, and generous in disposition, he was always as ready to attend to the requirements of the humblest member of the community as to that of the most wealthy. Hundreds of visits he paid to, and hundreds of prescriptions he made up for, the poor and needy, without receiving one farthing of remuneration; and when in many instances he would be asked, "What was to pay?" or, "How much have I to give you, doctor?" his reply would often be, "Dear, just buy yourself some beef with the money to help your constitution."

In the Workhouse, of which he was medical attendant, he was equally beloved; his visits were always welcome; kind words and kinder deeds alleviated many a pain and soothed many a sorrow. But although in general practice he was first among physicians in the treatment of his patients, he was pre-eminently successful as an accoucheur; in that branch of his profession he had no superior. As a citizen he was ever ready to give his help and assistance in "works of necessity and mercy." He was for many years Chairman of our Town Commissioners, and took considerable interest in all improvements that were for the health and comfort of the people.

Active in his habits, and loving his profession, he often attended to the wants of others when he himself required rest. We may say he died in harness, for his last illness was contracted a few days ago by going out at midnight to visit a patient in the country.

It is proposed to raise a memorial to his memory, which, it is suggested, should take the shape of a Memorial Clock Tower on the New Town Hall of Limavady.

For ourselves, we may say that we have known Dr. Lane almost since the establishment of the MEDICAL PRESS, now nearly forty years, as a zealous, painstaking practitioner, and a most conscientious public officer, and as one who has never consented to purchase public approbation or personal advantage by the sacrifice of any good professional principle. *Oh, si sic omnes!*

Medical News.

Vital Statistics.—From the Registrar-General's returns we learn that during last week 5,855 births and 4,067 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 26 deaths annually in every 1,000 persons living. The annual death-rate was 24 per 1,000 in London, 31 per 1,000 in Edinburgh, 27 in Glasgow, and 33 in Dublin. The annual rates of mortality per 1,000 during the same period in the other large towns were—Brighton 20, Sunderland 21, Plymouth 24, Norwich 28, Nottingham 28, Bradford 29, Hull 26, Leicester 20, Bristol 27, Portsmouth 23, Sheffield 26, Birmingham 25, Wolverhampton 25, Leeds 24, Newcastle-on-Tyne 27, Oldham 31, Liverpool 35, Manchester 33, and Salford 40. The annual death-rate from the seven principal zymotic diseases averaged 4·0 per 1000 in these towns, and ranged from 1·0 and 1·5 in Brighton and Plymouth, to 6·6 and 10·6 in Liverpool and Salford. Nine fatal cases of small-pox were returned in Manchester and Salford, whereas not one occurred in any of the other towns. Small-pox, measles, scarlet fever, and whooping-cough are all somewhat fatally prevalent in the borough of Salford. Enteric fever caused 9 more deaths in Sheffield. In London, the 1,590 deaths included 60 from scarlet fever, 16 from different forms of fever, 14 from diarrhœa, and not one from small-pox. The deaths in the zymotic class were eighteen below the corrected average number from the same diseases in the corresponding week of the last ten years.

The Hospital Saturday Fund.—The Metropolitan Hospital Saturday Fund, which is principally contributed to by the working classes, and of which Capt. Mercier is chairman, held its final meeting last week. A fresh committee will be elected, who will have the control of the fund for the current year. At this meeting Mr. Vincent Mercier was presented with a silver inkstand as an acknowledgment of his gratuitous services. The meetings held by the working men who are dissatisfied with the present administration were considered, and resolutions condemning them passed. A second audit of accounts was also gone through, and satisfaction expressed that the total receipts for the year had been £5,473 19s 8d., whilst the expenses were £577 less than the previous year. Votes of thanks were passed to the Chairman, the Treasurer, and the Hon. Secretary, and the meeting separated.

Society for Relief of Widows and Orphans of Medical Men.—A quarterly court of the directors of the Society was held on Wednesday, January 12th, by the kind permission of the Royal Medical and Chirurgical Society, in their rooms, Berners Street. In the unavoidable absence of the President, Mr. J. G. Forbes, Vice-President, presided. At the meeting grants amounting to £1,143 were made to 57 widows, £52 were voted to 13 children, and assistance was given to 4 children from the Copeland Fund, making a total of £1,220 10s. The expenses of the quarter were £66 11s. The applications of 2 widows and 1 child for grants were accepted, and 1 child was added to those receiving assistance from the Copeland Fund. Four new members were elected. The resignation of Mr. Renton, the collector, was announced, and on the motion of Mr. Fuller, Acting Treasurer, it was resolved that the Secretary be empowered to apply for and receive future subscriptions. A printed notice to be sent to every member half-yearly.

Gleanings.

The Relation of Physicians to Life Insurance Companies.

THE French Central Association of Physicians have passed the following resolutions in reference to Life Insurance Companies:—

1. To refuse always and absolutely to deliver any certificate or attestation whatever concerning the health of their habitual patients, even when they are solicited by the latter, and of however satisfactory a character such certificate might be. 2. To refuse also, when medical officers of companies, if they are requested by such companies, to examine their own patients, and to cause such examinations to be made by other practitioners. 3. To use all their influence with any of the companies to which they may be attached in order to obtain a revision and simplification of the list of questions that have to be replied to. But this list once adopted, every care should be taken to reply to them in the most clear manner, so as to aid the company in determining whether to accept or refuse the assurance.

How to Strap the Breast.

STRAPPING the mammary gland is of avail to prevent and arrest lactation. But, remarks Dr. W. W. Munson, in the *New York Medical Journal*, strapping will be of no use unless it is well done. Let the first strip be put on so as to hold the breast well up by itself alone, whichever direction it is made to take. I usually commence by placing a strip laterally beneath the breast, about half-way between the nipple and lower margin, draw the gland well up, and attach one end high up on the sternum and the other end high up under the arm. The next strip is placed at right angles to the first, close to the nipple. Apply to breast first, draw it well up and fasten upper end, letting it pass over the shoulder, then draw down lower end firmly and fasten it. Don't skip the nipple or cover it, but cut holes through the strips that pass over it, and let it project through. This is to allow the milk which may ooze out for the first few hours to escape, without burrowing beneath the plaster, pushing it off, and making a hot, disagreeable, irritating poultice. Several thicknesses of soft cloth should be placed over the nipple (when pervious), to absorb the milk that escapes. This should be renewed as often as it becomes saturated.

A timely application of this plan of strapping I have found almost sure to arrest commencing mammary abscess.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Mr. A. T. H.—The subject is fully gone into in our issue of December 29th, 1875.

Dr. J. A.—1. Certainly. 2. Many thanks; the information will be useful at the proper time.

The following account of Mr. Birch's death is given in a private letter: "You have of course heard before this of the murder of Mr. Birch, but you are probably not aware of the circumstances of fiendish atrocity which attended the outrage. Mr. Birch went up to Perak in order to post some official proclamations. While having his bath he sent his native interpreter to post them up. The man fastened two up, but the people at once tore them down again, whereupon he returned to Mr. Birch to ask what he should do. The latter told him to put them up as fast as they were torn down, and this the interpreter did until he had posted no less than seven, when he lost his temper and struck one of the natives with a cane. He was immediately killed, and the natives then ran in a body to Mr. Birch's bath-room, which was built on two floating logs. His orderly, who was at the entrance, presented his gun, but seeing he could not stop them, he cried out to Mr. Birch to save himself, and jumped into the river. Mr. Birch dived down between the two beams, and on coming up feet foremost on the other side the fore parts of both his feet were cut off by the instep. He dived again and tried to swim to his boat, but he was struck again, and both heels were cut off with a sword stroke from one of the natives. He was then captured, taken on shore, and speared through the neck to the ground, after which he was stabbed about a dozen times in various parts of the body. Even after this horrible torture he lived some hours. Next day Capt. Innes and two other officers, and a small body of men of the 10th Regt. went up to try and recover the body of Mr. Birch, together with his documents, &c. In attacking a stockade Capt. Innes was killed, and the two other officers with eight men wounded. The party had then to retire and wait for reinforcements."

Quekett Microscopical Club.—On Friday evening next, at 8 o'clock, Mr. A. Hammond will introduce "A Comparison between the Metamorphoses of the Crane-fly and the Blow-fly."

Clinical Society of London.—On Friday, at 8½ p.m., Dr. Bell Taylor, "On a Method of Operating for Cataract by which the Pupil is Preserved"; "On a Method of treating Obstinate Cases of Symblepharon by Replacing the Ocular Conjunctiva by Skin." Mr. C. Heath, "On a Case of Gunshot Wound of the Arm, dividing the Brachial Artery and the Median Nerve." Dr. Broadbent, "On a Case of Embolism of the Right Posterior Cerebral Artery, with Yellow Softening of the Occipital Lobe of the Hemisphere; Death from Endocarditis." Mr. Pugin Thornton, "On a Case of Œdema of the Larynx."

UPPINGHAM SCHOOL.

To the Editor of the Medical Press and Circular.

Sir,—As I am receiving numerous letters from medical attendants, parents, and others, asking me to inform them whether it is safe to send scholars back to this school on the 21st inst., I should esteem it a favour if you would allow me to state through the medium of your journal that I have no evidence before me as to whether or not the necessary structural alterations in the different houses have been completed, and the recommendations on my report, which was read on Saturday last only, as to the *final* disinfection of the infected houses have been carried out.

I certainly cannot recommend the return of the scholars until I have reason to believe that everything has been done that I consider necessary to insure the safety of the boys.

I am, Sir,
Your obedient servant,
Alfred Haviland,
Medical Officer of Health to the Uppingham Rural Sanitary Authority.

Northampton,
17th January, 1876.

Smart.—Our American contemporary the *Clinic*, in its number for January 1st, opens with the following: "We present to our readers this morning with salutations for this New Year's Day, 1876. We present it with the same salutations to many who are not our readers, that seeing what they have lost in years gone by they may hasten to make provision for the future." We trust our American *confrères* will estimate the *Clinic*, not only to the extent of its own trumpeting, but at its true value, and support it accordingly. It is not a large journal, but what there is of it is generally very good class, which to our way of thinking is preferable to huge publications, three-fourths of which are generally padding.

Dr. Lane, Bishops-Castle.—Letter arrived as we were going to press; will be noticed in our next.

M. A. B.—Will appear in our next.

Sir William Jenner, Bart., is the newly-elected President of the Clinical Society of London.

Prof. Huxley will lecture at the Royal Institution on Friday evening next "On the Border Territory between the Animal and Vegetable Kingdoms."

Mr. Bruce will please receive our best thanks.

Medical Practice in China.—We learn from an exchange that a Chinese doctor in Hong Kong, who had failed to save the life of a patient, was tied to the corpse as a punishment, and was only released on his agreeing to pay all funeral expenses.

Communications, Enclosures, &c., have been received from—Mr. George Gray, Speenhamland. Dr. Hoblyn, Bath. Dr. Tilt, London. Dr. Harrison, Audlem, Cheshire. Dr. Hammond, New York. Dr. McGrigor Croft, St. John's Wood. Dr. Kelly, Rotherhithe. Dr. Meadows, London. Dr. Lloyd Davies, Abergele. Dr. Bodman, Devizes. The Registrar-General. Mr. W. Parker, Bath. Mr. E. S. White, Fowey. Dr. Abrath, Sunderland. Mr. Keyworth, Cirencester. Mr. Alderman Cox, Brighton. Mrs. Fayrer, London. Mr. Shackelford, Husbands Bosworth. Dr. Black, Cockburnspath. Mr. Keetley, St. Bartholomew's Hospital. Mr. Blackett, Society for Relief of Widows of Medical Men. Dr. Drysdale, London. Dr. Johnson, Dublin. Dr. Handsel Griffiths. Dr. Martin, Portlaw. Mr. Croker, Pontymister. Mr. Bolton, Broad Sanctuary. Dr. Foulis, Edinburgh. Dr. James, Kensington. Mr. Alfred Haviland, Northampton. Dr. Meadows, London. Dr. Haberson, London. Dr. F. J. Farre, London. Dr. Cortis, Caterham. Mr. Royle, London. Mr. Haynes Walton, London. Mr. Cockcroft, Hurworth. Mr. Fleming, Chatham. Dr. Julius Althaus, London. Mr. Froste, Dublin. Dr. Williams, Manchester. Dr. Hughlings Jackson, London, &c., &c.

VACANCIES.

North London Consumption Hospital.—Physician. Honorary. (See Advt.)

Royal Free Hospital, Gray's-Inn-Road.—Three Junior Resident Medical Officers. Board and residence provided. (See Advt.)

London Hospital.—Assistant Obstetric Physician. Full particulars of the Secretary.

West London Hospital.—House Surgeon. Salary, £70, with apartments. Applications to the Secretary.

Finsbury Dispensary, Clerkenwell.—Physician. Honorary.

Wantage Union.—Medical Officer for the Wantage District. Salary, £50, with fees extra. Address the Clerk to the Guardians, Wantage, Berks.

Birmingham General Dispensary.—Resident Surgeon. Salary commencing at £130 per annum. Applications to the Secretary.

Royal Cornwall Infirmary, Truro.—Visiting Surgeon. Address the Secretary.

Stratton Union, Cornwall.—Medical Officer for the South District of the Union. Salary, £60, with extras. Applications to the Clerk of the Board of Guardians.

Amersham Union.—Medical Officer for the Second District. Salary, £70. Applications to the Clerk of the Board.

Liverpool Dispensaries.—Assistant House Surgeon. Salary commencing at £108, with residence, &c. Address the Secretary, 34 Moorfields, Liverpool.

Applecross.—Parochial Medical Officer. Salary, £154, with house. Address the Chairman of the Board, Tullick, Lochcarron, N.B.

APPOINTMENTS.

Bickerstaffe, R., M.D., House Surgeon to the Darlington Hospital.

Bowkett, W. D., M.R.C.S.E., Resident Medical Officer to the Bolton Union Workhouse at Fishpool.

Carline, W. A., M.B., C.M., M.R.C.S.E., House Surgeon and Dispensary to the Lincoln County Hospital.

Gobat, J. T., L.R.C.P.Ed., M.R.C.S.E., Medical Officer and Public Vaccinator for No. 5 District of the Wrexham Union.

Jackson, P. J., M.R.C.S.E., House Surgeon to the Surrey Dispensary, Great Dover Street, London.

Kenny, J. H., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for No. 3 District of the Parish of Birmingham.

Macan, A. V., M.B., M.C., Gynæcologist to the City of Dublin Hospital.

Sloan, S., M.D., C.M., an Assistant Physician-Accoucheur to the Glasgow Lying-in Hospital.

Tandy, B. L., L.R.C.P.Ed., L.R.C.S.I., Medical Officer and Public Vaccinator for No. 4 District of the Risbridge Union, Suffolk.

Willan, R. M., M.R.C.S.E., Medical Officer for the No. 4, or Leigh District of the Martley Union, Worcestershire.

Wood, T. O., M.R.C.P.Ed., F.R.C.S.Ed., Resident Medical Superintendent of the Isle of Man Lunatic Asylum, Douglas.

Marriages.

Burroughs—Evanson.—On the 15th inst., at Nenagh Church, Hastings W. Burroughs, L.R.C.S.I., to Ada Kathleen, daughter of the late Rev. A. M. Evanson.

Fergus—Brereton.—On the 13th inst., at Moira, co. Down, S. Fergus, M.D., Moy, to Mary, youngest daughter of the late Wm. Brereton, Kilwarlin, Hillsborough.

Deaths.

Blake.—On the 14th Jan., at Richmond, Surrey, W. J. R. H. Blake, M.D., aged 46.

Cottingham.—On the 9th Jan., at Mare Street, Hackney, E. C. Cottingham, M.R.C.S.E., aged 50.

Cronin.—On the 17th Jan., at Queenstown, W. J. Cronin, F.R.C.S.

Doherty.—On the 11th Jan., at Redcastle, Donegal (after an illness of only two days), Richard Doherty, M.D., J.P.

Lambert.—On the 15th Jan., at Bootham, York, Thos. Tyas Lambert, M.R.C.S.E., aged 65.

Marsh.—On the 17th Jan., at Dante Road, Newington Butts, Thos. J. Wm. Marsh, M.D., aged 56.

Noott.—On the 12th Jan., at Cardigan (after a lingering illness), Wm. L. Noott, M.R.C.S.E., aged 71.

Stutter.—On the 17th Jan,, at Upper Sydenham, F. A. Stutter, M.D., aged 49.

Stewart.—On the 11th Jan., at Cootehill, Cavan, Wm. Stewart, M.D., aged 79.

Valentine.—On the 4th Jan., at Malden-Newton, Dorsetshire, John Valentine, M.R.C.S.E., aged 77.

IRISH POOR-LAW INTELLIGENCE.

MEDICAL EXAMINATION OF LUNATICS.

At a recent meeting of the guardians of Ballinasloe Union, a communication from the clerk of petty sessions at Eyrecourt was read, asking payment of 5s. for car hire and 20s. as fee to Dr. Pelly, who had examined a lunatic at Shannon Grove, in the Ballinasloe Union district, on a magistrate's order, on which occasion a car was procured for the purpose of conveying the patient to Eyrecourt for the examination. It was agreed to write to the Local Government Board to ascertain if payment of the money was compulsory ; also whether the medical officer of the district was not the proper doctor to be called upon. At the last meeting of the guardians a reply from the Local Government Board was read. It was to the effect that if Dr. Pelly was called on by the magistrates to inspect the patient the guardians were liable for payment.

BOYLE GUARDIANS.

The minutes of previous meeting having been read, in which reference was made to Dr. Kisby's application for a fee he claimed under the provisions of the Compulsory Vaccination Act, for having assisted in prosecuting defaulters at Ballyfarnon petty sessions, the application was refused by the guardians, on the ground of no expense being incurred in the case by the medical officer of the dispensary district. Dr. Kisby attended before the board, and produced printed documents to show that fees were granted to himself and other medical gentlemen in similar instances ; a magistrate's certificate was also produced in support of the claim. A communication was since then received from the Irish Medical Association stating that should the guardians refuse paying Dr. Kisby the fee demanded by him legal proceedings will be instituted for recovery of same.

Chairman—Will the money be paid to Dr. Kisby ?

Clerk—The Board declined to reply to the letter.

The former ruling of the Board remains unaltered.

NAAS UNION.

THE LATE ELECTION OF A MEDICAL OFFICER FOT KILCULLEN.

A letter from the Local Government Board on the above subject was read, sending communications which have been addressed to them in reference to the recent election of a medical officer for the Kilcullen dispensary district, in which it will be seen that the legality of the constitution of the committee of management is questioned. The following is the letter :—

"Gentlemen,—I beg leave to lay before you the following statement of facts :—

"An election of medical officer for the Kilcullen dispensary district was held yesterday. Sixteen members and four candidates attended. Nine votes were given for Dr. Barker and seven for me. It was so well known before then how each member would vote that a tie was expected. One of those who voted for Dr. Barker stated, as I am informed and believe, that he did so because if he had voted or me the Chairman would give a casting vote for Dr. Barker, and that therefore his so voting for Dr. Barker and not for me did not affect my prospect of appointment. It is a mistake to suppose that the Chairman, who had already voted for Dr. Barker, could give a second or casting vote contrary to Article XV. of your General Order.

"I have reason to believe that three of the persons who voted for Dr. Barker should not have voted at all in consequence of not being qualified under the provisions of the Act. I therefore charge that the dispensary committee of Kilcullen seems to be illegally constituted. That persons voted for Dr. Barker who appear not entitled to vote. That the improper admission of even one of those votes gave a false appearance of equality to the members voting for Dr. Barker and myself, and led directly to a majority of votes for Dr. Baker. And I respectfully submit for your consideration that if you find even one improper vote to have been so given for Dr. Barker, the interests of justice require a new election. —I have the honour to be, gentlemen, your obedient servant,

"D. J. Buckley, B.A.,
Physician and Surgeon."

Protests were also made by the parish priest and a number of the ratepayers on the same grounds.

BALLINA GUARDIANS.

SMALL-POX.

Dr. Mahon stated that there were two cases of small-pox in his district, at Kilmurry ; one person died after a short ilness, and a young woman was now ill of the disease whose removal to hospital at an early stage of it he had counselled, but ineffectually. As it was most important that persons afflicted with small-pox should be removed to hospital, he wished to know how he was to proceed to attain so important an end.

Clerk—The magistrates can give an order for removal if it is shown that there is not suitable accommodation at the house of the person.

Dr. Mahon—In this case I found 3 cows tied in the room, which I ordered to be removed, but otherwise the house was large enough.

Mr. Walshe said that some of the family had come to his house for wine and other things ; he suspected that there was something peculiar in the disease, and learning it was small-pox he prevented them coming into the house. His brother issued a ticket to have the doctor attend, who found the disease to be the very worst type of small-pox.

Dr. Mahon said this woman was being attended by her brother only, and he told him he ought to get a woman to nurse her, as he was likely to get the disease himself, but he replied that he (the doctor) might himself be the first to take it.

Mr. Walshe—The family did everything possible to disguise the nature of the disease.

Dr. Mahon traced the disease to inoculation by a quack called "Jack tbe Doctor," who had visited the locality, and who said the persons had only mild attacks of the natural pock.

ATHY UNION.

STIMULANTS IN THE INFIRMARY.

THE Clerk then read returns prepared by him.

Chairman—The Clerk showed that there were 4,000 days last year more than in the previous year.

The Clerk said that each patient who remained in for a week counted as seven days.

Chairman—And about 2,450 more than the year 1873. The cost of stimulants in 1873 was £99 1s. 4d., in 1874 £97, in 1875 £179—that is, in 1875 the cost was close on double what it was in 1873.

Mr. Reeves—We should know how much more was the cost per head in 1875.

Chairman—In 1875 it was something about twopence per head, and in 1873 one penny and one-fifth.

The Clerk said that the cost was about 8d. 2-5th per head per week in 1873.

Mr. Byrne—Half of those in the infirmary get nothing, and others get two glasses of whisky a day.

Mr. O'Beirne—Could we not ascertain the exact number of patients who get stimulants?

Mr. Reeves—Or how many people were in the hospital last year?

Mr. Byrne said that he did not know whether the ratepayers could get two glasses of punch each day.

The Chairman said that the increase was a most serious matter. In 1875 the cost of all kinds of liquor was nearly five times higher than in 1872. He did not see what power they had in the matter except to call the doctor's attention to it.

The Clerk said that during the period from December, 1873, to December, 1874, 64 people died in the hospital. The number of deaths from October, 1874, to October, 1875, was 77.

The Clerk, in reply to Mr. Whelan, said that the number of deaths included the deaths in the fever hospital, but the returns of stimulants before the board only referred to the workhouse hospital.

Mr. O'Beirne—It is useless for us to be trying to save the ratepayers if the doctor is not here to give us satisfaction. Now, after waiting a considerable time, I propose his absence be noticed on the minutes.

The Chairman put the resolution, which he declared carried.

Subsequently Dr. W. F. Mara came before the board, and said that Dr. O'Neill was very ill, and unable to leave his bed.

It was ordered that Dr. Mara's explanation of Dr. O'Neill's absence should be inserted on the minutes.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING JAN. 15, 1876.

Total registered deaths in Dublin and suburbs *	...	197
Ten years average of same week	...	190
Excess of mortality above average	...	7
Ratio of deaths, suburb of Rathmines ...	42	per 1,000
" " " Donnybrook† ...	24	"
" " " Blackrock ...	7	"
" " " Kingstown ...	23	"
" " Entire Dublin district ...	33	"
COMPARATIVE RATIOS—London	24	"
" " Glasgow... ...	27	"
" " Edinburgh ...	31	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases registered during the week was 34, including 6 from fever (1 typhus, 3 typhoid or enteric, and 2 simple continued fever), 5 from scarlet fever, 7 from whooping-cough, 4 from diarrhœa, 3 each from measles and erysipelas, 1 each from diphtheria, croup, influenza, &c.

Eleven children died from convulsions.

Bronchitis proved fatal in 38 instances, pneumonia in 7, pleurisy in 1, and lung disease unspecified in 11.

Four deaths were ascribed to apoplexy, 2 to paralysis, 4 to cephalitis, 1 to epilepsy, and 3 to brain disease unspecified.

Heart disease caused 14 deaths, liver disease 3, hepatitis 1, and kidney disease unspecified 1.

Twenty-two persons died from phthisis, 2 from mesenteric disease, 4 from hydrocephalus, and 3 from cancer.

Five accidental deaths were registered.

Two deaths each from scarlet fever, whooping-cough, and diarrhœa, and 1 from measles were registered in Belfast.

Five deaths from scarlet fever, 3 from fever, 2 from whooping-cough, and 1 from measles were registered in Cork.

Three deaths from scarlet fever, 2 from whooping-cough, and 1 from measles were registered in Londonderry.

QUARTERLY SUMMARY.

Births.—In the Dublin District the number of births registered during the quarter ended on 1st January amounted to 2,128, being equal to 27 in every 1,000 of the population.

The number of births registered north of the river Liffey was 863, or 32 in every 1000 of the population, and south of the river the number was 865, or 25 per 1000. In the suburbs of Rathmines, Donnybrook, Blackrock, and Kingstown the number of births registered amounted to 400, or only 23 in every 1000 of the population.

There was registered in London during the same period an annual birth-rate of 35 in every 1000, in Glasgow 37 per 1000, and in Edinburgh 31.

Deaths.—The number of deaths registered in the Dublin Registration District during the quarter afforded an annual ratio of 1 in 36, or 28 in every 1000.

The number of deaths registered last quarter north of the Liffey was 805, or 30 in every 1000, and south of the river was 1,033, also affording an annual mortality of 30 in every 1000 of the population. In the suburbs of Rathmines, Donnybrook, Blackrock, and Kingstown the number of deaths registered was 333, being equal to an annual death-rate of 19 in every 1000 of the population.

The deaths registered in Belfast represent an annual ratio of 27 in every 1000, in Cork 32 per 1000, in Limerick 26, in Londonderry 25, in Waterford 25, in Galway 20, and in Sligo 19.

The number of deaths registered in London was equal to an annual mortality of 24 in every 1000, in Glasgow 25 in every 1000, in Edinburgh 23 in every 1000.

Diseases.—Dublin Registration District.—The deaths from zymotic diseases registered during the quarter amounted to 426, or 19·6 per cent. of all the deaths, and equalling an annual rate of 5·4 per 1000 of the population, the deaths from the seven principal diseases of this class being equal to 4·3 per 1000 inhabitants.

Whooping-cough was very prevalent—76 deaths, or 3·5 per cent, of the total deaths were referred to this disease. In the corresponding quarter of 1874 only 6 deaths were caused by whooping-cough.

Sixty-eight deaths, or 3·1 per cent., were ascribed to fever, viz., 13 to typhus, 44 to typhoid or enteric, and 11 to simple continued fever. Measles proved fatal in 67 instances, or 3·1 per cent. of all the deaths.

Diarrhœa caused 83 deaths, or 3·8 per cent. of the total deaths. Scarlet fever, which caused as many as 238 deaths in the corresponding quarter of 1874, contributed no more than 25 deaths during the past quarter. Croup caused 26 deaths, diphtheria 13, erysipelas 9, &c.

Convulsions caused 151 deaths.

Three hundred and thirty-five deaths, or 15·4 per cent.

of all the deaths, were referred to bronchitis, 58 to pneumonia, 5 to pleurisy, 4 each to laryngitis and asthma, and 55 to lung disease unspecified.

One hundred deaths resulted from heart disease, 4 from aneurism, 2 from pericarditis, 48 from apoplexy, 40 from paralysis, 10 from epilepsy, 9 from cephalitis, 6 from insanity, 1 from chorea, and 35 from brain disease unspecified; 29 from liver disease, 7 from jaundice, 1 from hepatitis, 16 from Bright's disease, 2 from cystitis, 1 each from ischuria and stone, and 20 from kidney disease unspecified.

One hundred and ninety-six persons fell victims to phthisis, being 9 per cent. of the total deaths registered, 32 to mesenteric disease, 29 to hydrocephalus, 14 to scrofula, 42 to cancer, &c.

Fifty-two deaths were accidental and 2 suicidal.

Provincial Towns.—Of the total deaths registered in Belfast during the quarter, 196, representing an annual death-rate of 4·3 per 1000 of the population in 1871, were caused by the 7 principal zymotic diseases. Of the foregoing, 62 were caused by scarlet fever, 4 by small-pox, 49 by diarrhœa, 34 by fever, 23 by measles, 14 by diphtheria, and 10 by whooping-cough.

One hundred and thirty-five of the deaths registered in Cork were caused by the 7 principal zymotic diseases, viz., 47 by scarlet fever, 24 by measles, 23 by diarrhœa, 20 each by fever and whooping-cough, and 1 by diphtheria. These deaths equal an annual rate of 5·9 per 1000 of the population.

In Derry the 7 zymotic diseases caused 57 deaths, a number corresponding to an annual death-rate of 7·4 per 1000 of the inhabitants. Of the 57 deaths 41 were caused by scarlet fever, being more than one-fifth of the total deaths registered.

REPORT OF THE INSPECTORS ON THE LUNATIC ASYLUMS IN IRELAND.

A marked difference exists in regard to the respective inmates both in asylums and poorhouses, the number being lowest, or nearly 1·50 in the districts of Down, Armagh, Galway, whereas in Dublin, Louth, Waterford, &c., &c., it is 2·50, and in Limerick fully 3 per 1000, exclusive of the reputed insane out of doors. From the carefully compiled returns of the Commissioners in England it would appear that the insane aggregate under their immediate supervision in 1864 was 44·795, the then population being 20,500,000; with an increase of only 3,060,000 inhabitants, the lunatic element had advanced in the course of ten years by 15,998 patients to 63·973 throughout the kingdom at large, 42·529 being in public asylums, of whom only 2,431 are represented curable. A very important subject for consideration is involved in these data affecting both countries alike, namely, how far the machinery as it were of regularly organised asylums is required for individuals who afford no reasonable hope of recovery. Doubtless there are many inmates of these institutions who under proper local care and proper supervision might with safety be more economically treated elsewhere, but in the great majority of cases the reverse holds good—seven to eight per cent. constituting so far as our inquiries extend, the exceptional maximum, for it must be conceded that within the precincts of an asylum and under trained attendants, some are amenable and quiet, who without judicious treatment would become intractable and dangerous.

With respect to the accommodation in Irish district asylums, not simply meaning the numbers they are made to contain, it is much below requirements, as we have at present almost a thousand in them beyond their legitimate complement. Some are overcrowded by nearly a third, as those at Limerick, Armagh, and Londonderry—others less so. Taking a broad practical view of the subject, all these limited institutions should not only be restored to a normal condition by additions, but supplemented when necessary, so as to meet local requirements, thereby effecting a complete provision for probably 8,200 beds, the existing but imperfect one being restricted to 7,347.

The liberal rate in aid bestowed by Government on the public asylums of the three kingdoms, while protected on the one hand by a considerate economy, confining its expenditure to proper objects, ought at the same time be dispensed by local authorities with an increased regard to the comforts of the insane, for the better maintenance of each thousand of whom the State annually contributes £10,400.

With reference to the general working of district asylums during the past year, we are enabled to report in favourable terms, if their utility as great public institutions is to be estimated by results, embraced within recoveries, improvements, a diminished mortality, immunity from accidents, smaller current outlay, and last, though not least, their moral as well as fiscal management.

The total of both sexes under treatment during the twelvemonth was 9,501, including 2,154 admissions. The actual recoveries amounted to 932, the discharged improved or convalescent to 244, and the deaths to 623. Calculated on admissions the cures reach 43·40 per cent. if on all resident 9·80; while cures and improvements combined are equal to 53·20 per cent. in the former, and 12·5 in the latter contingency. With regard to deaths, the mortatity—particularly if the severity of a long winter and the liability of the insane to pulmonary affections be considered—may be regarded as particularly low, when not exceeding 6·80 per cent., the averape in lunatic institutions generally being 8·40. Included within the deaths are 4 from suicide, and 5 succeeding on accidents in an aggregate daily population of 7,254 patients, of whom in the year 1,174 were received on magisterial warrants and by depositions as evincing dangerous tendencies.

We haue adverted to the moral management of district asylums as exhibited in the conduct and demeanour of the staffs attached to them, which may be stated as uniformly good, and in the opinion of their superior officers satisfactory. Occasionally infractions of duty may have occurred, ending, if repeated, in suspensions, the infliction of fines, or even dismissals, from insobriety, but nothing of cruelty or criminal impropriety, save in two instances when legal proceedings were had recourse to and with success.

The total expenditure, all items of outlay included, on the current maintenance of district asylums in the year 1874 amounted to £184,749, and although there were 240 inmates more in these institutions for the time being, the charges were less by £4060 than in 1873, being at the rate of £25.2 per head, as against £26.4 in the last named year. On the 1st January, 1874, district asylum accounts stood as follows—there was an available balance in hands of £19,078 9s. 1d.; subsequently, and in the course of the year, £184,749 9s. 5d., repayable by grand jury presentments, was received from the Treasury, £2,720 from pay-patients, &2,621 8s. 10d. for farm and garden produce, and £1,353 7s. 5d. from various miscellaneous sources, constituting a total of £216,565 1s. 6d., deducted from which the expenditure as just given for the same period, there remained £20,053 6s. 4d. in bank to the credit of the different boards of governors on the 31st December. The capitation cost varies in different asylums; we find, as a rule, in consequence of repairs, refitments, and minor alterations to meet contingent wants, that the less perfect in construction and worse furnished the establishment at large, the dearer is after maintenance. Having by statute and Privy Council rules so much to do with the direct control and management of district asylums in regard to domsstic details as well as the issue and outlay of money, it is gratifying to us to state that, up to the present, the reports of the Government auditors, who are particularly minute in their inquiries, may be deemed,

on the whole, most favourable. Trivial disbursements, though fully equitable in themselves, have now and then been made by local boards not in strict accordance with regulations, but specially noted at the period of audit, and reported to the inspectors; finally, however, not disallowed, save in some rare instances, the total not exceeding a few pounds.

Re-adverting to patients who after admittance into these lunatic institutions under the 21st Privy Council, and on sanction of the inspectors, they numbered 167 during the year, at an average charge each of £16 17s. 6d. For their support the rate in aid is not available.

Connected with the question of expenditure, there is a matter worthy of remark, viz., the reproductive industry of the inmates of public asylums. On the first establishment of these institutions, nine in number, by a special board of commissioners constituted under the 1st & 2nd Geo. IV., cap. 33, the quantity of land attached to them in the aggregate was only 120 acres, a very limited allowance indeed, in a country where in the absence of manufactures means for agricultural employment ought to have been fairly provided. Since our appointment to office, and particularly after being nominated in 1858 joint commissioners of control, satisfied as to the expediency of having large farms connected with these institutions, we do not fail to urge personally at boards and in our reports of inspection the advantages derivable from increasing the extent of those that appear to us too limited.

In former reports we adverted to the inconsiderate manner, to use a mild term, in which magistrates committed lunatics to asylums as dangerous, in many instances not taking the trouble to make proper inquiry into the merits of the case, in others acting without a due regard to the provisions of the statutes, clear and definite in themselves; thus they injudiciously supersede the functions of the governors of asylums, entail occasionally an uncalled for county expenditure, and give a continued trouble to the executive, obliged for law sake to rectify their errors, in fact to keep them out of harm's way, and a liability to civil actions for illegal confinements of the subject. The evil is certainly being abated through the intervention of circulars to justices directly from Government with a strict injunction to committing magistrates to secure to the reputed insane transferred by them to asylum under warrant, every care and attention during their conveyance, instances having occurred of females being sent from forty to fifty miles alone and under armed escort, and of men being manacled by locks and tied with ropes in the conveyance.

On analysing the summaries of the registered and unregistered insane as already afforded, it appears that at the close of the year 1874 there were 177 less at large of the mentally affected than at its commencement, when they numbered 6,941.

Bearing in view the facilities already adverted to of sending patients to district asylums, it is but reasonable to infer that the types of mental disease in the unregistered as a rule is not of a marked or acute character.

The admissions for the year contained 215 individuals aged from 60 to 78—217 from 50 to 60—321 from 40 to 50—569 from 30 to 40—643 from 20 to 30, and 188 under 20. The largest number in any decades being in the intervals of 20 and 40, when 1,212 were admitted. The insane transferred directly from poorhouses to asylums within the period constituted an aggregate in the proportion of about six per cent. on the total of all classes of idiots, epileptics, imbeciles, and lunatics, which they contain.

A reference to the above statistics of admission bears practically on the past and future, when it is remembered that at the commencement of 1874 there were between the assumed insane at large and those in union workhouses 9,845—2,154 being admitted into district asylums (including three from the criminal asylum whose period of confinement had ceased) 23 per cent. only of the 9,845 may be regarded as during the twelvemonth to have needed special treatment or supervision—while of the 2,154 no less than 1,100 were committed as dangerous by justices, under 30 and 31 Victoria; some little beyond childhood, others in the last stages of debility or senility, who barely reached their destination in time for death.

ABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, January 15th,* 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION 1871.	WEEK ENDING SATURDAY, JANUARY 15TH, 187															
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	33	165	197	28	47	...	3	5	1	7	6	4	5	7	48
BELFAST . . .	20,687	182,082	28	151	97	14	19	...	1	2	...	2	...	2	..	...	22
CORK . . .	13,816	91,965	37	60	65	9	13	...	1	5	...	2	3	...	1	5	16
LIMERICK . .	8,509	44,209	25	17	21	5	6	...	...	..	...	2	...	...	1	2	4
LONDONDERRY .	21,865	30,884	42	14	25	2	5	...	1	3	...	2	...	...	...	2	1
WATERFORD . .	17,209	30,626	14	15	8	2	4	...	...	...	...	...	..	...	...	1	1
GALWAY . . .	21,358	19,692	16	8	6	1	3	...	...	...	...	...	...	...	...	...	2
SLIGO . .	30,885	17,285	24	8	8	...	6	...	...	...	...	..	...	...	...	...	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 2, 1876.

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FOR AND AGAINST ANIMAL VACCINATION. (a)

By Charles R. Drysdale, M.D., M.R.C.P. Lond., F.R.C.S. Eng.,

Senior Physician to the Metropolitan Free Hospital; Physician to the North London Consumption Hospital; and Consulting Physician to the Farringdon General Dispensary.

Continued.

Dr. Jeanty, writing from Virton, in June, 1871, says: "As to vaccinations operated on children, as a general rule we always succeed. Dr. Schener, of Spa, speaks to the same effect. Dr. Verbrucken, of Mells (le Gand), tried and succeeded twenty times with twenty supplies; and Dr. Warlomont mentioned on November 5, 1871, that these vaccinations and revaccinations, operated by more than thirty-six of the most active medical practitioners of Belgium by means of ivory points delivered by the Institute, had given results which surpassed those ever procured by human vaccine lymph, however it might be preserved. For instance, in vaccinations, out of a total of 324 cases there were 303 successes, or 93·5 per cent.; whilst in revaccinations, out of a total of 5,425 cases there had been 3,419 successes, or 63·2 per cent—a figure higher than that of revaccinations operated by arm to arm vaccination, as shown by statistics. He, therefore, concludes—1, that animal vaccine lymph dried on ivory points, such as is delivered by the State Vaccinal Institute, is in no ways inferior in revaccinations to human vaccine lymph taken from arm to arm, nor in vaccinations to the same vaccine lymph preserved either in tubes or between glass plates. It is infinitely superior to liquid animal vaccine lymph preserved by the processes hitherto made use of. 2. It gives to persons on whom its inoculation has failed, and who judge it useless to submit to a new operation, the same security that any other species of vaccination could yield, even that from arm to arm."

In pages 9, 11, 12, 13, 14, and 20 of his classical work, referring to Cases 1, 2, 3, 4, 5, and 8, the last of which cases was inoculated thirty-eight years before, Edward Jenner, writing in 1798, asserted that any farm labourer who had at any period of his life had cow-pox was after that sheltered from the small-pox. Of course we now know that *human* vaccine does not completely carry out that ideal of excellence; but does it still hold good for cow-pox? Of this I presume that out of Italy no European nation has as yet any sufficient evidence. Dr. Warlomont seems to have some notion that animal vaccination is a better safeguard against small-pox than human vaccination. He says: "I don't know what my colleagues have observed; but, for myself, I declare I have yet to wait for a single one of my successfully vaccinated or revaccinated cases (and they have amounted to over 10,000 in the last five years) which the demon of small-pox has been able to attack."

He also quotes Dr. Roels, who, writing in June, 1871 says: "A singular fact, and one I think it a duty to report to you, has occurred to me during this epidemic. The commune of Gouzy le Pieton, where I live, is next to that of Trazegnies and Courcelles (Hainault). The disease has reigned at the same time and with virulence in the three communes. At Trazegnies and Courcelles many very young children, regularly vaccinated, were attacked by it and succumbed. But at Gouzy le Pieton there was not one case of small-pox among the vaccinated children younger than five years. This fact struck me, and I communicated it to my honourable friend, bourgmestre M. Delgouffre, who had made the same remark. I declared to him that in my eyes this beneficent influence, which was so mysterious in protecting our little children, was none other than animal vaccination."

It has been said that animal vaccine causes greater local disturbance than human; but Dr. Warlomont assures us that this is quite an unfounded charge. In France animal

(a) Read at the Medical Society of London on the 15th November, 1875. Dr. Routh, President, in the chair.

vaccination does not make the way it might be expected, owing chiefly to the use of tubes for preserving the lymph, which process is quite contrary to all Belgian rules, and must be abandoned if animal vaccination is used.

Non-Identity of Variola and Vaccinia.—The illustrious Jenner, struck by the preservative properties of vaccinia, in common with other physicians subsequently, and especially Ceely and Thiele, thought that small-pox and vaccinia were but the same disease. It appears, however, that the experiments of Chauveau, of Lyons, assisted by Viennois and Meynet, have proved that small-pox is inoculable on the cow; but that the organism of the bovine species is but little suited to reproduce this virus, so that it remains there in a condition of merely local eruption, so as not to be capable of being reinoculated on a fresh subject. Nevertheless the cow, when inoculated with variolous matter, loses the power of contracting the vaccine disease. Hence variola and vaccinia do not pass into each other, as has been surmised.

"In vaccine lymph," says Chauveau, "there is, on the one hand, the serosity, containing the albumen and other soluble substances; and, on the other hand, the solid elements—that is, the leucocytes and elementary granulations, kept in suspension in the serosity. By utilising the well-known phenomena of diffusion we recognise that the vaccine serosity in cow-pox, absolutely deprived of all its solid corpuscles, and the finest granulations, is deprived of virulence, and thus the activity of the vaccine resides in the solid granulations, either indistinctly in all of them, or only in a part of these minute elementary organs. This is the reason why cow-pox cannot be kept for any time in tubes. The solid portion so quickly separates from the serum that it is impossible to keep the lymph homogeneous for more than a few hours."

The following is the text of the printed circular sent out with the ivory points from the Brussels Institute:—

"Institut Vaccinal de l'Etat, Direction, 74 Avenue de la Toison d'Or.—Royal Decree of July 14, 1868 (*Moniteur* of the 14th July), Extract, Article 5.—The gratis distribution of vaccine lymph is limited to two tubes or points a year for each practitioner. The director shall, however, be called on to satisfy all demands made upon him, but may require from the administrations of each commune a payment of one franc, and from private practitioners two francs, for each piece exceeding the above limit. He is, furthermore, authorised to deliver vaccine to private persons at the rate of two francs each point. The Direction also authorises practitioners, especially those in country parishes, to ask for gratis vaccine whenever they are in want of it to renew their stock, to the profit of the public health, stating in the letter whether the demand is the first made in the year or supplementary.

"Practitioners of medicine and communal administrations, in places where there are no physicians, have alone the right to obtain vaccine gratis. They must make a written demand for it, by prepaid letter, to the above address, accompanied by a stamp of 10c. to prepay the return letter. For each supplementary point they must add, for the first, two francs, and for the others, one franc per point, in a post-office order, or by stamps of 10c.

"HOW TO USE THE POINTS.

"Plunge the point quickly into tepid water, and after its withdrawal, leave the vaccine to soften for two or three minutes. Make three scratches at 1mm. distant from each other, and of some 4mm. long, only cutting through the epidermis, or one circular scratch by means of the vaccination trephine. Should a little blood flow, allow it to dry; then pass over the part when it is dry the vaccine point several times. Rub in the lymph until the point is free from vaccine; should blood mingle with the lymph collect it on the incisions, and let it dry there. One point should not be considered sufficient for more than one vaccination."

NOTE.—In order to distinguish the ivory points used for animal vaccination from those used for human lymph, they have been made much larger, and measure about two inches in length and quarter of an inch in breadth.

It is, perhaps at this point that I ought to mention what has been said for and against vaccino-syphilitic contagion. In the year 1800, Mosely (*A Treatise on Cow-pox*, 1805) asserted that cases which would seem like syphilis, appeared after the vaccination of some children. In 1814 Monteggra, of Milan, read a paper recognising vaccino-syphilis. Marcolini, in 1823, published a memoir (*Ann. Univ. d. Med. Comp. da Annib. Asmodes*), where he mentions having noticed in 1814 the transmission of the two viruses. In 1821 and 1824 Professor Cerioli, of Cremona, related cases where syphilis had been spread by vaccination. In 1831, Dr. Bidart, of Pas (Pas de Calais) (*J. de Med. et d. Chir. Prat.*, 1831) alleged that the disease could not be communicated by vaccination. In 1839 (same journal, 1839, t. x.) the Société de Médecine of Paris debated this question, and resolved it in the negative. In 1842 Dr. Sigmund, of Vienna, asserted that chancrous pus destroyed vaccine lymph, when both were inoculated together. He probably used the pus of soft chancre. These experiments were published at the trial of Dr. Hubner, in Prussia (*Erfah ub. Vac. Syph. Krank. mit Ruck. auf d. Angeleg: der Gerichtartzis*, Wien., 1855). In 1855, Ceccaldi, of Constantin (*Rev. Med. Chir. de Paris*, 1863, t. xiii.) gave three cases of vaccino-syphilitic contagion. In 1849 Dr. Viani (*Gazz. M. Lomb.*, 1849) gave a case of the same kind. In 1850 an article, signed Wegeler, appeared in the *Med. Zeitung* of Berlin, where nineteen persons were made syphilitic out of twenty-four vaccinated by a veterinary surgeon. In 1855 Sperino and Beaumetz repeated the experiments of Dr. Sigmund, but did not confirm them. In 1855 Dr. See resumed the trial of Hubner (*Gaz. Heb.*, March, '55) where, in 1852, thirteen children were rendered syphilitic by vaccination. In 1854 Dr. Monnell, of New York (*Med. Times and Gaz.*, 1854) published a case. In 1859 Dr. Whitehead, of Manchester, in his third report of the Clinical Hospital of Manchester, mentioned thirty-four cases where children became syphilitic after being vaccinated, some of which seem to have been true cases of vaccino-syphilitic disease. In 1859 Dr. Lecocq (*Gaz. des H.*, Dec., '59) reported two important cases of syphilitic infection of soldiers by means of vaccination. In the debate on vaccino-syphilitic contagion in the Academy of Medicine, in 1864, in Paris, M. Trousseau mentioned some cases; one of which had been seen and lectured on by M. Ricord. Auzias (Turenne) and Bouvier also mentioned cases; but many speakers, including Ricord, were still completely sceptical as to the possibility of its occurrence. Thus some orators mentioned that they had taken the lymph from syphilitic infants and vaccinated with it without producing anything unusual.

In England a general scepticism as to the possibility of the occurrence of vaccino-syphilis has existed until quite recently. Mr. Seaton seems to have shared the general scepticism until lately, when, on June 27, 1871, Mr. Jonathan Hutchinson communicated his two series of cases of vaccino-syphilitic inoculation to the Royal Medical and Chirurgical Society of London. In the first series of his cases, twelve persons, mostly young adults, were vaccinated from a healthy-looking child. The vaccination progressed favourably in all; but indurated sores appeared on the arms of those vaccinated on the 8th week. All of them were treated by mercury, when the primary sores rapidly disappeared. Constitutional symptoms appeared in four of the patients in five months after vaccination. The vaccinifer showed condylomata at the age of six months. In the second series of cases there were signs of constitutional syphilis in nine children, all vaccinated from the same patient, and suspicious symptoms in six others. The vaccinifer was a fine, healthy-looking child, but with slight local symptoms indicative of inherited syphilis.

Hutchinson's series of cases seem to indicate that it is nearly impossible for any ordinary practitioner to be sure that a vaccinifer from which he is about to vaccinate

is thoroughly free from danger, unless, indeed, he strip the infant and examine it most carefully from head to foot. In the latter series of cases just cited there was no mention of blood having been drawn with the lymph. The well-known experiment of Pellizzari, of Florence, who, on February 6, 1862, inoculated successfully syphilis on his friend, Dr. Bargioni, by means of the blood taken from a syphilitic woman, proves the virulence of syphilitic blood; and in this case a hard sore appeared in twenty days. But in some cases of vaccino-syphilitic contagion the inoculation of other products seems to carry the disease with it.

What has hitherto been said tends more or less to the adoption of the process of animal vaccination; but much has been said, and doubtless will be said, against this innovation. Professor Crocq, of Brussels, for instance, in a debate in 1871, professed himself still a disbeliever as to the existence of vaccino-syphilis, observing, in passing, with truth, that syphilis is the only disease clearly attributed to vaccination by medical authors of repute. Nevertheless, he confessed that he would not venture to vaccinate any child from the arm of a syphilitic infant. Crocq, in common with many others, asserts that the preservative powers of vaccine matter are as great now as they have ever been. There is, in short, but one vaccine matter, always identical with itself, and hence never requiring to be regenerated. Regeneration takes place in all viruses when they reach a propitious soil.

(To be continued.)

A CASE OF CHRONIC RHEUMATIC ARTHRITIS OF THE HIP; WITH SOME REMARKS ON THE TREATMENT OF THE DISEASE. (a)

By Henry Kennedy, M.B.,

Physician to the Whitworth Hospital, Drumcondra, and Simpson's Hospital; President of the Pathological Society.

As the following case presented more than one feature of what seems to me to have a practical bearing, I venture to hope it may be thought worthy the notice of the Society I have now the honour of addressing. The disease of which I am about to speak may be described as occupying neutral ground between medicine and surgery; whilst in no city in Europe has its natural history been more thoroughly investigated, or its morbid anatomy described, than in Dublin. My general remarks, however, will probably come in better after I have given the details of the case.

A lady of 45 years of age, of tall stature, sanguineous temperament, and in easy circumstances, began to complain just two years since of some unpleasant feelings referable to the right leg. At first she was quite unable to describe her feelings. She only knew they were not those of health, and the more so as her habits had been of a very active kind. By degrees, however, a feeling of uneasiness, referred to the right hip-joint, attracted her notice, and after any unusual amount of exercise she was conscious of a sense of aching in the whole limb, which, however, went away on going to bed. A few weeks later she observed that certain movements gave her pain. Thus the crossing of one knee over the other became unpleasant to her; as also the act of rising from her knees; and going up and down stairs she could not accomplish as formerly. Finally, in June, 1874, she consulted two medical gentlemen residing in a large town near her. They at once detected the disease of the hip-joint, of the nature of chronic rheumatic arthritis, and advised her to go to Dublin and consult the late Mr. Adams, at the same time saying or implying that little or nothing could be done for her. With this unfavourable impression on her mind she came to town and saw Mr. Adams, who confirmed the diagnosis already made, and advised her to go to Aix-les-Bains, and on her way through London, to see Sir James Paget. This she did, and then proceeded to Aix, where she used the baths and douches most assiduously for six weeks, and then returned to Dublin, but, as she thought herself, without any improvement in her state. In consequence of Mr. Adams' failing health, I was now asked to see her, and did do so in the beginning of December, 1874. I found all the symptoms of the disease well marked, there being, in addition to anything yet stated, distinct wasting of the thigh especially, and also marked coldness of the whole limb; neither could she lie with any comfort on the affected side. The disease had now existed for a period of at least nine months. Having obtained Mr. Adams' concurrence, I resolved to treat the case specifically, and see how far a continuous line of treatment would or could modify such a disease. Acting on this idea, leeches were directed to be applied as close as possible to the joint, and this was done at intervals again and again, and to this was added everything which could in any way conduce to her general health. As a tonic, she got a mixture of which conium in large doses was the chief ingredient. As to exercise, she was allowed to use any which did not cause aching or uneasiness in the limb. After the leeching was given up frictions to the entire limb were very steadily carried out. These measures improved her very much, and by my advice too she now visited Harrogate and Buxton during the past summer. The result of this treatment has been very satisfactory. The patient can scarcely be persuaded but that she is quite well. She is able to take long walks, can go up and down stairs like any one else, and in fact seems well. For myself, however, I would be very slow in pronouncing her cured. The nature of the disease, at least as far as we know it, forbids this idea. I think, however, I am justified in saying that the disease has been stayed in its course, and this is at least something to have gained, and to hope that in the future it may be possible to prevent it getting worse.

As to the causes of the disease in this particular case, it may be mentioned the patient was in the habit of spending hours in gardening, and this she did totally irrespective of the weather, and she frequently remained in damp clothes. Wet has been set down as a leading cause of the affection. That it is a predisposing one may, I think, be granted. Further than this I would not be induced to go.

What is the nature of this disease? Many think it an acute or subacute inflammation. But the late Mr. Colles denied this, saying he never saw lymph or pus in connection with it, and this would seem to be very generally true. It is probably on this very point, however, that its real nature turns, for on the one side it must be admitted that many of the marked effects of the disease bear the direct impress of inflammation. Thus there is swelling, redness, pain, and morbid growths. You, Mr. President, exhibited at one of the earlier meetings of the Pathological Society, this winter, a very striking example of these points, and affecting, too, both hip-joints. We may surely call these appearances inflammatory. Yet, on the other side, Mr. Colles' observation must not be forgotten, for if lymph or pus be ever produced it must be exceedingly rare. Now it is this kind of contradiction, if I may so speak of it, which seems to point out the nature of the affection, which I take to be rheumatic gout, and essentially a constitutional disease. It is curious, however, to observe how frequently the hip is affected alone, though there are exceptions to this, as in the case just alluded to, and in the instance of the late Dr. Perceval, who suffered greatly from the disease in both joints for years before his death. The late Mr. Colles exhibited these specimens before the Pathological Society at the time. There is one other point connected with the morbid effects produced by this disease which is worthy of notice. The bones themselves seem sometimes, in the earlier stage at least, to soften, and, possibly, yield to pressure. In some of the speciments this is observed by the

(a) Communicated to the Surgical Society of Ireland on the January, 1876. The discussion will be found at page 92.

acetabulum yielding towards the pelvis. In treating the disease this is a point not to be overlooked.

From what has just preceded, the treatment which I adopted in the case detailed will be readily understood. Not that it has the slightest pretension to novelty, for all the works which treat of the disease specially speak of leeching. I have reasons however for thinking that this plan is not as generally carried out as it deserves to be, and more particularly the systematic way in which it was done in this case. It was certainly the first means used which had any effect on the disease, and with the other means used, and which have been spoken of, had the effect of bringing about the state in which the patient now is. I take it that the inflammation, of whatever character it may be, has been stopped, at least for the time, and that in the future it may be possible by similar means to keep it at bay. If nothing more than this be gained I believe it to be an important point, for I presume I address few who have not met cases where the suffering, to say nothing of the crippling, has been very great, and the lives of the sufferers rendered miserable by the disease. One word more and I have done. When I first saw the patient, and during the time the leeches were being applied, she was directed to take very little exercise, or at any rate none which was followed by a sense of uneasiness or aching in the limb. From what has preceded, the reason for this advice will be obvious. Now, however, matters are altered, and the amount of daily exercise taken on foot is very considerable, and has my entire approval.

ON GERMS. (a)

By Professor Tyndall.

The object of this lecture was the same as that of Prof. Tyndall's paper before the Royal Society on Thursday week. While in it, however, he merely laid the result of his experiments before the meeting, on this occasion he endeavoured to point out some of its possible practical bearings when viewed in relation to medical science. The basis of Professor Tyndall's experiments is that, in the course of searching for means of obtaining air free from floating motes, he found that if air is allowed to remain in a closed air-tight vessel covered inside with glycerine, in the course of three or four days it deposits all its motes which adhere to the glycerine, and it thus becomes quite free from them. The test of its perfect freedom is to pass a powerful beam of light through the case, when, if any motes are still floating, they make known their presence by reflecting the light. With air thus purified, Professor Tyndall has made a long series of experiments bearing on the question of spontaneous generation and on disease germs. He has placed test tubes in cases like those referred to, and has arranged to fill the tubes by a pipette so arranged that it can reach the tubes without admitting external air. The method is to allow the air to settle and purify itself, and then to pour in the infusion down the pipette. At the same time a portion of the infusion is placed in tubes exposed to the ordinary air. The usual precautions and preparations laid down by those who believe in spontaneous generation are carefully observed. Thus, one sample of an infusion is exposed to the influence of motes, and another sample is protected from them. Over and over again with different kinds of infusions the experiments have been tried. The protected tubes show no change, while the exposed tubes soon become putrid and show signs of low forms of life. Now, though we know nothing about motes of the air, yet the Professor puts it that it is fair to argue thus:—Suppose these motes were so large that we could handle them. If we took two pots of earth, planted some of the motes in one, and carefully kept them from the other, and if we got a crop of cresses and grass from the first and nothing from the second, we should surely argue that the motes contained the germs of this vegetation. So with these minute motes and the infusions which favour their development. We allow them to settle in one set of infusions and get a crowd of life forms; we carefully keep them away from another set of infusions and get no life. Surely the minute motes contain the germs among them. In various ways, with sealed flasks, with calcined air, with filtered air and *in vacus* experiments all tending to the same results were exhibited. Some of the failures in experimenting were referred to, and it was seen how easy it is to be misled into accepting apparent proof of spontaneous generation. In one instance a tube in one of the cases spilt a few drops of the infusion. It fell on some germs lying on the glycerine, and, furnishing to them a means of development, life forms were soon seen and a putrefaction on the spot set up. The case being near a stove, which heated it on one side, currents of air were produced within it, and some of the germs got wafted into one of the tubes and set up putrefaction and forms of life in it. Yet, although this went on for some time, and the evaporation from it was all round the other tubes in the same case, they were not affected. Directly, however, a drop from the putrefying tube was transferred to one of the others, it set up a series of changes at once. From this Professor Tyndall argues that sewer gas of itself is harmless; it is the germs floating in the sewer gas that sow disease. If there are no disease germs present, the gas does no harm. Another set of experiments on the horizontal and vertical distribution of motes led to the conclusion that life-germs float in little clouds, since an immense number of tubes exposed in different parts and at different heights in the laboratory showed that some were affected many days before others. Clouds of disease germs may explain a puzzle to surgeons—why a wound going on well for a while should suddenly, and without apparent reason, become putrid. It may be that it is being dressed just at a time when a "germ cloud" is passing. In his concluding remarks, Professor Tyndall referred to the fact that it has remained for modern science to discover that, more than by battle, or accident, or famine, humanity suffers from disease germs conveyed in air and water.

(a) Abstract of a lecture delivered at the Royal Institution.

ON CLEFT PALATE.

By E. A. Rawson, M.B., M.Ch., &c.

Finding the usual means for approximating the edges of a cleft palate tedious, to say nothing of their difficulty, I have devised a litte instrument which I believe will facilitate the operation very much. It was made for me by Weiss some months ago, and since then I have not had the good fortune of a case to try it on. I therefore venture to suggest my plan to the profession in general, and trust that any one approving of it will try it and publish the result. The instrument is simply a safety-pin, or rather needle, used on the same principle as that for fastening children's clothes.

It is about three-quarters of an inch long and slightly curved: at its head is a flat silver knob, to which is attached a spiral silver spring; this spring is shorter than the needle, and on stretching it a sheath at its free extremity receives the point of the needle.

The edges of the cleft having been pared, the needle is passed in through one and out through the other, giving a good grip to secure apposition, and going nearly or quite through to the back; the silver sheath fastened to the spiral spring is then drawn across and receives the point of the needle, thus retaining the latter in its place. Two, or as many more needles as are required, can be applied, and when union is complete, can be withdrawn by pulling the sheath from the point of the needle and taking the latter out in the usual manner.

Of course all this must be done by means of handy forceps.

The pared edges of the cleft might also be held in appo-

sition until union had taken place by means of a small trout-hook, fastened to each end of a spiral silver spring half-an-inch long; "india-rubber, I fear, would soften;" one hook held in a forceps to be plunged into one lip of the cleft, the other hook to be then seized and drawn across, extending the spring, and secured in the opposite lip; the barbs, I think, might be left on the hooks, as they would make certain of retaining them in their places, and every angler knows how to withdraw a *small* barbed hook —viz., by making a slight nick in the flesh at the back of the barb, pressing the hook slightly onwards, then outwards into the nick, when it will easily withdraw. This experiment can be tried on a piece of cloth.

Or, instead of a spiral spring, the hooks might be fastened to a piece of silver wire, which, when they were applied, could be twisted until the pared edges were in apposition.

I would recommend the very smallest trout-hooks, as larger ones might pierce through into the posterior nares, and when the soft palate was raised seize the opposite lining membrane. I can see an objection to the hooks, for in using them the back of the wound would not be in such close approximation as the front, but they would be much easier of application than the safety-needle, which, however, has the advantage that it would retain both back and front of the wound in perfect apposition.

In one case, that of a child, 2½ years old, in which half an-inch of the bony palate was cleft, I used the actual cautery as above, afterwards stitching with three wire sutures, which, however, all gave way. Some time afterwards I received a letter from the mother to say that the cleft had healed, leaving a white seam in its place, and that the child could speak quite plainly. I went to see it, and found the cleft *partially* healed and the remaining part in such close approximation as to deceive a superficial observer.

Vesico-vaginal fistulæ and such like deep and difficultly situated lesions might be found easier of treatment by the foregoing.

ON THE CAUSES OF EPIDEMICS.

By T. Baker, LL.B.

Sir Wm. Jenner, President of the Clinical Society, asks "What are the conditions which favour outbreaks of epidemics?" (*Lancet*, 25 Feb., 1875), and he urges upon observers the importance of reporting all such facts as may tend to throw light upon the inquiry. Are all specific diseases contagious? *i. e.*, "from some part of the sick is something given off which can, when properly applied, excite the same disease in another, and which can excite no other disease?" "How little," he remarks, "is known of what that something is!"

In considering this subject we ought first to settle what is to be received as evidence: 1, of this "giving off;" 2, its proper application; 3, its reception or absorption by others. Mere assumptions have sometimes heretofore been called medical evidences. "In consequence (as I must suppose) of a breach of quarantine regulations, which, however, could not be detected, a family belonging to the dockyard was attacked with the disease," wrote a superintendent of quarantine. And a certain statistician writes, "It is estimated" so and so; "so that if we can assume" so and so; "it will follow" so and so. And this has been accepted as evidence that the consequence indicated *must* follow! But can such reasoning be admitted by any scientific body of men?

Before decisively attributing the communication of disease to contagion from person to person, is coincidence to be deemed possible? Or that exposure to like causes may produce similar effects? And is the previous state of those thus said to be infected to be taken into account?

A child convalescent after measles arrives among a family of 16, and "one only takes the disease." Another having the disease comes from school amongst 8 others, only two of whom suffer, all being freely exposed to the poison.

Seven out of 10 young men contract typhoid fever in the same house, without communicating the disease to anyone on returning to their respective homes. One, out of several clinical students, sees a case of small-pox in a large hospital ward, and takes small-pox.

An obstetric practitioner, having several cases of puerpural fever, believes that he had communicated the fever from one to another by his hands; these either not having been sufficiently disaffected, or, as another suggests, through the perspiration of moist hands.

Enteric fever breaks out in Marylebone, and it is reported that milk from a particular farm, having been supplied to that neighbourhood, must (though many escaped) have conveyed the poison through well water impregnated by soakage from piggeries, &c., having been drunk by the cows and mixed with the milk.

Sir Wm. Jenner points out the effect of constitutional proclivity to particular diseases; also that too little importance is attributed to bodily condition, or "out-of-healthedness," arising from erroneous habits of living. He further dwells upon the production of typhoid by imbibing excreta in water used for drinking purposes.

The object of this paper is not to dogmatise, but simply to suggest investigation. Nothing perhaps is more easy than to be led into fallacy in the consideration of evidence as to the communication of disease; especially if the investigator has any preconceived ideas on the subject.

Taking the cases above-mentioned in their order: It is so common for children to have measles, that most people consider it essential to the child's welfare that an attack should be suffered. May not the arrival of a convalescent among the 16, one of whom got measles, be a coincidence merely? Might it not be that bacon or pork in an unsound state, or pastry made with lard, may have been consumed by each patient nearly at the same time? and that the tendency about the period and neighbourhood, in each case towards any exanthematous disease, whether an epidemic prevailed or not, was towards measles? Ere accepting bodily contagion as the all-sufficient cause of measles, or any other eruption, would it be well to inquire carefully into all the dietetic habits, the local surroundings, and the physiological condition of the patient in every instance?

Why may not measles be sometimes inoculated by the ointment applied to wounds? A vast deal of ointment is sent about the world, and lard probably forms the foundation of most of it. Excess of fat is disease in any animal; measles is peculiarly the swine disease; hogs are grossly fatted before being killed (to save their lives); and this most unwholesome part of their carcase is melted down for town-made butter, confectioner's or domestic pastry, and ointment by whomsoever manufactured. Might not the microscope be here usefully applied?

The seven young men who contracted typhoid while located in one house probably each returned to a healthy home, properly ventilated, free from local impurity, and where the diet would be exempt from some probable irregularities practised in the infected house.

The fever wards of our London hospitals claim, of late years at least, to be well ventilated, and it is generally admitted that under such conditions fever does not spread. There was perhaps therefore nothing remarkable in the clinical students escaping typhus; and as it seems only on one occasion that one alone out of several suffered an attack of small-pox, after seeing a patient in the wards, is it quite impossible that some other conditions, such as "out-of-healthedness," of this student, poison in some other locality he had visited or lived in, &c., might have been coincident with his visit to the hospital?

Much has been said upon the conveyance of disease by drinking water, as well as "germs" through other sources, bacteria, &c. Has each investigator been careful to inquire whether or not the person attacked in the house supplied with impure water was in the habit of drinking water at all? Intemperance is one of the most prolific causes of fever; and it is by no means uncommon for intemperate persons to deride the very notion of ever tasting water. Like the Hollander—

"Of water alone he drinks no more
Than a rose supplies
When a dew-drop lies
On its bed in a summer morning."

Again, if cooking or tea be pointed at, may it not be useful to investigate what effect in the purification of noxious matter held in aqueous solution is produced by boiling such solution?

With reference to enteric fever from milk, it is well known that any poison taken into the animal system will be cast out by dame Nature by the readiest available method. Hence, during lactation, any impurity imbibed by the mother may, by killing the infant, be prevented from injuring herself. So if these cows really absorbed water proved, by chemical analysis, to contain sufficient foul soakage to have diseased the animals themselves had they not been giving milk at the time, such milk would undoubtedly be unwholesome. Perhaps it was found that other animals on this farm, drinking the same water, *e. g.*, bulls, heifers, pigs, sheep, &c., *were* all more or less diseased?

But if soakage through a considerable quantity of earth from so small a surface is capable, indirectly, of causing so much mischief, what epidemics might not be ascribed to the over-manuring of large tracts of highly-farmed land in moist, open, calm seasons, by impregnating the air of neighbouring districts to leeward?

Was it satisfactorily shown that in no case could either the local surroundings in Marylebone, or any habits of the patients, unsound food, or other cause, have induced this outbreak?

In considering the causes of puerperal fever most especially, should not the peculiar state of the patient be taken into the account? Both strength and endurance then are sorely tried. The nervous reaction—as Dr. Richardson has well observed—must be immense by the stoppage (almost equivalent to the loss of a limb) of one kind of nutrient process through the blood, and the commencement of another in lactation. We surely have here a concatenation sufficient to produce the keenest susceptibility to any added cause or poison. What were the habits of the unfortunate obstetrician in regard to ventilation? Did the unlucky nurse allow her patients to poison themselves, aided by their attendants, from the dread of an open window? Of all aids to cholera, the defunct General Board of Health found want of ventilation, or lung poisoning, the most pernicious. Again, in each case should we not ask what was the physiological condition of the patient's blood? Was it such as to be highly inflamed by a scratch or rupture? Had it been receiving nourishment from sheep-pox mutton, from measly pork, vitriol gin, cocculus porter, or sewer-water tea (if boiling does not destroy that evil)? Was there any hereditary disease or tendency, &c., &c.? Should not all these questions be sifted thoroughly before a medical practitioner accuses the moisture from his hands?

It is well known that in warm climates yellow fever patients have been frequently nursed with impunity, when taken out of the focus of infection, and conveyed to neighbouring high lands. People were often much influenced by fear of contagion, however; so much so, that when at Rio de Janeiro in 1849, the Russian ambassador visited the yellow fever hospitals, the British Consul was compelled to report that "that distinguished man found none to imitate his example." Yet there was no hint of his having caught the disease.

(*To be continued.*)

Clinical Records.

ST. MARY'S HOSPITAL, LONDON.

Farcy—Death.

Under the care of Dr. BROADBENT.

(Reported by Mr. SWORDER.)

ELIZABETH CUMMINGS, æt. 18, servant, admitted Feb. 25th, 1874. She stated that she was taken 14 days previously with pain in the upper part of her right leg. The skin was at first of a natural colour, but in a day or two a large red patch appeared over the right knee, which was from the first exquisitely painful. Her father was a horse-keeper, and the patient lived over the stables. One horse was believed to be suffering from glanders. When first seen she was unable te move in the least in consequence of the pain in right knee. The upper part of the right leg was swollen, and upon this part was a large red patch, suggestive of erythema nodosum. Temperature, 104·2°; pulse, 140. A prolonged first sound heard over apex, and at xyphoid; tongue red and dry. The patient could sleep but little, on account of the pain.

On the 26th the corresponding part of left leg was swollen and painful. There was also a red patch 1½ inches square below the knee. Temperature, 104·2°; pulse, 132.

On the 27th the temp. 103·6°; pulse, 120. Red patch on left leg rather larger. The right knee-joint contained fluid. There were also pustules on the face and on different parts of the body, and the patient had been delirious.

On the 28th the temp. and pulse were the same as on the previous day; urine, acid; specific gravity, 1018; no albumen. There were a few isolated pustular spots down the right arm, and on the neck and legs; lids of left eye swollen; two patches of confluent pustules above the inner canthus and eyebrow; a large patch of redness on left elbow, with a few pustules in the centre.

On the 1st March the temp. was 103°, and the pulse rose to 130; respirations 36, shallow.

On the 2nd the pustules on the face increased in number; patient was delirious all night, and also at times during the day; both eyes were stopped up with œdema; she lay with her mouth open; breathing was slightly stertorous; she swallowed with difficulty; the red patch on left leg was much larger; the left hand puffy; temp. 104°; pulse, 148; respirations, 36

On the 3rd she was sensible at times only; moaning occasionally; more pustules on face and body; the mouth wide open. There was a slight discharge from right nostril, and also from the eyes; urine and motions passed involuntarily. The red patch on left knee was larger, and there were two or three bullæ over it; on the right leg was a large swelling, extending half-way down the leg from the knee; the veins were dilated; cellular suppuration was commencing; temp. 102·2°; pulse, 144; respirations, 36.

On March 4th she swallowed with great difficulty, and took but little nourishment. Her face was covered with pustules, some of which were confluent; the right nostril was stopped up, and there was a foul discharge trickling down over the lips; both eyelids were closed up, were reddened and œdematous, and discharged pus; tongue raw; lips and teeth covered with sordes. She died at 12.45 p.m.

Post-Mortem Appearances.—There were some adhesions of pleura, with slight recent inflammation; lungs were knotty and hard in parts, and on being cut into were found much congested and œdematous; the hard masses were circumscribed abscesses containing curdy pus, the lungs being riddled with them. The bronchial glands were much enlarged, but healthy; heart normal; pale brownish-white clot in right auricle and ventricle extending into the vessels. Peritoneum slightly inflamed; liver congested, fatty, but no abscesses in it or purulent deposit. Kidneys: left, large; capsule adherent, somewhat fibrous. Right, very small; capsule adherent. Both were congested. On

making an incision into the right calf a quantity of pus escaped.

INDIAN MEDICAL NOTES.—XLIX.

(FROM AN OCCASIONAL CORRESPONDENT.)

THE DIVINE HILLS—ELECTRICITY—NITRITE OF AMYL.

In spite of rains delayed, the month of July was so healthy at Meerut that very reluctantly a few days' leave were solicited. Running away has many objections, is very expensive, but the only remedy for certain ailments. On again, therefore, by rail to Saharunpore, celebrated for botanical gardens and the Government stud establishment; on from there a weary drive to the Sewaliks, or first range of hills; then through a lovely pass piercing the lofty wooded peaks and rugged precipitous crags; the road through beds of mountain torrents, sometimes bridged, else over stones and boulders, then through a tunnel, and eventually, after a fair amount of bumping and jolting, the travellers approached the Deyrah Doon, a beautiful valley between the true Himalayas and the Sewaliks, about 60 miles long and 14 broad, placed between the Ganges and the Jumna. By some considered the bed of an ancient lake or small inland sea, this valley of alluvial soil produces wondrous varied vegetation, including roses, sweet-briars, violets, the fragrant corunda, plants, flowers, and vegetables without end; and the graceful, stately bamboos often unite into exquisite arches, constituting lordly avenues up to the comfortable houses of the few scattered Europeans. Shut in between mountains and bounded by the two rivers, it stands to reason that, mild as the climate is, at one time the vegetation, the want of air perflation must at certain seasons conduce to fever, especially when natives pollute the drinking water, which rapidly was flowing through open brick channels into Deyrah. We hurried through the bazar where the little black Goorkhas riflemen loitered, and at Rajpore, the foot of the Himalayas, quitted the omnibus. Slowly crawled the sure-footed ponies, zig-zag, scrambling six miles up the narrow mountain path through pelting, pitiless rain, and, thoroughly drenched and wet to the skin, eventually we reached the Himalaya Hotel. Mussooree and Landour have been mentioned before; suffice it now to tell of the trunks and branches of glorious trees being covered with soft, velvety, emerald moss, from whence varied ferns with fronds of exquisite tracery sprung; of the white and pale blue striped with pink convolvuli clinging elsewhere; of the wild dahlias, monopetalous, with golden centres, either mauve, magenta, purple, crimson, damask, orange, red and white striped, primrose—a bright blaze of colour on the green hill slopes, where the humble heliotrope and the lilac-coloured iris modestly peeped out or nestled amidst the sturdy blades of grass. In the well-trimmed gardens will be noticed the non-indigenous cultivated dahlias, pretty fragrant roses, geraniums—single and double; also elegant fuchsias with centres of every colour; no rhododendra or any other trees were in flower. Above 7,000 feet, besides oaks with prickly leaves and enormous acorns, grow, according to report, the sycamore, box, yew, filbert, and morenda pines. Cedars flourish at a great height. Above 13,000 feet the trees cease, and, amid the silence of the snows, grow grasses, herbs, and mosses only. At certain seasons variegated cowslips, sweet hyacinths, and rare orchids are noticed at Landour, where the soldier invalids do so well, especially the boys. My greatest pleasure this year was to stroll with a lad who, for months, at Meerut, had hovered between life and death, for some time delirious, next afflicted with pyæmia, and bed-sore after bed-sore, about thirty in all; then both eyes were in jeopardy through ulceration of the cornea. Yet, thanks to Landour and a good constitution, here he was to-day talking of returning to duty soon at Delhi. At some hill stations lurks at times a tendency to puerperal fever or erysipelas; at others, to measles or croup; at others, again, either to neuralgia, diarrhœa, dysentery, hepatitis, or rheumatism; but Landour, almost perfect, is highly recommend for children; so is Darjeeling, 7,161 feet, with a rainfall of 10 feet between June and October, where the children bloom marvellously, and do not catch cold when taken out in the drenching showers. At the Lovetto Convent one child only died in twenty years. At Murree, 6,500 feet, out of 85 children a year, but 6 deaths in 10 years; at Mount Aboo, 4,500 feet, out of 50 children 1 death, that an epileptic, in 5 years. As pointed out before, the Himalayan air tries the feeble heart. One afternoon a smart-looking Hussar rode past the Hotel along the Mall apparently in good health, and in about two hours his body was carried past the same spot, for he suddenly died, as people die anywhere, of obscure cardiac disease. One morning I was suddenly summoned to an invalid married lady, under 30, several years in India, with a history of fainting, attacks of fever, and exhausting diarrhœa; after a restless, miserable night, the latter ailment aggravated, there was great debility, abdominal pain, and an urgent cry for relief. The regular medical attendant, living at some distance, was ill. His draught of chloral, prescribed the night before, and of mild dose, was repeated, and as pain did not abate, spongio piline wrung in hot water and sprinkled with two teaspoonfuls of laudanum applied to the abdomen. Suddenly this weakly, fragile lady, who had a positive loathing for food, became insensible, commenced to snore, the mouth wide open, the pupils contracted and insensible to light; shouting, slapping, shaking, splashing with cold water having no effect, nor strong smelling-salts, nor the application of mustard in all directions, hot bottles to the feet and hands; the case became serious, as no pulse could be felt, and the heart's action so feeble, the snoring, the respiration at times suspended. Those who have seen Mr. Irving in the "Bells" will remember the last delineation before the curtain drops, and so it was now—the patient perfectly insensible to the stimulus of the finger down the throat, and administered brandy only bubbled back again. Most fortunately, an adjoining chemist had a powerful galvanic battery, most surprising to relate, in good working order, and it is fully believed the prolonged use of this battery saved this patient's life. As she very slowly and gradually revived, convulsive spasms came on, but what with brandy, beef-tea, ammonia, bromide of potassium, all danger passed away for the time. It has been my lot to battle alone with many desperate cases, but never was anxiety greater than on that July morning in a Himalayan hotel. Out of window was a glorious panorama spread out—of the Doon, 5,000 feet below, the silver streams, the dark jungle, the green forests and crops, the yellow houses, a landslip of russet red—all lit up by the golden sunshine between the showers. Beyond, again, darkly rose the Sewaliks, shutting out the steaming plains. Electricity (it is said), one of the most powerful agents in the treatment of disease, may be useful, useless, or mischievous, according to circumstances. In India, where the nervous system is so often taxed, galvanic batteries are often required; but the climate, or something, continually keeps such armamentaria useless, out of order. Premature labour, tedious labours, post-partum hæmorrhage, ovarian or mammary pain, torticollis, writer's cramp, aphonia, neuralgia, nervous deafness, migraine, toothache, infantile, traumatic, or local paralysis, gastralgia, dyspepsia, sciatica,, rheumatism, tedious ulcers, gonorrhœa, leucorrhœa, lumbago, colic, certain forms of insanity, impotence, constipation, and other ailments are said to be relieved by electricity. The electric cautery has many friends: for epilepsy, and the convalescence of malarial, or fevers generally, galvanism would be of service; for chilblains, or leucoderma, it does not appear to answer, nor for snake-bite stupor. Malingerers strongly object to the remedy, so do hysterical women; but the

case just spoken of was not hysteria, as persons might suggest. A practitioner who has found nitrite of amyl inhaled in five minim doses useful in asthma, cardiac dyspnœa, and convulsions of all sorts, thinks this remedy might have been useful, but this is doubtful, nor have chemists in the mountains every medicine. Nitrite of amyl diminishes arterial pressure, increases frequency of contraction. According to some it acts not on the nervous system, but on the contracted walls of blood-vessels, reducing arterial pressure by diminishing the resistance to the circulation. By others it is said to be useful in angina, asthma, tetanus and neuralgia, acting as a powerful depressant of the reflex motor centres. Dr. H. C. Wood, of Philadelphia, Dr. Chapman, Dr. Talfourd Jones, Dr. Lauder Brunton, Dr. H. Madden, of Torquay (*vide Practitioner*, December, 1872), Dr. Crichton Browne, in the same valuable journal in September, 1874, Dr. Pick also, all praise this remedy—on the idea that the collapse of cholera and that of asthma are similar; that cholera is a contraction of pulmonary capillaries, then why not try nitrite of amyl in this mysterious disease? And Dr. David Smith did give it a very careful trial at Calcutta, but the man died. As for the doses hypodermically injected, the effects produced on the pulse, respiration, and temperature, they will all be found detailed on page 123, vol. viii., of the *Indian Medical Gazette, quod vide.*

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE third meeting of the present session was held on Friday evening, January 7th,

The President of the Royal College of Surgeons, Mr. EDWARD HAMILTON, occupying the chair.

Dr. HENRY KENNEDY then read his paper,

A CASE OF CHRONIC RHEUMATIC ARTHRITIS OF THE HIP-JOINT,

which will be found at page 87.

In opening the discussion,

The PRESIDENT said there were one or two important pathological principles well worthy of notice in the paper, as to whether the disease was really inflammation or not. The opinion of most surgeons was that in its first stage it was inflammation. One of the best authorities, Mr. Adams, had designated it chronic rheumatic arthritis. Dr. Kennedy had alluded to a case of his (the President's) which he had brought before the Pathological Society. In that case they had an extreme example of the disease in an advanced stage in one hip-joint, and in several other joints besides, where the joints presented evidences of increased vascularity, if not of inflammatory action. Taking that view of the pathology of the disease, they could easily see the value of treatment. With respect to the matter of rest, he might mention the case of a lady under his own care. He thought he might say that from the commencement to the end she was afflicted with great pains, and he believed by the use of active and continued exercise she had got completely well, and the disease had passed completely off. The joint was almost as well as ever it was, and she now had no trace of the disease, as she had told him the other day "she had literally walked it off." With respect to the bulging of the acetabulum towards the pelvis that did not occur in his case. The increase in depth was caused by the stalactitic growths on the margin of the acetabulum. The bone was almost perfectly diaphanous.

Dr. BARTON said the case of Dr. Kennedy's was one of considerable interest, on account of the marked relief that followed from the treatment adopted, and in connection with that, he (Dr. Barton) might mention that in the early stages of that disease he had found ease result from the local application of a liniment, which was recommended, he thought, first by a Mr. Smith, of London, some years ago. It consisted of the oleate of mercury combined with morphia. It was a liniment that was generally to be had, and from the record of a considerable number of cases of a similar kind, and in the early stages of rheumatic arthritis, he had reason to think that Mr. Smith's esteem of it was not exaggerated, and that it was a useful help. The fact of its being useful would support the theory that Dr. Kennedy had advanced as regarded the early stage of the disease, viz., that it was inflammatory, which he believed it to be to a certain extent, that was, until the ossific deposit was changed, and in its early stages the vascularity bore a very large part in the disease.

The PRESIDENT inquired whether the patient had any other pain.

Dr. KENNEDY replied that she was threatened with ganglion of the other hip.

Dr. C. F. MOORE observed that he knew a case in which arthritic symptoms came on very frequently from exposure. Acidity of the stomach generally was one of the accompanying symptoms in that case.

Dr. HENRY KENNEDY, in reply, said that the disease might possibly, in his patient's case, be set down to the lady's habits. Mr. Adams, in his work, spoke of wet and cold as specific causes of it. He (Dr. Kennedy) should state that the lady to whom he had referred in his paper was in the habit of working for hours in her garden with wet feet, and totally regardless of the weather or of clothing. Whether such habits had anything to say to the disease in this particular instance he did not take on himself to say, but it was right to mention that she was exposed as he had stated. The President had alluded to the nature of the disease, and he (Dr. Kennedy) believed that Mr. Adams, in his work, gave the different authorities on it. It was certainly curious that there should be such a diversity of opinion with regard to it. The late Mr. Colles had said it was not inflammation, as there was no pus or lymph.

Mr. B. W. RICHARDSON: I beg your pardon. Though it may be somewhat out of order, I must state that I myself have seen suppuration in these joints.

Dr. KENNEDY said he was only quoting Mr. Colles. In one of the few communications he had made to the Society he exhibited the hip-joints of the late Dr. Perceval. They were remarkable specimens of the disease in a degree that very few would see. The sufferings of that individual were very great, and lasted, as it was well known, for years before his death. Though on the other hand, while he showed that particular case, Mr. Colles specially mentioned a significant fact that the hip-joint was, as a general rule, affected by itself. It was seldom seen in connection with other joints. Sir Benjamin Brodie had peculiar ideas about the disease, as to whether it was gout or rheumatism, or a mixture of both, and so had Heygarth as to the disease, about which he wrote. It was strange that there should be such diversity of opinion. Dr. Barton had alluded to a particular preparation which he (Dr. Kennedy) had not used, but from what he knew of it, he would say it would probably be a medicine exceedingly useful if applied round the joint as an ointment. There were many cases in which the use of a moderate quantity of mercury would be beneficial, and he thought a medicine used in that particular way would probably be useful, particularly in the case of a joint, in giving relief. He was glad to hear the President's observation in reference to exercise. He (Dr. Kennedy) had very great doubts at first as to how far his patient should be allowed or prohibited from taking exercise. At first the exercise he allowed her was moderate, but now she was allowed it to the fullest extent.

HIGHER EDUCATION OF WOMEN.

THE Ladies' Classes at University College began on Monday, the 17th of January, the second term of their eighth session. There was a slight decline in the number of students for the session 1874-75, but the first term of the session 1875-76 showed a considerable advance beyond the highest success hitherto attained. In the Michaelmas term, 1874-75, the whole number of individual students was 199; in the Michaelmas term, 1875-76, just elapsed, the number of individual students was 265. The whole number of tickets taken in Michaelmas term, 1874-75, was 257; in the same term of 1875-76 it was 367. This advance has been substantial in more ways than one. The syllabus of lectures issued before the opening of each session offers a full curriculum of study to those ladies above the age of 17 who are able and willing to secure to themselves the advantages of a London College education. To guard against an unwise use of such classes, no girls who are of an age when they should be having daily lessons at home or at school are admitted, except at the request of a teacher from whom they are receiving regular

instruction. Every year the doors are open to women, and they are invited to many studies, but they do not always take all that is offered. Last year there was a deficiency of entries to the classes of mathematics and Latin. This year there is a class of mathematics, there are three Latin classes, and there is a class of Greek. Every subject taught in the Michaelmas term 1874-75 was taught in the Michaelmas term 1875-76. In two subjects there was indeed a change in each from two classes to one, but the additional work taken by this year's students raised the whole number of classes from nine to fifteen. Of the 265 individual students who attended these classes in the term just closed, 3 were attending 5 classes each, 2 were attending 4 classes each, 10 were attending 3 classes each, 63 were attending 2 classes each, 187 were attending 1 class each. The work that has advanced thus far owes what success it has attained to the quiet endeavour simply to meet such demand for a higher education as is found really to exist in London among ladies whose school-time is over. Thus far, without calling one public meeting or raising a farthing subscription, educational resources of a London college, attended by more than 900 regular students, apart from the 600 or 700 boys in the school associated with it, are being made available for the higher education of women, who may take, of all that belongs to their general culture, as much or as little as they are themselves really disposed to take. There are examinations for those who wish to be examined, and certificates to be earned by those who wish to earn them. There are courses of eighteen lectures, and there are courses of 50 lectures. As to subjects, as to length of courses, as to examinations—in all that belongs to liberal education—there is a supply offered from year to year which more than meets the present demand, and is apt for extension as demands increase. That some hundreds of ladies are studying at University College session after session is, no doubt, good evidence of a step in civilisation that has been made within the last ten years; but, so far as this experiment is concerned, the women of London have not yet won all that they can win by simply entering at all the doors that are thrown open to them and taking all they can get. The subjects now being taught are the Languages and Literatures of England, France, Germany, and Italy; Latin in elementary and more advanced classes; Greek, Mathematics, Logic, Physiology, and Hygiene; also English Constitutional History, to which will be added in the next term a course of General English History, and perhaps a course of Physics. Besides these courses, which are for ladies only, four classes in the College (those of Jurisprudence, Roman Law, Political Economy, and Geology) admit ladies as regular students, and all teaching in the Fine Art Department is open to students of both sexes.

The *Melbourne Argus* of September 17 publishes an argument in the Supreme Court in the action of Tate *v.* Fisher, of a question of some interest to medical practitioners. Mr. Thomas Tate sued Mr. Alex. Fisher, surgeon, for assaulting and cutting and wounding the wife of the plaintiff, whereby the plaintiff lost and was deprived of the society and services of his wife. To this the defendant pleaded that the supposed grievances were surgical operations performed on Mrs. Tate by the defendant with her leave. The plaintiff contended that this was no answer to the charge against the defendant. A wife had no power without her husband's leave to allow a surgeon to perform an operation on her; if that were the law a wife might, to spite her husband, get an arm or a leg cut off.

In addition to saying that the operations were with Mrs. Tait's leave, the defendant ought to have also stated that they were necessary. For the defendant it was maintained that a surgeon was not obliged to wait for the sanction of a husband in treating diseases of the wife, because he might be out of the colony, or perhaps he might not give his assent. The Court adopted the plaintiff's view, that besides stating that the operations were with the wife's leave, it should be said that they were necessary for her health, and directed the defendant to amend his pleadings accordingly.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 2, 1876.

DISEASE GERMS.

On Friday evening week Professor Tyndall lectured to an admiring and enthusiastic audience on a favourite and fashionable topic, "Dust and Disease Germs." Since the appearance of his last letter on this subject (*Times*, Nov., 1874) Professor Tyndall has maintained a prudent silence, attempting no reply of any kind to his critics; but although silent, he has not been idle; aided by an able assistant, it appears much time and attention has been given to the further elucidation of the Dust Theory of Disease. A more carefully conducted and elaborate series of experiments have tended to confirm him in his former views and published statements, and he now believes he is fairly entitled to propound something more than a theory.

It is quite unnecessary to attempt to describe Professor Tyndall's mode of experimenting, for it must be known he would conduct his investigations as become a perfect master of the art; and we content ourselves by merely observing that his experiments were of two kinds: first, he submitted a large number of previously boiled fermentable solutions to the contact of the air of his laboratory, and observed what other investigators have noticed before, that they quickly swarmed with organisms, bacteria, &c.; secondly, he submitted a series of similarly prepared infusions of various animal and vegetable matters to purified air, in chambers rendered perfectly air tight, and after all floating germs had become deposited and fixed to the sides and bottom of the chamber, that these remained free from bacteria and fungoid life of every kind. Pasteur and others have submitted a number of infusions to the same test, and obtained precisely the same results, for so long as they are left undisturbed they neither ferment nor putrefy. Pasteur, however, has gone further, and has shown that while by exposure of infusions to the air fermentation and putrefaction will be set up, similar phenomena may be initiated by a chemical process occur-

ring in the tissue elements of vegetable tissues when placed under certain abnormal conditions; that, in fact, fermentation occurs under the influence of altered chemical (nutritive) processes taking place in unhealthy vegetable tissue, probably just as similar processes are set up by the chemical changes brought about by the particles of finely divided platinum, or even in an atmosphere of carbonic acid, as when grapes undergo fermentation and germinate alcohol and other products.

Professor Tyndall possibly believes that he has applied more rigorous tests than Pasteur, and is therefore justified in asserting that, as all, or nearly all, the infusions exposed to the air of his laboratory became infected in the course of three or four days, he has unmistakably proved that putrefaction and fermentation are due to "a cloud of vital floating germs in the air," and nothing else. Dr. Bastian, however, demurs to his doctrine, because, as he says, admirable as may be Professor Tyndall's results, "in themselves they are altogether collateral, and do not bear upon the question at issue." It is a very easy thing, as he observes, "to get negative results," but "it is rash and hasty to come to the conclusion that his (Dr. Bastian's) are vitiated by error." To prove that this is so he is prepared "to take the boxes employed by Professor Tyndall in his experiments and use them with all the precautions he specifies," and get by careful attention to the preparation of the infusions and the degree of heat to which, subsequent to boiling, they are exposed, a totally different result—show that infusions which, in the Professor's hands, have remained barren, "may yet be made to swarm with bacteria."

Possibly Professor Tyndall has not found, as we have, that by adding the smallest quantity of an alkali—ammonic tartrate, &c.—to his solutions they can be made in a short time to putrefy and swarm with bacteria; but quite apart from this fact, we have proof positive that putrefaction may exist without bacteria, and bacteria without putrefaction. Of the truth of this, as well as results of a striking character bearing upon the independent origin of living matter, Dr. Bastian is preparing proofs, and there for the present we leave this part of the question.

Professor Tyndall has, he tells us, convinced himself that the poison of enteric fever is in no way due to the presence of sewer-gas, but to the floating atoms—organic germs floating in the sewers—which are driven back into our houses. If this be so, we might fairly expect all the inmates will inhale these myriads of unseen germs, and become simultaneously poisoned. But this is known not to be the case, and in all outbreaks of fever there is the greatest possible diversity in the degree of contagiousness, and in the mode of its propagation. Relapsing fever, as Dr. Murchison has observed, is, under certain circumstances, highly contagious, and yet one attack confers no immunity from subsequent attacks. In short, the facts ascertained in connection with the so-called specific fevers are equally capable of explanation in other ways, and far more intelligently than by the action of vital germs.

Bacteria have been found in every tissue of the living body when in perfect health, and we know how rapidly they multiply after death; while neither bacteria nor disease germs of any kind have been found in certain fluids possessing virulent contagious properties. The statement lately made that in the two diseases, relapsing fever and sheep-pox, distinct forms of bacteria have been found, "in no way," as Dr. Murchison justly remarks, "proves any causal relationship between these diseases and the bacteria, and is readily accounted for by the acknowledged fact that the form taken by many minute growths depends not upon the germ, but upon the nature of the medium in which it grows. Indeed, the observations which have been made on the spirilla of relapsing fever are strongly in favour of this view; they are present in the blood during the paroxysm, but disappear before the crisis; are absent during the intermission, but return with the relapse of fever, and again disappear before the second crisis. It seems difficult to account for their appearance and sudden annihilation twice over, except on the supposition that the soil was suitable for their development during the febrile process, and unsuitable when the febrile process was complete."

From these and other valid considerations we are led to conclude that, although Professor Tyndall's experiments show that the air is at all times loaded with myriads of organised bodies, they do not go far to establish the correctness of the germ theory of disease. Prof. Tyndall, however, spoke of the extreme minuteness of the ova or spores of these bodies, and of the impossibility of detecting them by means of the microscope. Notwithstanding this assertion, we easily detect the presence of bacteria in the fluid secretions of the mouth of persons in perfect health, while with much higher powers we are *unable* to detect any moving living organisms in the blood or fluids of fever patients. Another fact of great importance is that the majority of patients who suffer from contagious diseases recover. This, as Dr. Richardson pertinently observes, should scarcely be so, if, as Prof. Tyndall says, these clouds of organic germs that float about in myriads "are reproduced so rapidly, and possess such persistency of life, it is hard indeed to see why there should not be an increase of them, from which there could be no escape for man or animal, and by which in time the world would be depopulated." To avoid these deleterious germs houses should be constructed on the principle of his air-tight boxes; but, unfortunately for human beings, they cannot exist without a constant supply of air, and thus are placed between a Scylla and Charybdis. We contend, however, that the weight of evidence is much in favour of the independent origin of contagious diseases, as pyæmia, erysipelas, diphtheria, enteric fever, &c., while it feebly gives support to the views entertained by Prof. Tyndall; further, the occasional presence of bacteria in specific fevers and other diseases is not conclusively in favour of the theory he would establish: indeed, we regard the presence of bacteria, or other organic germs derived from without, not as a morbid process, but rather as the normal result of the operation of those laws which regulate the degeneration of the tissues, the breaking up as it were of organised matter. Some of the products of this process, under certain circumstances and conditions, are no doubt capable of inducing morbid actions, but the process itself the pathologist will refuse to class as disease.

THE PUBLIC PRESS AND QUACKERY.

We regret to see that, notwithstanding much has been done within the last few years to check the exhibitions of quackery that used to disgrace the columns of our newspapers, a thriving trade is still carried on by pandering to the credulity and taking advantage of the misfortunes of mankind. And we still more regret to find that some of the worst forms of knavery and imposture still receive encouragement and flaunt their impudent pretensions in those quarters where one would expect to see rather a public exposure of the various tricks that are practised in order to rob the pocket and ruin the health of the more ignorant and weak-minded of the community.

Few of our readers can have forgotten that within the last few years the advertising columns of the whole daily press, from the *Times* downwards, were freely sprinkled with the indecent announcements of obscene quacks, many of whom were making enormous incomes by a system of extortion and terrorism scarcely credible by the uninitiated, and which they were able to carry on with impunity in consequence of the moral weakness and timidity of their victims. It is also well known that these disreputable persons are still able to pursue their nefarious trade, mainly by reason of the assistance they receive from a considerable number of provincial newspapers, which are even at the present time disgraced by whole columns of quack advertisements. There can be little doubt that the proprietors of these papers are in most cases fully aware of the infamous nature of the traffic which for the sake of paltry gain they aid and abet. The true character of what may be called the most loathsome and culpable forms of quackery was first publicly exposed, years ago, in a series of letters in the pages of the Medical Press. It is high time that these baneful advertisements were swept away from the provincial, as they have been from most of the metropolitan papers, and, in the interest of public health and morality, we think it so desirable that those papers should be purged of *the filth* with which they are polluted, that we purpose *publishing*, from week to week, a black list of the offending papers, together with an *exposé* of the nefarious trade which they knowingly assist.

But although the more outrageous and scandalous kinds of charlatanism are, happily, not so rife as they formerly were, less harmful, but yet very objectionable, forms of quackery and humbug prevail to an almost incredible extent, and unfortunately reaches its victims through the very same medium as that which we have just seen to be such a powerful tool in the hands of more notorious quacks. We refer particularly to the pretentious announcements and carefully disguised puffs that emanate from a certain class of medical men, advertising dentists, and other specialists, and which not only disgrace the professions to which they respectively belong, but often put in jeopardy the health and comfort of those who are foolish enough to patronise them. Perhaps one of the most glaring instances of this kind, and one of the most artful pieces of puffing we have seen for some time, is, we regret to say, to be found under the cloak of an editorial article in one of the most respectable of our papers, the *Daily News*. When we first caught sight of the large-typed title which headed this article we thought it was the announcement of some great political event—nothing less than a solution of the great Eastern question, or some extraordinary occurrence during the tour of the Prince of Wales. We were, however, soon undeceived, and were not a little astonished to find that it was an article in which the writer discoursed with all the eloquence of which he was master on the "Mysteries of Dentistry," and of the wonderful machinery and talents at the disposal of that particular gentleman whom it was the object of the writer to "take by the hand" and show up to an admiring British public as a paragon of dental skill and ingenuity! It is rather a joke that the article opens with an affected disclaimer of anything like quackery, and the naïve admission that "drawing teeth is often an excellent pretence for drawing money from the pockets of innocent patients," and that "there is no profession in the world so entirely unprotected against the charlatan as that of dentistry." Of the truth of that ingenious observation we need scarcely remark that this audacious puff affords the best proof. We are then treated with an elaborate description of Mr. ——'s establishment. The writer had heard of many wonderful things in connection with the "mysteries" of dentistry, but not until he had "been fortunate enough to obtain admission to one of the most favoured of these establishments, the dental surgery and factory" of that gentleman—of course, specifying his name and the number of the street where he is to be found—not until then had his eyes been open to the marvels which lay concealed within the mansion of an advertising unqualified dentist. The next dish by which the mental appetite and gullibility of the reader is tantalised is the flowery description of the "handsome frontage," the "beautiful aquarium," the "tastefully arranged exotics," and the admirable "appointments" of this wonderful place. "Leaving the surgery and passing through a long corridor or covered way adorned with shrubs and flowers, we ascend a few steps and find ourselves in the dental factory." Admirable! What a paradise for poor mortals afflicted with such mundane torments as those of a common toothache. We will not fatigue our readers by taking them through the long descriptions of the various machinery, furniture, and other paraphernalia of this dental factory, and which is given with all that cant which the accomplished writer of puffs knows so well how to use. We have already said enough to let the reader see the real gist and purpose of the article. We may, however, inform him that "a wondrous facility for extracting teeth without pain is not the only reputation which this gentleman is zealous to preserve; he is equally careful that every set of teeth which goes forth from his factory shall be an additional memorial of his reputation." Nor can we help noticing that the artful writer is able to make capital out of the impudent prospectuses which advertising dentists send out by thousands, and he has the unblushing effrontery to dignify them with the name of "little books of popular instruction," and to say that "quite a little book trade is being carried on in the apartment devoted to what we may designate the publishing branch of the establisment"!

That all this quackery and humbug will produce a good deal of the desired effect we are sorry to be able to

admit, and we still more regret that the length and editorial form of the article and its prominent position in one of our best morning papers will succeed only too well in leading the unwary into the belief that the article was written in good faith, and that instead of being a well-planned puff of one of those notorious advertising dentists with which the metropolis abounds, it is an honest description of the present state of dental science, and refers to some really eminent surgeon-dentist. The bait will no doubt take. Crowds of credulous patients, attracted by the plausible announcement, will flock to this abode of beautiful exotics, flowery corridors, models of jaw-bones, and advertisement literature, so that whatever was paid for the insertion of this elaborate puff will be returned to its enterprising proprietor a hundredfold. In another column we print the protest which this disgraceful article evoked from a member of the profession; and also the sole excuse which the managers of the paper in question are able to offer in condonation of the injury which they have inflicted upon the public.

The fact is that quackery in any form is a parasite of society which appears to be difficult to kill. It is like one of those parasites whose vitality is so great and whose progeny is so numerous that as fast as they are stamped out in one direction they spring up in another. And like those pests of the physical world, there appears to be always somewhere present a soil which is favourable to the growth of the moral evil, and without the removal of which we cannot expect to see the evil itself disappear. But how deeply quackery of all kinds is rooted in our social system, and what a difficult task it must be to get rid of it, is shown not only by a consideration of the various conditions by which it is fostered, among which the general credulity of mankind is one of the most influential, but also by the many instances that from time to time crop up to remind us of the gullibility of the public, and of the various ways in which snares are laid to entrap the credulous and unwary.

PRESCRIBING CHEMISTS.

An action has been recently brought by the Apothecaries' Company against a chemist and druggist in Shadwell to recover a penalty of £20 for an alleged infringement of their Act of 1815 by that chemist practising as an apothecary without having obtained the necessary certificate from the Company. The case raised an important question as to the right of chemists to prescribe medicines over their counters—a practice which, it was admitted, is very general throughout the kingdom, especially in the poorer districts. The defendant stated that in all serious cases the parties were attended by the *regular practitioner who was in partnership with him;* but he admitted that in minor cases he had inquired the nature of the illness, and had given the medicine suited to it without the intervention of his partner.

Baron Bramwell, in summing up, remarked that the "Act was strict in its terms, and that the jury were bound by it. . . . If a man entered a chemist's shop and asked for something to cure a bad headache, and the chemist gave him a draught, without doubt the chemist would technically infringe the terms of the Act; but it would be very unreasonable if the Apothecaries' Company were to interfere in such a case."

The result of the action was that the jury returned a verdict for the plaintiff.

It is well known to the profession to what an extent the prescribing of medicine over the counter by chemists is carried on, and, notwithstanding the strictness of the terms of the Apothecaries' Act, the law has very little influence in checking the practice. It is, in fact, a practice which the public encourage, which the profession connives at, and which the law cannot easily reach. With respect to the public, we cannot be surprised that hundreds of the poorer classes ask the chemist to relieve their little ailments when we consider that a large number belonging to the more educated portion of the community are in the habit of doing the very same thing. Indeed, many appear to be under the impression that the druggist is well acquainted with the action and uses of the drugs which he sells, and that, in trivial cases, he is as well able to prescribe a suitable remedy as the doctor himself. And herein perhaps we must in a great measure look for an abatement of the evil, for not until the public find what time they lose, or even what risk they run by resorting to chemists for medical advice, can we expect to see this long-established custom given up. But not only have the public given great encouragement to the practice, but, as we have just said, the profession itself has to a certain extent connived at it, and is, we may add, partly responsible for it. The profession has never adopted any well-concerted measures to put a check upon it, and by so many of its members keeping open shops and dispensing their own medicines, it has laid itself open to the retort that if chemists now and then trespass upon the province of medical men, the latter interfere far more openly, and to a much greater extent, with the business and profits of the chemist. At the same time, such are the difficulties of the question that we much doubt whether the druggist and medical practitioner will ever be able to keep entirely within their respective provinces, and limit their practice to that for which they are respectively qualified. Even if every member of the medical profession tried to confine his practice to prescribing, and every chemist to dispensing only, there is reason to believe that the good intentions of the chemist would have to yield to a strong pressure from without. To have to consult on every trivial occasion a medical man, have a prescription written, and then to take it to the chemist, is both a more costly and more inconvenient process than that of dropping into the chemist's shop and having a bottle of medicine made up at once, and at half the cost; and consequently one effect of a change, otherwise so laudable and dignified, would probably be to drive half the patients who now resort to the shop of the qualified surgeon into the hands of the unqualified chemist. For this and other reasons it is doubtful whether the habit which chemists and medical men have of infringing upon each other's ground can ever be entirely got rid of, and the only thing the public and the legislature have to guard against is that the practice be so restricted that little or no harm can be done. As Baron Bramwell very justly observed, it would be unreasonable to bring an action against a

chemist for giving a bottle of medicine to relieve his customer's headache. But when, as is often done, the chemist undertakes the whole treatment of a case, either alone or under the protection or cloak of a partnership with a medical man, or prescribes strong remedies for a complaint of which he knows nothing, or even visits a patient, the case is very different, and too strong measures cannot be taken to prevent such practices. For this reason we should like to hear that such actions as that on which we are now commenting were more frequently brought against a certain class of chemists than they really are, inasmuch as the occasional infliction of a penalty of £20 would deter them from undertaking the duties of a regular practitioner, and confine their offences to such as are of a more venial nature, and such as the law cannot so well take cognisance of.

Before, however, we leave the subject, we cannot help feeling ashamed that in a profession like that of medicine there is a large class of medical men who are low-minded enough to enter into a sort of agreement or partnership with chemists, and by that means to directly encourage those very practices which they ought to be the first to denounce. Such men are more to be blamed than the chemists, and it would be a good thing if they were themselves liable to a penalty, or even to be struck off the "Register." It is evident that, notwithstanding our preliminary examinations are of a higher standard than they used to be, they are not too high to prevent gentlemen entering the profession who do not hesitate to sacrifice their reputation and self-respect to a little paltry gain, and to bring discredit upon a noble and honourable calling. It is true that many of these disreputable individuals belong to a past generation, and gained admission into the profession when its portals were more widely open and less vigorously guarded than they are now; and therefore we hope that as fast as these ornaments of a bygone period break down they will be replaced by others of whom we shall have more reason to be proud, or whom we can at all events respect.

Notes on Current Topics.

Hastings Water Supply.

THE imperfect water supply of Hastings is producing a good deal of dissatisfaction among the ratepayers. A large sum of money is about to be expended to improve the supply, but the Town Council holds out against the "constant water service."

As the water supply of a town is entirely a hygeian question, we should recommend the medical men of the neighbourhood to give the matter their fullest consideration; to them we must look to make known to the ratepayers such measures are necessary to health, and we conclude that the voice of the ratepayers will have its influence even upon a Town Council. The health of Hastings at the present time is not up to the standard, and if any epidemic should occur there the town will receive a shock from which it will not readily recover itself.

Certificated Officers of Health.

REFERRING to the recent Acts and the relations of medical officers of health to the public, our excellent contemporary the *Leisure Hour* in the number for February remarks:—"Prevention better than cure" is so trite, so true, so old an adage, that the wonder is that only lately, under the term, "Preventive, or State Medicine," its importance as regards sanitary matters has boen recognised, and that attempts to enforce its principles have been made. The consolidation of the Nuisances Removal Act, the Public Health Act, 1848, Sanitary Acts, 1866 and 1872, resulted in the Public Health Act of last seasion, and the recommendation of the appointment of well-trained and specially-qualified medical men for this department as "officers of health," especially to large districts. Having sufficient salaries, they are debarred from private practice, and thus can act independently, and not allow the law to become a dead letter, as is too frequently the case where to so-called officers of health, not under the Government Act, small salaries are paid to do nothing, or next to nothing. The university certificate, granted after thorough examination, will serve to assist the judgment of those public bodies in which the choice of officers of health has been invested by the law.

Can a Surgeon claim for Services rendered by an Unqualified Assistant?

A MEDICAL question of some importance was decided at the Clerkenwell County Court last month.

Dr. E. Godfrey Purcell, of King's Cross Road, sued Mr. Jackson for two guineas for services rendered.

Defendant had engaged the plaintiff's assistant to attend his wife during her confinement, under the belief that he was duly qualified. The assistant also attended the infant when born, which afterwards died. Discovering that the assistant was unqualified, defendant refused to pay plaintiff's charges.

The Judge said that neither Dr. Purcell nor his assistant had any legal claim upon the defendant, and he therefore gave judgment in favour of the defendant, with costs.

Another Death from Chloroform.

AN inquest was held at Stafford, on Thursday, on the body of Jeremiah Tooth, a labourer, who had died in the infirmary while under the influence of chloroform. Dr. Reid, the house-surgeon, said he administered the chloroform in the presence of five other medical men, as the deceased was about to have the arm amputated. He had previously examined the deceased with the stethoscope, and obtained no evidence whatever of heart disease. Three drachms—about an average quantity—were administered, and while the deceased was taking it his pulse stopped, and he died instantly. The usual methods of restoring animation were adopted, but without success. A post-mortem examination showed that the heart was larger than usual, and that there were other traces of disease. Dr. Day and Mr. Greaves were of opinion that death resulted from paralysis of the heart. The jury returned a verdict in accordance with these facts.

Royal College of Surgeons of England.

Owing to the lamentable demise of Mr. Gascoyen, a vacancy occurs on the Board of Examiners at the College which must be immediately filled up. We regret that some of our contemporaries have considered it within their province to nominate certain gentlemen as the most fitted for the vacant post. It is perhaps the function of the press to direct public opinion and to offer suggestions even to a body like the Council of the College, but the nomination of a candidate for the office of Examinership will most assuredly not influence the members of the Council in *favour* of his election. Should the nominee not be elected, he is unfairly placed in a conspicuously invidious position, and the journal is deservedly stultified. Such a nomination, moreover, is a reflection upon the judgment and impartiality of the Council, a sufficiency of which qualities to arrive at a fair decision in the present case will hardly be denied them by our contemporaries.

Artificial Milk.

The *American Journal of Pharmacy* says the best substitute for mother's milk, according to Beno Martiny, is the yolk of chicken egg, which weighs, on an average, fifteen grammes, and when diluted with 57·1 grammes of water of 100° and five grammes of milk-sugar has nearly the same composition as the milk in the first period of lactation. Subsequently, the fat and protein decrease, and to one yolk may be added one hundred grammes of water and six grammes of milk-sugar.

Conversion of Butter.

The *Glasgow News* has just published the almost incredible result of an inquiry into trade practices, in the reclamation of butter, to which its attention had been directed by a trade circular some time back issued by a firm established in Leith and Glasgow, offering to reclaim old butter, removing any taste of tallow, grease, and also bad smells, &c., at the same time slightly increasing the weight, at the rate of 7s. 6d. per cwt. if in casks, or 10s. 6d. per cwt. if in Irish lumps.

In order to test these promises, the *Chemist and Druggist* says that two gentlemen were commissioned to make preliminary inquiries, as probable customers. They were informed that grease-butter, or even "scrapings" (a technical term for refuse butter), could be turned out either in the form of finest tub butter or Irish lumps, according to the quality of the stuff originally sent; that butter treated by this process had hitherto given entire satisfaction, except in one solitary instance, that of a Liverpool firm, which was particularised; also that at the Leith works of the firm the amount daily sent out was, on an average, 35 cwt. They therefore agreed to send a sample for treatment, and the following course was adopted:—A Coleraine butt of grease-butter, sold for lubricating purposes, was purchased, and there was incorporated with it a small quantity of Russian tallow, some of which had passed through the printing-office machinery, and had absorbed particles of blacklead and mineral oxides from contact with the bearings of the shafting. A common tallow candle, from which the wick had been removed was also added. The compound and the tallow candle were carefully melted into the grease-butter, and, notwithstanding the offensive character of these additions, the butter was so decomposed as completely to disguise them. Thus prepared, the firkin was sent to the works, with a request that it be turned into "lumps of a bright yellow colour for sale in the English market, and with a stubble-grass smell." The firm characterised the sample as "very bad," but promised to do their best with it. In the course of a few days the butter was returned re-converted, its weight on return being 51½lbs., against 47½lbs. when sent for treatment. Were it not for some mineral particles discovered on strict examination it would hardly have been possible to have identified the sample, so remarkable was the change in the whole composition. These statements are verified by the city analyst, who described the original butter, as "in the last stage of rottonness, having a disgusting odour, covered with green mould, and maggotty." If it be true that from these works 3,920lbs. of this converted butter has been issuing daily to all parts of the kingdom, we may all indulge in a shudder at the thought of the possible lubricants on which we have been regaling of late.

The International Medical Congress of 1877.

The Committee of the International Medical Congress have issued a circular, in which they remind the profession that the meeting of the Fifth Session of the Congress for 1877 will be held in Geneva, and an Organisation Committee has been accordingly appointed by the Medical Society of the Canton of Geneva, acting with the Scientific section of the National Institute.

The Congress will occupy a week, commencing from the 9th of September, 1877, and all communications as to its affairs must reach the Committee before the 1st of June next, being addressed to Dr. Prevost, the General Secretary.

The Emperor of Brazil's Grandchild.

Some time ago we mentioned that Professor Depaul, of Paris, had been called to Rio Janeiro to attend the Imperial Princess, the Countess d'Eu, in her confinement. After nine years of sterile married life, the Countess, the daughter of the Emperor of the Brazils, became pregnant after consulting Dr. Depaul in Paris, and following the treatment he recommended; but the child which was born was born dead. She became again pregnant, and this time the Emperor solicited Depaul to come out himself, and conduct the delivery. On his arrival at Rio Janeiro he met with a most frigid reception from almost every one except the immediate attendants of the Princess. The newspapers were against him, and the native physicians gave him the cold shoulder. On the day of the accouchement he found himself at the bedside of the Princess alone and without assistance. After a thirteen hours, labour, which had to be ended with the forceps, a baby weighing twelve pounds was at last brought into the world; but for an hour it was doubted whether it would survive, and it was only after artificial respiration and other measures had been vigorously tried that it gave signs of life. However, it is now a healthy child. The most curious and amusing feature about Dr. Depaul's visit was

the revulsion of public opinion in his favour when the successful result of his visit became known. The papers praised him, his *confréres* congratulated him, and the academies and scientific bodies sent him crowns and addresses; he was invited to banquets, and was *feted* in a wonderful way. "After the event," says Depaul, "my room was never empty from morning till night, and I was obliged, in spite of a determination to the contrary, to give consultations. In less than eight days, 15,000 francs worth of piastres were laid on my table as fees." Professor Depaul has certainly good reason to be satisfied with his trip across the ocean.

Unappreciated Doctors.

WHO is there among us who cannot point to a practitioner who has tried to establish himself in more than one neighbourhood, and failed—failed, not because of incompetence—not from want of merit—but from some cause which has appeared to him quite inexplicable? He sees men of the same age and standing, perhaps from the same school as himself, driving their broughams, with a large practice at their backs, while he sits at home hopefully expectant that a fee will turn up sooner or later, and wonders at the success of others. Has not the absence of that suavity which commands, and cheerfulness of manner which makes sunshine in the room of the patient, much to do with the want of appreciation so keenly felt by the unsuccessful practitioner? All the degrees and acquirements in the world will not atone for a sour, unsympathising disposition. 'Tis true that instances can be quoted of great men having attained high positions in the profession notwithstanding the possession of a morose and uncultivated style, by sheer force of extraordinary abilities; but these are only given to a few; and it would be well if those who are still mourning their position as unappreciated doctors would look at the matter in its proper light. Perhaps the following remarks which appeared in the last number of the *Atlanta Journal* may assist them:—

"*No* honest and industrious physician, be he ever so *humble* in his capacity, can follow his vocation diligently for a twelve-month in any locality and fail to impress *somebody* with a just estimate of his services. If he will but content himself with the progress made, and continue his efforts patiently and perseveringly, he will surely add friend to friend and patron to patron, until at last peace and plenty shall smile upon his honest and earnest endeavours.

"It is no uncommon error for medical men to find the widest discrepancy existing between the esteem in which they are held by the community and the self-estimate of their own capacity. Such n are the victims of a cold, unfeeling world. They are appreciated by the public. They become per consequence soured with the world, and very naturally resent the injustice, the blindness and ignorance of mankind, who fail to discern their supposed merit and capacity. We verily believe that these professional, self-constituted martyrs to the coldness, blindness, and ignorance which surrounds and engulfs them are but too often the architects of their own mal-fortune. Nobody chooses a soured misanthrope for his companion; nobody takes a mountain of self-conceit for his bosom friend."

Unsuspected Sources of Infectious Diseases.

WE have received a pamphlet on some unsuspected sources of infectious diseases, a paper read before the Public Health Department of the Social Science Congress at Brighton by Mrs. M. A. Baines. It contains many useful hints on domiciliary sanitary inspection. After referring to the "ash heap nuisance," that is, the danger arising from the admission into the house of poisonous gases generated by the putrefaction of vegetable and animal matters which have been thrown into the dust-hole, it is suggested that householders will not only prevent the formation of the poisonous gases, but will also find it a great pecuniary saving, if they adopt the very simple plan of having a wire grating placed on the top of the dust-bin, and so arranged that it would not be in the power of the servants to move it; in this way, at the cost of a few shillings, a very large amount of coal might be annually saved.

It is not suggested in the pamphlet what is to become of the waste if pig-tubs are done away with, and nothing but cinder-dust is allowed in the dust-bin, but concludes that there ought to be no waste, in fact, nothing should be allowed to go out of the house except to add to the dietary of deserving poor. There are, however, a few things which even deserving poor would not relish, and which housekeepers have a difficulty in getting rid of, the refuse from game, chickens, &c., and vegetable cuttings. They cannot be burnt, for the odour is too unpleasant through the house; it is dangerous to throw them in the dust-bin in consequence of the development of poisonous gases; and they cannot always be buried in the garden, for gardens in towns are rare luxuries. A little advice upon this point would be found useful.

On Jaborandi.

DR. FELIPPO CESARI, of Rome, in the *Gazeta Medica*, of that city, has an article entitled "Physiological Experiments and Clinical Notes on the Polycarpus Pinnatus, or so-called Jaborandi," in which he comes to the following conclusions:—1. That the jaborandi of Continho has an elective action on the salivary glands. 2. That it has a secondary action, but less constant and copious, upon the sudoriparous glands. 3. That it has well-marked diuretic action. 4. That it produces no effect whatever on the circulation, nor on the generation of heat, nor (except in an unimportant degree) on the respiration. 5. That its action is most efficacious when it is injected into the veins. 6. That its after-effects are distinct debility, with an imperious thirst, directly proportioned to the action of the emunctories. These effects, however, are transitory, and soon disappear under restorative diet.

Brand's Preparations of Meat.

WE have received from Messrs. Brand and Co. samples of their Essence of Beef, Concentrated Beef Tea, and Meat Lozenges.

The essence of meat is said to consist solely of the juice of the finest beef extracted by a gentle heat, without the addition of water or of any other substance whatever. These preparations contain both the salts and the nitrogenous compound of meat, so that invalids who are unable

to take meat, and who indeed could not digest it if taken into the stomach, have the opportunity of taking it in a fluid form in the shape of the essence of meat, a form readily absorbed into the vessels.

These preparations, but more especially the essence of meat, are now used very largely. They are decidedly the most nourishing that are in use; they are agreeable to the palate, and may be recommended with confidence.

THE town of Grimsby is to have an hospital; the plans and site have been decided.

DURING the past week her Majesty the Queen has sent her annual presents of game to most of the London hospitals.

PROFESSOR ERASMUS WILSON, F.R.S., commenced his course of lectures on Dermatology at the Royal College of Surgeons of England yesterday afternoon.

M. DENUCE communicates to the Académie de Médecine of Paris a case in which he successfully performed external hysterotomy on a woman, whose life was endangered by excessive hæmorrhage, due to old-standing irreducible inversion of the uterus.

THE English Pharmaceutical Society has prosecuted a beerhouse keeper for selling a sheep-dipping composition containing arsenic. The judge seemed very reluctant to convict, but the law was too strong for him.

GERMANY, with a population of 42,000,000, last year graduated six hundred and sixty physicians, rejecting one hundred and eighty applicants. In the same time the United States, with a population of 40,000,000, graduated three thousand physicians, and remorselessly turned them loose upon the community.

LONDON pauperism continues on its decline most satisfactorily. The last weekly return shows the number of paupers to be 88,948, of whom 37,261 were in workhouses, and 51,687 receiving out-door relief. Compared with the corresponding week in the years 1875, 1874, and 1873 these figures show a decrease of 10,968, 17,960, and 22,742 respectively.

IN the Foundling Hospital, St. Petersburg, where most of the public vaccination is carried on, calf lymph has been used side by side with human lymph for the last five or six years. It is said to be equally protective, and failures in primary operations have, by care and perseverance, been reduced as low as two per cent.

THE *Medical Examiner* gives currency to a rumour that at the next meeting of the Medical Council the representative of the Queen's University will protest against that part of the report of the visitation of last year which concerns general education. The professors consider that as the visitors were not present at any examination in general education at Belfast, Cork, or Galway, the visitors had no right to express an opinion upon the point. On the other hand, the visitors believe themselves justified in inferring that the standard of education in arts was not so high as it should be from the style in which the answers to the medical questions were conveyed.

THE following Circulars relative to the Army Medical Department have been issued from the War Office:—

"*Retirement.*—Whenever medical officers who are responsible for hospital equipment and provisions ask permission to resign their commissions while on full pay the papers containing their application to retire will be accompanied by a joint certificate from the principal medical officer and the District Commissary-General to the effect that the charge of hospital equipment and provisions has been correctly given over and that there are no deficiencies unpaid.

"*Surgical Instruments.*—Medical officers upon attaining the rank of Surgeon-Major will not in future be required to provide at their own cost a capital case of instruments, but it will be incumbent upon all executive medical officers to provide themselves with, and keep up at their own expense, a case of pocket instruments of an authorised pattern, which will be shortly approved. This case will be carried in the regulation pouch. Paragraph 1, clause 23 (page 87), of the Medical Regulations of 1859 will be amended accordingly.

"*Epidemic Disease.*—During the prevalence of an epidemic disease among the troops or their families, principal medical officers will forward a weekly return of such cases, on War Office form 1,033, to the Director-General of the Army Medical Department."

THE Solicitor of the English Pharmaceutical Society had reported the proceedings which he had taken on behalf of the Society. The report included a lengthy correspondence with reference to the duties of district registrars of births and deaths to transmit to the Registrar of the Pharmaceutical Society notice of the deaths of any chemists and druggists in their districts. A letter having been sent to the registrar at York, calling attention to an omission to send notice of the deaths of five chemists in that city, the superintendent registrar of York had sent up five certificates for which the usual charge of 2s. 6d. was made, and also a charge of 1s each for search. This latter charge being disputed, the superintendent registrar threatened a County Court summons, and this lead to a correspondence with the Registrar-General, who supported the view of his subordinate, and also appeared to misunderstand the language of the Pharmacy Act itself, inasmuch as he gave it as his opinion that the Act only required registrars to forward certificates of death of "pharmaceutical chemists and druggists." The correspondence had been submitted to the Solicitor with a view to ascertaining what course could be adopted to ensure the issuing of proper instructions by the Registrar-General to his subordinates throughout the country. The Solicitor had made several suggestions, one of which was that he should have an interview with the Registrar-General to lay before him the correct interpretation of that provision of the statute. After considerable discussion this suggestion was adopted, and the President and Registrar were requested to accompany the Solicitor.

Our youthful contemporary the *Medical Examiner* has espoused the policy of an outcry against the rendering of gratuitous service by hospital surgeons to the extent to which it is now given, in which policy we are entirely in accord with the *Examiner*. In its issue of the 20th ult. it makes a statement respecting "medical purchase in Dublin," which is not quite correct, not quite fair to Dublin hospital medical officers. It says "that regular money payments are generally exacted from the newly-appointed members of hospital staffs in Dublin. On attaining his post, after a severe struggle, the aspiring young physician or surgeon is obliged to pay over to his predecessor a sum varying from £500 to £600, and when his retirement comes in due course, the regulation price is handed to him by the successor to his vacancy. . . . Whatever the explanation may be of a system which is probably merely the cumbrous remains of some extinct superstition, the significant fact remains that Dublin hospital officers are not only unpaid, but have actually to secure their appointment by an annual contribution of £25."

The first part of this statement was true at one time, but is incorrect as regards the present *status quo*, most of the hospital appointments being now made without any consideration of money. For the hospital where a purchase has most recently been made, it is right to say that the institution was started and carried on for many years at the expense of the medical offieers, who thus bought in actual hard cash a vested interest in it. That interest, now that the hospital is self-supporting, has recently been ceded by them, and is in course of gradual extinction. It is not true to say that Dublin hospital surgeons pay £25 a year for their places. It has been in times past the habit to pay over a much larger sum than this yearly outlay would represent, but in consideration of their services Dublin hospital surgeons are always authorised to divide the pupil fees amongst themselves, and thus they receive usually from 6 to 10 per cent. on their investment.

Correspondence.

THE PUBLIC PRESS AND QUACKERY.

The following is the correspondence referred to in the leading article entitled "The Public Press and Quackery."

To the Editor of the "Daily News."

Sir,—I beg to call your attention to a long article in a recent issue of your paper, headed "The Mysteries of Dentistry," which it appears possible was inserted without your knowledge or consent, for though printed in the form of editorial matter, it is obviously a mere puff of the quack dentist to whom it refers, and its style is sufficient to show that it was composed by no member of the staff of your journal. Had it appeared in the usual manner, as a paid advertisement, I could, perhaps, have said nothing upon the subject, but articles of that kind, in such a form, are especially calculated to injure the dental profession, and to mislead the public; and, moreover, they cannot be inserted in a respectable newspaper with ultimate profit to the proprietors, for they tend to destroy its influence and to degrade it in the estimation of all its more intelligent and educated readers. Feeling that you would not knowingly permit your editorial influence to be used in this way for the promotion of an unworthy object, I am led to appeal to you in the hope that you will allow me to explain why such articles are objectionable, and why, therefore, they should be excluded from your columns for the future.

Dental surgery forms a recognised special branch of general surgery, and those wuo practise it, and who desire to take an honourable position among their brethren, are required to possess the licence in dental surgery of the College of Surgeons, or some similar diploma, and they are expected to conform to those rules of conduct which are observed by members of every profession. Persistent violation of these rules by a qualified practitioner—a rare occurrence—results in his degradation and consequent exclusion from intercourse with his professional brethren; persistent violation of them by an unqualified practitioner, who might otherwise remain free from suspicion, places him at once in the category of disreputable quacks.

Among unprofessional acts the use of advertising puffs, in order to obtain practice, is considered one of the most flagrant, and it is sufficient to cause the offender's expulsion from any association of professional men. The Odontological Society of Great Britain, which consists of a large number of the most eminent dentists, has the following among its bye-laws:—

"Persons who advertise in the public journals, or by circular, either their profession, or their professional attainments or public appointments, or anything relating to their mode of practice or charges, or who expose for public inspection specimens of operative or mechanical dentistry, or conduct their practice in any way which in the opinion of the Council of the Society is derogatory to the respectability of the profession, shall not be considered eligible for nomination as members."

The peculiar obnoxiousness of this offence may be easily accounted for. The services of a professional man are essentially personal, and superiority in their performance can be due alone to superiority of individual education, genius, or skill. Now, it may be safely asserted, that when unusual merit really exists on the part of a practitioner, or when, by original research or experiment, he has made an advance in his department, his talent and work will be acknowledged by the profession, and every due honour will be conferred upon him. Professional recognition of this kind invariably leads to public fame, and a proportionate increase of practice will certainly follow. On these grounds alone, it is therefore probable that no professional man, who can with truth boast of more than average skill, or of more than ordinary success in the treatment of his cases, will attempt to make a connection by advertising. But there are other reasons which should prevent him from so doing. By such conduct, as I have already said, he loses professional caste. In his advertisements—unlike the tradesman who may legitimately seek custom by praising his goods– he is obliged directly or indirectly to vaunt the superiority of his personal acquirements. Self-praise invariably indicates the vulgarity and bad taste, or the folly of the boaster, and leads to his being lowered in the estimation of his associates, even when the gratification of vanity alone, and not gain, is the object; and thus it is that the puffing professional man, manifesting as his least offence a want of self-respect and gentlemanly feeling, becomes at once degraded. But since, as it has been shown, a really talented practitioner would be injured rather than benefited by the proclamation of his merits by means of advertisements, and since no honourable man, even for the sake of great pecuniary gain, will sacrifice his reputation, and render himself an outcast from his profession, the disgraceful act of using puffs to obtain practice serves to indicate in most cases something more than that the offender is devoid merely of gentlemanly feeling. It may, as a rule, be taken to prove that, being deficient in some necessary qualification, he is in truth incapable of making a practice by legitimate means; that, unlike the really skilful practitioner, he is unable to rely for support upon the recommendation of those best able to judge of his acquirements, namely, the patients whom he has treated, and the members of his own and other branches of the profession; and that he is thus compelled to advertise in order by attracting a succession of patients from amongst strangers, to prevent the extinction of his practice, which would otherwise speedily be brought about as a consequence of his incapacity, together with the number of his manifestly unsatisfactory cases. To this must be added, that being incompetent, careless of reputation, and only anxious to make money, the charlatan not uncommonly is found to be equally dishonest in his professional dealings as he is disreputable. I need not occupy your time by demonstrating more completely the truth of these statements—they will be corroborated by every professional man, be he physician, surgeon, or dentist.

It must not be supposed that the dental quack, however incompetent and dishonest, is powerless to inflict greater injury upon his patients than the extortion of enormous fees for badly made artificial teeth. Dental diseases give rise to extreme

pain, and are often concerned in the causation or aggravation of grave local and constitutional affections, and when science is ignored, or their treatment is carried out as a mechanical routine, the result is not only frequent failure, but, in many instances, the infliction of unnecessary, intense, and prolonged suffering. Dentistry is, in fact, no more a mechanical art than surgery. The practice of each, it is true, consists to a great extent of the application of mechanical apparatus, and of the use of cutting, sawing, and gouging instruments. But besides manual dexterity in the use of his tools, the surgeon is required to possess an adequate knowledge of anatomy, physiology, and pathology, the sciences upon which his art is based, for it is found that if he be without such knowledge his mechanical operations must prove commonly unsuccessful, and in many cases disastrous. Of the dental surgeon similar acquirements are demanded. Without them, even in what at first sight appear to be simple mechanical details of practice, he also—having in every case to deal more or less with living structures—must be liable to many errors, and his treatment must constantly fall short of success, if indeed, it do not aggravate the very mischief for which a remedy was sought. Mr. Tomes, than whom no scientific authority ranks higher, speaking of one of the commonest of dental operations, says—"There is, perhaps, no other operation performed upon the human body which is attended by the same unqualified success as that of filling teeth, for we not only succeed, in the great majority of cases, in arresting the further progress of disease, but we also replace the part which has been lost by an imperishable material, and render the organ as useful as it was prior to its becoming the subject of caries." How many, however, from personal experience can testify to the agony necessitating the instant extraction of a useful tooth which has been produced by the pressure of an improperly inserted stopping upon an exposed and inflamed nerve? With respect to still more purely mechanical processes, such as the application of artificial teeth and of instruments for the cure of the irregularities of the teeth, every dental surgeon meets daily with cases which originally could have presented no difficulty, but which, having been treated without regard to the physiology of the teeth and of the parts influenced by the apparatus, have resulted in discomfort, injury, and failure. Instances of this character might be multiplied to any length by an examination of the pathology of dental diseases and of the principles of dental mechanics. Such an examination renders it clear that in dentistry, as in every other department of surgery, ignorance being very closely allied to cruelty, cannot, under any circumstances, be tolerated, and it demonstrates the truth of the statement made some time ago, by the Editor of the *Lancet*, "That quack dentists are only one degree less injurious than quack doctors, because their power is more limited."

The course of study through which candidates for the licence in dental surgery of the College of Surgeons have to pass before admission to examination will serve to indicate the acquirements which the heads of the profession consider indispensable on the part of those who would practise in any department of dentistry. This curriculum, besides theoretical and practical instruction in dental surgery and mechanics, provides that the candidate shall go through a course of instruction in anatomy and physiology, medicine and surgery, and the collateral sciences, such as chemistry and materia medica, so that, having a due acquaintance with the nature of disease, and with the general principles of medical practice, he may avoid error, and be able to deal with confidence and success with the affections of that special region to which his practice will be confined.

None of the facts which I have adduced with regard to the professional knowledge necessary on the part of dental practitioners are denied, even by the quacks themselves, who, on the contrary, by the addition to their names of letters closely resembling the initials of a recognised degree, and by the use of artfully worded language in their advertisements, endeavour to lead the public to believe that they have undergone a professional education and possess a legal qualification. As an instance, the letters M.C.D.E. will occasionally be found tacked on to the name of a quack dentist. These letters, if they mean anything, signify Member of the College of Dentists of England, and they may be safely used whether a diploma be held or not, for the reason that that institution, which never had any legal status, terminated its career more than ten years ago after a very brief existence. With the same object, cunningly selected extracts from medical papers are made to appear as though they referred to the advertiser, whilst it is needless to state the editor had intended them to have no such application. An example of this latter expedient has been continually noticeable since the introduction of nitrous oxide gas as an anæsthetic in dentistry. Several of these men claim—of course falsely—to have been the original introducers of the gas, or to be specially skilled in its administration; and in order to render these claims more plausible, and at the same time to pretend that they have been recognised by the highest medical authorities, they publish in their advertisements extracts from articles in the medical papers, which had, in fact, simply discussed in general terms the properties of the gas and the method of its administration, and had perhaps contained no allusion to any individual. The same expedient is employed on every occasion when an improvement in treatment is made known, or when a new material or apparatus for mechanical operations is devised. Each quack endeavours in his advertisements to make it appear that he is the patentee of the new invention, or at least that he alone has the requisite skill and knowledge properly to apply it in practice.

It cannot however, be necessary to continue the subject further, and to expose in detail this system of chicanery and deception, which, indeed, in its main features, is identical with that carried on by every species of quack. I have said enough to justify the statements with which I set out. It must be evident that the evils which I have mentioned do really arise, from the admission into newspapers of dental puffs, under the mask of sham editorial articles. The public, driven as they must surely be, by powerful editorial influence, into the hands of the lowest members of the profession, are often made to suffer, not only loss of money, but unnecessary disappointment, pain, and injury to health; and as a result of this, a large body of honourable professional men, the legally qualified dental surgeons, frequently find themselves, much to their sorrow, classed by the indiscriminating public among the most ignorant and disreputable of charlatans.

I remain, Sir,
Your obedient servant,
HENRY SEWILL, M.R.C.S., L.D.S.,
Dentist to the West London Hospital, &c.

Daily News Office, London, January 12, 1876.

The manager of the *Daily News* presents his compliments, and begs to thank Mr. Sewill for the information he has given, and to add that the advertisement referred to was inserted without proper supervision.

HOUSE FOUNDATIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with pleasure your remarks in this week's issue on the subject of "House Foundations." I called attention to the same subject last year through the columns of the *Daily Telegraph*, mentioning one case that came under my own observation in which human remains were used to fill up a pit from which the clay had been taken. Where the remains came from of course I could not tell; but there were several skulls, thigh-bones, &c., and any quantity of ribs, phalanges of upper and lower extremities, teeth, &c. The letter appeared during the "silly season," and did not seem to have attracted notice, owing possibly to its having been published in the supplement, which few people look at.

I am, Sir, yours obediently,
W. T. GREENE, M.B., M.A., &c.

218 Old Kent Road, S.E.

Literature.

LECTURES ON DERMATOLOGY. (a)

SESSION 1874-5.

THIS work consists of a series of discourses on Dermatology which are being delivered at the Royal College of Sur-

(a) "Lectures on Dermatology," delivered in the Royal College of Surgeons of England in 1874-1875; including Struma, Lupus, Lymphadenoma, &c., &c. By Erasmus Wilson, F.R.S., F.R.C.S., &c. London: J. and A. Churchill. 1875.

geons. They were commenced in 1870, and have now reached thirty-six in number. The former lectures were published in two volumes, in 1871 and 1873, and the present volume, which does not complete the series, contains the twelve lectures that have been recently delivered.

The plan of these lectures, observes the author, is to treat consecutively of the whole of the diseases of the skin, beginning with diseases of inflammation, common and specific, then taking diseases due to aberration of nutrition and sensation, and proceeding onwards to disorders of pigmentation, diseases of the epidermis and nails, of the cutaneous glandular system, and of the hair; and, further, a special object Mr. Wilson had in view was "to afford the opportunity of comparing the description of the disease with the object itself as preserved in the Hunterian Museum, to challenge inquiry, and to confirm or refute theory and preconceived conviction by an appeal to facts." The more important skin diseases treated of in the present volume are struma, lupus, epithelioma, ichthyosis, scleriasis, anglioma, spargosis, cheloma, besides which there is, at the beginning of the work, a description of the models added to the dermatological collection since the former course, and an account of the treatment of elephantiasis Græcorum with gurjun balsam or wood-oil. With respect to the efficacy of this medicine in the treatment of that loathsome and hitherto intractable disease, Mr. Wilson is very sanguine. He enters very fully into the medical history, nature, and properties of the balsam, and cites several cases in which it appears to have been of great service. The facts which the author has adduced, and which, in his opinion, are both extraordinary and encouraging, are founded on a report by Dr. Dougall, Surgeon-Major of the Madras Medical Service, to whom is due the merit of having introduced this remedy. The balsam is used internally and in the form of an ointment, and it appears to be especially efficacious in the anæsthetic variety of leprosy. "It is pleasing," writes Dr. Dougall, "to see the will with which men who for years had not been able to handle a walking-stick, on account of loss of fingers and numbness in the arms, now set about this sort of work (rubbing themselves with the ointment), and they are evidently proud of being again able to work, when such a hope had been abandoned long ago." In fact, judging from the evidence of others, and from his own experience, Mr. Wilson acknowledges that the success of the gurjun treatment has been very extraordinary, and remarks that he has also found it very useful in the treatment of chronic eczema, lupus vulgaris, and lepra Græcorum. After a very good description of strumous disease of the skin, in which the reader is referred, according to the plan of the work, to several models illustrative of the several stages and form of scrofuloderma, we pass on to lupus, lymphadenoma, (lymphoma), xanthoma, and epithelioma, affections which, along with struma and lepra vulgaris, are classed under the "dystrophic affections." "In grouping together common strumous inflammation of the skin and lupus, I have," says the author, "been chiefly influenced by the pathological conditions of the skin in advanced stages of these two affections, the difference between them being by no means greater than we see evinced by the various forms of cutaneous disorder manifested by syphilis. . . . ."

The second half of the volume is taken up with the lectures that were delivered during the current year. In these we have a description of ichthyosis, sauriosis (sauroderma), striæ atrophicæ, morphœa, scleriasis (scleroderma) among the "atrophic affections;" of spilus, verruca, cornua, clavus, angeoma, neuroma, and fibroma, among the hypertrophic affections; of spargosis (elephantiasis Arabum), molluscum, and cheloma among the fibromata; and lastly, of pruritus, prurigo, neurotic excoriations, dermatalgia, hyperæsthesia, and anæsthesia among the neuropathic affections.

At the end of the volume there is an interesting account of hæmorrhagic neuropathic excoriations, and of bleeding stigmata, and two or three remarkable examples of the latter affection are given. In reference to these "bleeding stigmata," which, Mr. Wilson observes, is pathologically made up of "capillary congestion, serous exudation, and hæmorrhage" of the hyperæmic corium, and which may be imitated by applying in a particular manner a piece of blistering-tissue to the skin, reference is made to the remarkable case of Anne Louise Lateau. This is a striking example of the same affection, associated with hysterical and ecstatic phenomena. After giving an account of the case as related by Dr. Lefebure, of Louvain, the author says: "In this remarkable case of neuropathic disorder, accompanied with vesication of the skin and hæmorrhage, we perceive a curious resemblance to the cases of 'neuropathic excoriations' which I have just been describing—a resemblance which is, indeed, pathologically identical, and only differs in the striking character of its periodical recurrence—a feature by no means strange to physiology and pathology." Not the least valuable part of these lectures is the description of the treatment adopted by the author, and as any opinions on this subject from a surgeon of Mr. Wilson's experience cannot fail to attract our attention, we will briefly mention a few points in his practice most worthy of notice. In the general treatment of *struma* the author endorses the opinion of the profession as to the great value of cod-liver oil, iron, iodine, and other well-known antistrumous remedies. But when struma presents itself in the form of a local phlegmon, threatening to become an abscess, "the most successful treatment" consists in covering the affected part with a plaster of opium and galbanum spread on washleather. Under this treatment the phlegmon will probably disperse without suppuration, or the glands will recover without softening and ulceration. The plaster should be renewed if required, and if suppuration be inevitable it will be well to make two or three slashes in the centre of the plaster to let the discharge find its way out at its will. Among the caustics used in the local treatment of *lupus vulgaris*, Mr. Wilson speaks from a long experience of the value of the potassa fusa, which he uses in the form of a solution (equal parts of the caustic and distilled water), and the same caustic—of the same strength—he uses in the treatment of *epithelioma*. "I believe," he says, "the potassa fusa to be superior to all other chemical remedies, and especially so for the rapidity of its operation, the moderate pain it occasions, and the rapidity with which that pain ceases entirely." For the therapeutic treatment of *dermatoxerasia*, *ichthyosis*, and *sauriosis*, the author insists upon nutritious diet, attention to the general health, and the liberal use of fatty inunctions and saponaceous ablutions. Arsenic, quinine, iron, and other tonics, with saponaceous ablutions and moderate local stimulations, are the best remedies for morphœa, striæ atrophicæ, and scleriasis.

In conclusion we may observe that this work, in connection with the valuable pathological models which it illustrates, will be, when completed, a very important and a very handsome addition to the literature and pathology of cutaneous medicine. At the same time, and although these volumes are—as respects type, quality of paper, and binding—got up in a most sumptuous manner, we cannot recommend them as a good text-book for students. Many pages are devoted to long clinical reports. Constant reference is made to the models, of which many portions of the work may be said to form a sort of scientific catalogue, and the study of which is supposed to go hand in hand with that of the book itself; and, finally, the causes, symptoms, diagnosis, and treatment of skin diseases are not always so fully described as they would be in an ordinary compilation or text-book.

Medical News.

Royal College of Physicians of London.—The following gentlemen were admitted Members of the College on January 27th :—

Robert Bridges, M.B. Oxford, St. Bartholomew's Hospital, E.C.

Francis Henry Champneys, M.B. Oxford, 4 Oak Hill Park, N.W.

David White Finlay, M.D. Glasgow, Middlesex Hosp., W.

William McNeill Whistler, M.D. Pennsylvania, 80A Brook Street, W.

Albert John Venn, M.D. Aberdeen, 30 New Cavendish Street, W.

Robert Mundy Gover, Millbank Prison, S.W.

Royal College of Surgeons of England—The following gentlemen, having passed the required examinations for the diploma, were admitted to the Membership of the College at meetings of the Court of Examiners on January 24th, 25th, 26th, 27th, and 28th :—

Allott, Wordsworth Leach, Leeds.

Bark, John, L.K.Q.C.P.I., Great Crosby, Lancashire.

Betty, Samuel G., L.S.A., Park Street, London, N.W.

Boys, Arthur Henry, Brixton Hill, Surrey.

Braithwaite, Samuel, Egremont.
Burton, Samuel Herbert, Great Yarmouth.
Chadwick, George Richard, L.S.A., King's Lynn.
Champneys, Henry L., New Street, E.
Coffyn, Stephen, Silverdale, Sussex.
Cooper, John N., L.K.Q.C.P., Hyde, near Manchester.
Cameron, Charles H. H., Plymouth.
Davis, Henry, L.S.A., Euston Square.
Duke Edgar, Clapham Road.
Eccles, Robert, Larne, Co. Antrim.
Ellis, William Aston, Pimlico.
Evans, Charles W., Bakewell.
Evans, Frederick W., L.S.A., Cardiff, S. Wales.
Fendick, W. Rowing, L.K.Q.C.P.I., Bristol.
Finch, Alfred, Blackheath.
Fitzgerald, James G., Cambridge Street.
Forrest, John G. S., Bessborough Gardens.
Fox, Thomas Colcott, Broughton, Hampshire.
Francis, Ernest G., Sutton.
Gardner, John Arthur, Northallerton, Yorks.
Gorst, Henry, Huyton, Lancashire.
Grimwood, Harry Charles, L.S.A., Stowmarket, Suffolk.
Grimbly, Richard H., Banbury, Oxon.
Harris, Stanford, L.S.A., Pendlebury, Manchester.
Hay, John Horne, Wandsworth, Surrey.
Hayes, Thomas George, West Brompton.
Holwell, Edward B., Leeds.
Jackson, Arthur A., Adbaston, Newport.
Jacob, Ernest Henry, M.B. Oxon., Winchester.
James, Walter C., L.S.A., Kennington-park Road.
Jones, Abraham Emrys, Manchester.
Kanoba Rauchhoddas, Kirtikar, Bombay.
Layborn, William K., Beverley.
McCarthy, George F., Dublin.
Mackern, George, Blackheath.
McLarty, C., M.B. Toronto, St. Thomas's, Ontario.
M'Carthy, Justin M'Callum, St. Thomas Terrace.
M'Cullagh, Thomas Alexander, Liverpool.
Millman, T., M.D. Toronto, Woodstock, Ontario.
Moone, John, Mornington Road.
Moorhead, James, M.D. Dub., Belfast.
Naylor, Charles G. R., L.R.C.P. Edin., Calcutta.
Nicholls, Frederick, Stockwell, Surrey.
Nicholson, J. F., Brigg, Lincolnshire.
Oram, Richard R. W., Stonehouse, Devon.
Osborne, John Henry, L.S.A., Southwell, Notts.
Paxon, Herbert E., L.S.A., Dorking.
Paget, Edward, Thurstan, Guernsey.
Pearless, Walter Relf, East Grinstead, Sussex.
Perry, Edward Verdon, Reepham, Norfolk.
Pickburn, T. J., M.B. Aberd., Sydney, Australia.
Pickup, William James, Bacup, Lancashire.
Popert, Adolp J., L.S.A., Limehouse, E.
Price, Robert John, University Street, W.C.
Prouger, Charles Ernest, Crawley, Sussex.
Richmond, C. E., L.S.A., Manchester Royal Infirmary.
Roberts, William S. W., Earls Court Road.
Rockliffe, William Craven, L.S.A., Hull.
Rogers, Thomas King, Hackney.
Russell, James, M.B. Aberd., Croydon, Surrey.
Ryley, James, Louth, Lincolnshire.
Sandes, Walter H. F., Wandworth, Surrey.
Saunders, Edward A., L.S.A., Haverfordwest.
Scott, John William, Dronfield, Yorkshire.
Sellon, J. W. Gore, Budleigh Salterton, Devon.
Shoolbred, William Andrew, Wolverhampton.
Speed, Henry Andrews, Lewisham, Kent.
Startin, James, Kennington Road.
Stewart, William Robert, Russell Street, E.
Stephenson, William Arnold, Weymouth.
Strange, Orlando B., Hammersmith.
Taunton, William W., Salisbury, Wilts.
Wade, Arthur Breedon, Ryde, Isle of Wight.
Walford, Robert, Colchester.
Walker, George A., M.B. Aberd., Darlington.
Wartenberg, Victor A., Lytham, Lancashire.
Weddall, William, L.S.A., Stamford.
Whitelegge, Benjamin A., Tideswell, Derbyshire.
Wise, Alfred T. T., Warlock Road.
Wolff, Alfred Abraham, Gloucester Gardens, W.
Wood, Edwin Stanley, Newport, Monmouthshire.
Wright, William H., L.S.A., Derby.
Wright, Henry, Lutterworth.

Vital Statistics.—From the Registrar-General's returns we learn that during last week 6,007 births and 4,342 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 28 deaths annually in every 1,000 persons living. The annual death-rate was 27 per 1,000 in London, 23 per 1,000 in Edinburgh, 30 in Glasgow, and 34 in Dublin. The annual rates of mortality per 1,000 during the same period in the other large towns were—Brighton 16, Sunderland 21, Plymouth 25, Norwich 28, Nottingham 33, Bradford 25, Hull 27, Leicester 21, Bristol 35, Portsmouth 16, Sheffield 29, Birmingham 29, Wolverhampton 24, Leeds 24, Newcastle-on-Tyne 23, Oldham 45, Liverpool 36, Manchester 36, and Salford 45. The annual death-rate from the seven principal zymotic diseases averaged 4·0 per 1000 in these towns, and ranged from 0·0 and 0·7 in Brighton and Plymouth, to 7·9 and 9·4 in Salford and Oldham. Three fatal cases of small-pox occurred in Manchester and Salford, and 2 in Bristol. Scarlet fever showed fatal prevalence in Oldham, Bradford, Bristol, and Salford. Fever caused 8 more deaths in Sheffield. In London, the 1,782 deaths included 60 from scarlet fever, 20 from different forms of fever, 16 from diarrhœa, and not one from small-pox; 250 deaths were referred to the seven principal diseases of the zymotic class, against 265 and 239 in the two preceding weeks, being 18 below the corrected average.

Liverpool Medical Institute.—The following office bearers were elected at the annual meeting in January:—*President.*—James Turnbull, M.D., F.R.C.P. *Vice-Presidents.*—Dr. Steele, Mr. Charles B. Wilson, Dr. Glynn, Mr. Higginson. *Treasurer.*—Dr. Oxley. *Hon. Secretary.*—Dr. Lyster. *Hon. Sec. of Ordinary Meetings.*—Mr. Chauncy Puzey. *Hon. Librarian.*—Dr. William Carter. *Members of Council.*—Drs. Bligh, Campbell, Dickinson, Grimsdale, Waters, Adam, Armstrong, J. Cameron, Parsons, Pollard, Rawdon, and Mr. George H. Snape. *Microscopical Committee.*—Drs. Davidson, Braidwood, Wm. Carter, Caton, Glynn, Lupton, Mr. Newton, and Mr. Rushton Parker. *Auditors.*—Drs. Bailey and Glynn.

Gallic Acid in the Treatment of Albuminuria.

THE following is from an article by J. T. Jameson, M.D., in the *American Practitioner*:—

I wish to call attention to the use of gallic acid in the treatment of albuminuria as a sequel to scarlet fever, with which, in a few cases, I have met with marked success. My experience with the remedy has been as follows:—

In my first case, occurring in a boy aged about twelve years, the symptoms were very severe. There was œdema of the face and lower extremities, but no effusion into the thoracic or abdominal cavities; violent headache; blindness; there had been four or five strong epileptiform convulsions; urine was scanty and contained blood, resembling exactly water in which fresh beef had been washed, and coagulating about one-half on testing with heat and nitric acid. To relieve the cerebral symptoms, a blister was applied to the neck, sinapisms to the extremities and lumbar region, cold to the head, and two or three doses of a mercurial with bitartrate of potassa. This was followed by iodide of potassium and a teaspoonful of a saturated solution of gallic acid every two hours. The acid was given in this manner for five days and nights in succession, the patient rapidly improving under its use, and the urine becoming more copious and less bloody. It was continued for twenty-two days, only at longer intervals, and at that date the urine when tested manifested the slightest possible trace of albumen, although the boy at this time was around the house and apparently perfectly recovered, having been so for a number of days. The tinct. ferri chloridi was given in small doses, and completed the cure.

My second case occured in a girl about six years of age. The eruption was very livid and the skin had desquamated. The child recovered well from the fever, and was about the house. She went into a cold room to play with other children, and a day or two after the face became œdematous; there was pain in the head; slight fever; urine quite bloody, and on testing in the usual manner presented considerable coagulation. The patient was put upon a saturated solution of gallic acid, a teaspoonful every two hours. In seven days the urine was free from albumen and copious in quantity, and the child seemed well, with the exception of debility, for which the muriated tincture of iron was prescribed. About ten days after this, in consequence of fresh exposure to cold, there was

a slight relapse, the urine becoming again bloody and the face puffed; but on resuming the gallic acid for a few days these symptoms speedily subsided and the recovery became permanent. In this case the gallic acid was administered unaccompanied by any other medicine, except an occasional dose of castor-oil to regulate the action of the bowels.

Remarks.—The treatment hitherto generally adopted in this affection has been that of acting derivatively on the bowels by means of mercurials, followed by such diuretics as digitalis, sweet spirits of nitre, acetate of potash, etc.; but if future experience should confirm the efficiency of gallic acid, I cannot but think we shall possess a remedy superior to any of the above. The gallic acid if I understand its action aright, enters the blood unchanged, and unchanged is carried directly to the congested and inflamed capillaries of the secernent portion of the kidneys, acting as an astringent and tonic upon them, promoting their contraction, and thus arresting the exudation of red blood corpuscles and promoting the normal secretion of urine. I have seen no unpleasant effects from its administration as freely as above represented. It does not disturb the stomach nor interfere with the appetite or digestion, but it does tend to constipate the bowels somewhat, rendering necessary the occasional use of a relaxative.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

A correspondent has sent for publication some suggestions and comparisons between the British and Indian Medical Departments. Our correspondent has not furnished us with his name, not necessarily for publication, but in compliance with our rule.

Dr. Abrath, of Sunderland, has forwarded to us the correspondence which has resulted between him and the Editor of the *Students' Journal* relative to a lecture delivered by Dr. Abrath "On the Work done under the Red Cross," which the editor of that journal characterised as a burlesque. Dr. Abrath was not unnaturally indignant at such an expression, and wrote a long letter in self-defence. As the editor inserted this production, albeit at times wide of the subject of complaint, there is no necessity for us, nor indeed have we space, to transfer it to our columns. We believe in the sincerity of Dr. Abrath's intentions, but the exceptional and extraordinary way he carries those intentions into operation will always invite attack. It may be German; it certainly is not, and we trust never will be, English.

Dr. J. W. Lane, Bishops-Castle, forwards us a specimen of the trash a quack is distributing in and about the neighbourhood of Hereford. Prof. Owens—the title this worthy adopts—having previously left his printed sheet of bunkum, on which he notifies that when he calls again he will give advice gratis on a specified host of diseases, repeated his visit to our correspondent, Dr. Lane. Being out at the time, the Professor inquired of the servant if his circular had been shown to her master, as he was certain he would give a good sum to know his remedies!! Dr. Lane regrets that he was not at home in order to have considerably expedited the fellow's exit, and is naturally indignant that there is no protection for the profession or the public from these impostors. We sympathise with our correspondent, but would suggest that, as the law guards these worthies from summary punishment, he should not give vent to his just indignation by soiling the toe of his boot, albeit that it would be thoroughly merited.

Vaccine Items.—Apropos of the anti-vaccination war which appears to be again breaking out in various parts of Christendom, newspaper writers are indulging in a little chaff. The following are specimens: A rural physician, on receiving a sample lot of animal virus on quills, supposed them to be toothpicks, and employed them accordingly. During the discussion on vaccination in the Cincinnati Academy of Medicine a week or two since, Dr. Muscroft stated that a druggist of that city who deals in vaccine crusts, had some returned to him recently with a letter from the physician stating that he had tried it, and it had failed in every instance. On examination, it was found that he had merely chipped off a small amount of the wax covering, but had not even reached the tin-foil surrounding the crusts. Another doctor boils his quill points thoroughly before using them, and then thinks "they are not so reliable as crusts taken from healthy children."

The Army Medical Service.—For some unexplained reason the examination of candidates for admission to vacancies in this branch of Her Majesty's Service, announced for the 14th inst., has been countermanded. Is it because no candidates have sent in their names? Perhaps the authorities will at last see the necessity of making the medical department a little more attractive.

Communications, Enclosures, &c., have been received from—Mr. Squire, London. Dr. Dobell, London. Dr. Thorowgood, London. Dr. Frederic Hall, Wragley. Dr. Althaus, London. Dr. Campbell Black, Glasgow. Dr. Collins McElroy, Zanesville, Ohio. Mr. Bruce, London. Dr. Gordon, Madras. Mr. Gray, London. Mr. T. Parker, London. Dr. Drysdale, London. Mr. Swanzy, Dublin. Dr. Hughlings Jackson, London. Dr. Barton, Dublin. Mr. Nolan, Castleisland. Mr. Martin, Portlaw. Dr. Hardwicke, London. Mr. Haviland, Northampton. Mr. Crawford, Edinburgh. Dr. McNaughton Jones, Cork. The Secretary to the India Board. Dr. Greene, Kent Road. Dr. J. G. Thornley, Leicester County Asylum. Mr. Sewill, London. Mr. Verdon, London. The Registrar of the Royal College of Physicians of London. The Secretary of the Liverpool Medical Institute. Dr. Abrath, Sunderland. Dr. Knox, Strandtown. Dr. Godfrey, Dripsey. Dr. O'Grady, Dublin. Dr. Lindsay, Belfast. Dr. Dobbin, Keady. Dr. Seymour, Baltinglass. Dr. Furlong, Srteamville. Dr. Rice, Galway. Dr. Sandiford, Castlemartyr. Dr. Love, Killygordon. Dr. Higgins, Cheltenham. Dr. Lane, Bishops-Castle, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

On the Development of the Ova in Man and other Mammalia. By James Foulis, M.D. Edinburgh.

Fifth Annual Report of the Metropolitan Imbecile Asylum at Caterham.

Evolution of the Human Race from Apes. By T. W. Jones, F.R.S.

The late Visitation of Typhoid Fever at Uppingham. Statement of the Sanitary Committee and Messrs. Haviland and Field.

Electro-Therapeutics. By Collins McElroy, M.D., Zanesville, Ohio.

Medical Responsibility in the Choice of Anæsthetics. By H. M. Jones, M.D. London: Lewis.

Eleventh Annual Report of the Sanitary Commissioner with the Government of India.

Canada Medical Journal. La France Médicale. Le Progrès Médical. British Journal of Dental Science. La Tribune Médicale. Boston Medical Journal. Glasgow Medical Journal. Journal d'Hygiène. The Clinic. Australian Medical Journal. New York Medical Journal.

VACANCIES.

Royal Hospital for Diseases of the Chest, City Road.—Surgeon. Honorary. (See Advt.)

North London Consumption Hospital.—Physician. Honorary. (See Advt.)

Queen's College, Galway.—Professorship of Midwifery. Testimonials to the Under Secretary, Dublin Castle. (See Advt.)

London Hospital.—Assistant Obstetric Physician. Full particulars of the Secretary.

Birmingham General Dispensary.—Resident Surgeon. Salary commencing at £130 per annum. Applications to the Secretary.

Stratton Union, Cornwall.—Medical Officer for the South District of the Union. Salary, £60, with extras. Applications to the Clerk of the Board of Guardians.

Manchester Clinical Hospital for Children.—House Surgeon. Salary, £80 per annum. Address the Secretary of the Medical Board.

North Witchford Union, Cambridgeshire.—Medical Officer for the East Division. Salary, £60, with fees extra. Applications to the Clerk of the Board.

Kent County Lunatic Asylum.—Medical Superintendent and an Assistant Medical Officer. Salary of the former £700, with house; of the latter, £150, with apartments. Applications by letter to Messrs. Beale and Hoar, Maidstone, Kent.

APPOINTMENTS.

Benton, S., L.R.C.P.L., M.R.C.S.E., L.M., Assistant Medical Officer to the Central London Sick Asylum District at Highgate.

Burgess, E. J., M.R.C.S.E., L.R.C.P.L., Midwifery Assistant to St. Bartholomew's Hospital.

Coldstream, A. R., M.B., C.M., L.R.C.S.Ed., a Resident Physician to the Royal Infirmary, Edinburgh.

Crabb, J., M.B., C.M., a Resident Surgeon to the Royal Infirmary, Edinburgh.

Garson, J. G., M.B., L.R.C.S.Ed., a Resident Physician to the Royal Infirmary, Edinburgh.

Godfrey, C. W., M.R.C.S., House Surgeon to the Huntingdon County Hospital.

Grange, W. D'O., M.B., C.M., a Resident Surgeon to the Royal Infirmary, Edinburgh.

Greenway, A. S., M.B., a Resident Medical Officer to the St. Mary's Hospital for Women and Children, Manchester.

MacDonald, T. R., L.R.C.S.Ed., a House Surgeon to the Royal Infirmary, Edinburgh.

MacLeod, N., M.B., C.M., a Resident Physician to the Royal Infirmary, Edinburgh.

Newington, A. S. L., M.B., M.R.C.S.E., Medical Officer for the Waterperry District of the Thame Union, Oxfordshire.

Prideaux, Mr. E., Assistant House Surgeon to the Derbyshire General Infirmary, Derby.

Purefoy, R. D., M.B., Obstetric Physician to the Adelaide Hospital, Dublin.

Roy, C. S., M.B., C.M., a Resident Physician to the Royal Infirmary, Edinburgh.

Scott, C., L.R.C.S.Ed., Medical Officer and Public Vaccinator for the Bagnal-town Dispensary District of the Carlow Union.

Spence, T. F. H., M.B., C.M., a Resident Surgeon to the Royal Infirmary, Edinburgh.

Vause, A. J., M.B., C.M., a Resident Physician to the Royal Infirmary, Edinburgh.

White, C., M.R.C.S.E., Consulting Surgeon to the Warrington Infirmary.

Marriage.

Haynes—Hiron.—On the 27th ult., at St. George's, Hanover Square, London, Fredk. Harry Haynes, M.D., of Leamington, to Henrietta, youngest daughter of the late John Hiron, Esq., J.P., of Campden, Gloucestershire.

Deaths.

Burleigh.—On the 15th Jan., at Torquay, Alfred Burleigh, M.R.C.S.E. of Hillside, Cotham, Bristol.

Clark.—On the 23rd Jan., at Inverness, Hugh Clark, M.D., aged 40.

Cooke.—On the 14th Jan., at Hagley-Hay House, Walsall, J. L. Cooke M.R.C.S.E., aged 30.

FLEWKER.—On the 16th Jan., at Albury, Surrey, Wm. Flewker, Surgeon, aged 70.
MARSHALL.—On the 12th Jan., at Bucklyvie, Stirlingshire, James Marshall, L.R.C.S.Ed., aged 48.
MITCHELL.—On the 12th Jan., at Stonehouse, Lanarkshire, James Mitchell, M.D., aged 79.
PARKER.—On the 5th Jan., at Eversholt, Beds, Thos. Parker, Surgeon, aged 78.
WETHERFIELD.—On the 25th Jan., at Croom's Hill, Greenwich Park, John Wetherfield, M.R.C.S.E., formerly of Henrietta Street, Covent Garden, aged 76.
WILSON.—On the 21st Jan., at his residence, Brookeboro', co. Fermanagh, John Wilson, M.D., aged 46.
WORTS.—On the 20th Jan., at Colchester, Wm. Worts, M.R.C.S.E., aged 75.

TO THE PROFESSION.

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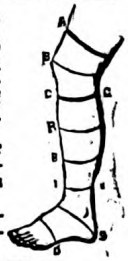

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WEDNESDAY, FEBRUARY 9, 1876.

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TRACHEOTOMY IN CROUP. (a)

By Wm. Thomson, A.B., M.D.,

Fellow and Member of the Surgical Court of Examiners, Royal College of Surgeons, Ireland; Surgeon to the Richmond Surgical Hospital, &c.

I wish to bring before the Society this evening a subject that is not new, but my apology must be its importance and a desire to elicit discussion regarding it. Croup and its treatment form one of the most difficult questions in surgery, and it is to this latter that I desire to ask the attention of the members for a short time. I will first give the notes of some cases that have come under my own notice, and then append such general observations as may appear to bear upon them.

Case 1.—On Sunday evening, 16th August, 1874, John Carr, æt. 5, was admitted to the Hardwicke Hospital, under the care of my colleague, Dr. Gordon. He was a healthy-looking, chubby, fair-haired, blue-eyed boy, and had been reared at Howth. Three days before his admission he had become unwell, and had gradually grown worse until he was brought into town. He was seen by Dr. Gordon immediately, and was pronounced to be suffering from well-marked croup. There was no pharyngitis, no sign of any membrane about the tonsils or pharynx, but the croupous inspiration and cough were well marked and unmistakable. His mother stated a fact of much interest—that his sister had been admitted to Sir Patrick Dun's Hospital a week before with diphtheria, from which, as I afterwards learned, she recovered. On his admission to hospital he was put to bed, rolled in warm blankets, and had linseed-meal poultices applied to the throat at frequent intervals, while he was ordered to have a mixture containing squills and ipecacuanha. He passed an uneasy night, the breathing being rapid and the pulse high. Towards morning the symptoms became more urgent, and at times he seemed to be almost asphyxiated. At half-past ten he was seen by Dr. Gordon and Dr. Gerald Yeo. He appeared to be dying. His extremities were cold, his face was pallid and puffed, the breathing was very difficult, and there were general indications of collapse. An examination showed that air was entering his lungs, and there was fair resonance. A blanket steeped in hot water and mustard was wrapped round his body, and he rallied sufficiently to be able to recognise his parents; but Dr. Gordon saw that the case was hopeless unless surgically relieved, and he accordingly at once sent for the late Mr. Hamilton, who happened to be the surgeon on duty. In a few minutes all the surgeons—Mr. Hamilton, Mr. Stokes, Mr. Thornley Stoker, and myself—were at the patient's bedside, where we had the advantage of consulting with Drs. Banks, M'Dowel, Gordon, and Lyons. The child was at that time almost moribund. He lay upon the bed making feeble efforts to get breath, his face blanched and bathed in cold sweat, his lips quite blue. There was no hesitancy upon the part of any one as to the propriety of an operation. The child was plainly dying of apnœa, and the immediate indication was to relieve that condition. Mr. Hamilton asked me to undertake the operation. The child was at once moved to the end of the bed, and with the assistance of Mr. Stokes and my other colleagues the trachea was opened. It was the first time that I had performed the operation, and it was very forcibly impressed upon me that it is not an easy one. Before an opening was made the child appeared to be dead, and it was not altogether cheering to be assured that that event had actually occurred. But the opening into the trachea (involving the 1st, 2nd, and 3rd rings) and the introduction of the tube was followed by a fit of coughing which gave us hope. A quantity of thick yellowish shreddy material was ejected through the tube. For several minutes, however, it was necessary to continue means of resuscitation, and at las

(a) Communicated to the Surgical Society of Ireland on the 21st of January, 1876. The discussion will be found at page 92.

we were rewarded by seeing consciousness restored. Within half an hour he was laughing, playing with a toy, and holding such intercourse with his parents as he was able.

He was removed to a small ward at once, where the temperature was kept rather high, and the steam from a kettle was allowed to escape close to his head. He was carefully nursed by Dr. Farrell (lately appointed Assist.-Physician to the Mater Misericordiæ Hospital), Mr. Mark M'Donnell, and Mr. Nixon. During the day the respirations were easy and greatly diminished in frequency; pulse 126. He was able to take nourishment without difficulty, although some milk came through the tube at first. His bowels were moved five times, the stools being of a light green colour.

Tuesday—Did not sleep well. About 8 a.m. had a sudden attack of dypsnœa. There was great lividity of countenance, but the obstacle was caused by a pellet of lymph, of the consistence and colour of crude honey, which blocked up the tube. This was removed and cleaned. At 2 o'clock the temperature was 103 deg.; pulse 140; respirations 50. Dr. Gordon saw him and ordered a mixture containing liq. ammoniæ acetatis and squills. The diarrhœa still continued; the stomach would not retain nourishment. At eight o'clock in the evening temperature was 105 deg.; pulse 170; respirations 55. From that time he gradually continued to sink, and died quietly at eleven o'clock, thirty-seven hours after the operation.

The post-mortem examination revealed the existence of a tough, false membrane throughout the track of the air-passages from the larynx down. It was of a very pale pink, easily separated from the mucous membrane, and about half a line in thickness. The interior of the larynx, with the vocal cords, were covered with it, and it could easily be traced to the smaller bronchial tubes. The lungs themselves contained some air, but were, generally speaking, œdematous. There was no trace of membrane extending beyond the larynx into the pharynx.

Case 2.—Michael Kelly, aged eighteen months, a plump and healthy-looking boy, although small for his age, was admitted to the Richmond Hospital at ten o'clock on Saturday morning, July 24, 1875, having been presented at the medical dispensary under Dr. Harvey's care. I saw the child half-an-hour afterwards. He was suffering from severe dyspnœa. He was, however, still strong, and tried to resist any effort to examine his chest, although I was able to satisfy myself that air was entering the lungs. The inspiratory sounds were strongly accentuated, but there was no cough. The face was pale. The mother said the child had had a cold for a week, and the symptoms had only become urgent the night before his admission. I afterwards learned, however, that she had not seen the child for a week. I had the little patient at once placed in a small ward, so that the temperature might be regulated. A constant jet of steam was discharged by means of a pipe in the neighbourhood of the patient's head, but sufficiently far not to be unpleasant. He was ordered to have a grain of calomel every hour until the bowels were moved, and a consultation was summoned for twelve o'clock. Owing to various circumstances none of my colleagues could come. On my return matters were much worse. The child was evidently dying. His lips were blue, his face pale, his eyes half-closed and dull, the pulse small and so rapid that it could not be counted, while he lay in bed gasping for air and throwing his arms about. I determined to operate at once, and having obtained the mother's consent I did so. I was very ably assisted by Dr. Stack, the resident surgeon, who throughout paid the most unremitting attention to the case; by Dr. S. Gordon, jun., and others. The operation was quickly performed. Having cleared everything from the trachea, I placed the forefinger of my left hand upon it, and using my nail as a guide, slipped the blade of a Paget's knife, held short by the thumb and finger of the right hand, between two rings above the isthmus, and divided the first, second, third, and fourth. There was no need to "plunge" the knife into the trachea. The word is a misleading one, and ought not to be used without some qualifying expression. The ordinary bivalve canula was then introduced. On making the opening a quantity of purulent sticky matter was shot through it with some force. Then there were a few feeble attempts at respiration, but these ceased and the child seemed about to die on the table. Dr. Stack immediately used the Sylvester method of artificial respiration; the body was flicked with a towel, water was sprinkled over the face, and wine poured down the throat, but all seemed equally unavailing. An ounce of wine was then injected into the rectum, and after some time the child began to revive. He was put to bed, rolled in warm blankets, and then gradually recovered. Before the operation the respirations were 54; afterwards they speedily fell to 30, the pulse to 148.

At the evening visit the change was remarkable. No one would have thought that he was otherwise than perfectly healthy. The nurse was feeding him with milk, and he took it with evident relish. His eyes were bright and intelligent. When the milk was withheld from him he managed to help himself. At four o'clock his temperature was 104°, pulse 160, respirations about 35.

The bowels having been moved three times before my arrival, the calomel was stopped, eight grains having been administered. With this exception the treatment was continued. Up to twelve o'clock all seemed favourable, but the child then began to sink, and died about two o'clock, convulsed.

The post-mortem examination showed great engorgement of the lungs. The glottis was almost blocked up with a pale tenacious membrane, which extended throughout the course of the trachea but not beyond it, the bronchi remaining free. In neither case was an anæsthetic used.

Case 3.—I was asked by Dr. Gordon some months ago to see a case of croup in which the expediency of interfering by operation had been considered. The patient was a delicate boy of about fourteen years of age, and had been suffering from the disease for some days before I saw him, having only recovered from a smart attack of pleuro-pneumonia. Shortly before our arrival he had expectorated a false membrane, forming an accurate mould of the trachea. When we entered the room he was sitting up in bed, leaning upon one hand, and making vain efforts to fill his lungs with air. I shall never forget the appealing look for help which he gave us. But auscultation and percussion proved that the lungs were almost airless, and the fact that the trachea had just been cleared without giving relief showed that the bronchi were blocked up, and that any surgical treatment would be unavailing. In an hour afterwards he was dead. No post-mortem examination was obtained in this case.

These cases are sufficient to illustrate different phases of the disease; and although in the two in which I operated when the child was dying, life was not saved, I do not think I am claiming too much when I regard them as strongly justifying surgical interference. The treatment of croup has followed two very distinct lines—that of medication and that of operative procedure. In the first have been included tartar emetic as a depressant, or to produce its specific action, mercury, blood-letting, alkaline salts, iron, and a great variety besides. The practitioner is in a state of almost hopeless perplexity when he comes to treat his first case of croup. He finds one authority pinning his faith strictly to tartar emetic, another to mercury, another condemning both these and contending that the surest reliance is to be placed on chlorate of potash and iron, or quinine. But there is one point upon which, until a comparatively recent period, there has been tolerable unanimity—viz., that tracheotomy is not to be entertained as a method of treatment except under circumstances which we now know give little chance of its being successful. A change, however, has been gradually

effected in respect of the propriety of this operation, and of late years the successes of French surgeons have compelled more attention to it in England, Scotland, and America. In Ireland, however, this is not so. The cases are very few in which the remedy has been applied, and I think it may fairly be stated that Irish practitioners are still ranged with the opponents of tracheotomy in croup or diphtheria. The discussions which have taken place in this Society from time to time, and more particularly upon a paper by my colleague, Mr. Corley, in 1870 (MEDICAL PRESS AND CIRCULAR, April 27, 1870), clearly indicate how general professional opinion stands in regard to it. The cause is not far to seek. We have a great respect for authority which is dignified by culture, boldness, and decision; and so we find that the teaching of a late distinguished professor of surgery of this College, Mr. W. H. Porter, still influences surgeons against the undertaking. Mr. Porter has declared no uncertain opinion upon this subject, and we have him expressing his satisfaction at the general reception of that opinion thus:—"In this country I have not for some years heard of tracheotomy having been seriously proposed for the relief of any form of croup, and I feel considerable satisfaction in the reflection that I have in some small degree contributed to the establishment of so desirable a practice." These words were written thirty-nine years ago, when the operation was rarely practised. But I cannot doubt that had he lived until now, and thus been conscious of the wider knowledge that has come to us concerning this proceeding, and the more favourable results, he would, like Professor Spence, be found among the advocates of it.

I do not intend to speak of any other aspect of the question than the operative. It will for my purpose be more profitable to consider some of the points which have been urged against tracheotomy, and which have served to strengthen, if they have not created, the opposition to it.

One of the first is, that it is a very fatal operation. That is unfortunately true, but it is not a fair ground of objection. If we adopt it we at once put an end to all surgical work, for there is no part of it in which the surgeon can guarantee security against death. There is a high average of fatality in a great number of operations that are unhesitatingly undertaken by surgeons every day. So ordinary a proceeding as amputation gives an average death-rate of 38·72 per cent. after injury, and of 26·12 after disease. Descending to particulars, amputation of the thigh gives a mortality of 57·41 after injury, and of 27·23 for disease, or an average of 41·60. Tracheotomy in croup has been followed by a death-rate which ranges from 60 to 90 per cent., while in groups of cases it has given a much less percentage. In judging of relative mortality, however, it must not be forgotten that all the conditions are in a majority of cases unfavourable to success. The child has usually been ill for some days, and is brought into hospital in the last stage, not having been under medical care at all. Or it may be that he has been in the charge of one who, having reliance upon medicinal treatment, has waited in vain to see the symptoms improve under the influence of mercury or tartar emetic. The patient is almost comatose. His lips are blue, his face pale, his lungs have become engorged owing to prolonged obstruction, the blood is loaded with carbon, and every beat of the heart is sending to the nerve centres so much poison. Is it at all strange that under such circumstances there should be a high death-rate? The patient has already had his vitality almost hopelessly impaired. The lungs and the nervous system have no time to recover their tone, and the little sufferer, after the first faint flicker, gradually sinks and dies. If in the ordinary run of surgical cases conditions were of a similarly unfavourable nature, we should hardly be surprised at a high mortality.

But as bearing upon the question of death-rate, it will be interesting to look into some statistics of the results of this operation in different parts of the world in croup and diphtheria. The earliest were collected in 1839, and were reported to the Parisian Academy of Medicine. In those days tracheotomy was in general disfavour, and 140 cases only gave 28 recoveries, or 20 per cent. Of these Trousseau contributed 80, with 20 recoveries, or 25 per cent. In 1858 three separate lists showed 175 cases, with only 10 successes, or 5·7; 150, with 57 successes, or 38 per cent.; and 185, with 74 successes, or 40 per cent.

In the Hôpital des Enfants Malades, up to 1849, the operation had been performed 49 times with one recovery. After that date there were—

	Operations.	Recoveries.
From 1850 to 1862 . .	991	233
Hôpital Sainte Eugénie—		
From 1854 to 1869 . .	1,261	299
	2,252	532

or 23·6 per cent.

American records show a total of 325 operations, with 84 recoveries, or 25·8 per cent.

I am not able to place before the Society statistics of the operation in this city or country. It has been very seldom performed here in cases of croup or diphtheria. But I may record these figures regarding English and Scotch practice:—

	Operations.	Recoveries.
Spence . . .	103	34
Buchanan . . .	46	17
Cruikshank . .	11	8
Whittle . . .	11	10
Fuller . . .	7	3
H. Smith . . .	3	0
Ransom . . .	3	0
C. Evans . . .	5	1
Howse . . .	3	3
	192	76

equal to 39·5 per cent.

The figures which I have given include operations performed on patients at all ages; but Bourdillat shows that there is a direct relation between age and result. Thus, (*a*) while few "under two years are saved, very few over eight or nine, and adults seldom or never," the largest number of recoveries appears to be from 5½ years to a little over six.

Under	2 years,	3 out of 100
At	2 „	12 „
From 2½ to	3 „	17 „
„ 3½ —	4 „	30 „
„ 4½ —	5 „	35 „
„ 5½ —	6 „	38 „
Above	6 „	41 „

The percentages noted above show nearly 40 per cent. of recoveries—a result which may fairly be asserted to be brilliant in view of past failures. Remembering that in the greater number of cases the patient was *in extremis* when the trachea was opened, and that by more or less prolonged obstruction to respiration he had conditions present which invited a fatal termination, I think there cannot be a doubt that a large number were saved from death by the operation. That is a fact which a surgeon can scarcely fail to realise.

But, after all, in viewing a question of this kind we ought not to be bound up rigorously by statistics; and still less should we be deterred from interfering because death will probably occur, and we may have to bear some odium. As a matter of fact, there are many procedures in surgery in which we ignore statistics. We operate with one of two objects—to cure or to palliate. We amputate at the hip-joint because we give the patient a chance of life, although a very distant one, or relieve him temporarily from suffering. We amputate breasts for malignant disease, although we know that the affection almost invariably returns, and that the patient's life is not much prolonged. And yet surgeons who do these things will refuse to make an opening in a child's trachea in a case of croup or diph-

(*a*) Cohen on Croup. Pp. 21 and 23.

theria, the prominent symptom being the local obstruction. Surely, if death do follow it is a less terrible one than that which shocks the feelings in a case dying of slow suffocation. I confess I am quite unable to appreciate the grounds upon which the resistance is made. It seems to me that it would be as reasonable to decline to interfere in a case of strangulated hernia because the surgeon thought the gut was gangrenous, and that the patient would probably die.

One who has had more experience of tracheotomy than any now living, having operated in over 200 cases, thus declares his opinion: (*a*)—"For my part I am quite determined not to allow myself to be discouraged, but to preach tracheotomy with the greater conviction in proportion as its success increases, and did the proportion remain what it was ten years since I should still proclaim the necessity of the operation, nor cease to say that it becomes *a duty*—a duty as imperative as the ligature of the carotid artery after a wound of that vessel, though death follows the operation as often certainly as recovery;" and from very many strong advocacies of the proceeding, I may further quote these words of Rilliet and Barthez (*b*)—viz.: "The utility of tracheotomy in the treatment of croup cannot at this day be denied; numerous cases of children snatched from a certain and imminent death reply victoriously to any doubts that may be raised as to the truth of this assertion."

In England and Scotland, such successes as those of Spence, Buchanan, Whittle, Marsh, and others, speak irresistibly on the same side.

There are other objections which have been urged against the operation, such as the accidents which may occur while it is being performed and the complications which may subsequently arise. But surely there is no surgical proceeding which may not be so opposed. Arguments of this sort prove too much, and are hardly deserving of a serious reply. It is alleged also that the admission of air to the lungs, without having passed through the nares or mouth and so obtained warmth, is apt to produce bronchitis and pneumonia. That difficulty, however, is now got over by means of a moistened atmosphere of elevated temperature, such as I have referred to in the notes of two of the cases.

There are some points in connection with the indications for operation and the site of the opening to which I may briefly refer. Professor Porter thinks there can be no object in operating when the membrane is red and swollen in the first stage. The incision will more likely aggravate the disease. "When the adventitious membrane has been formed, there is some reason to think that in the great majority of cases sufficient mischief has been already accomplished to render the recovery very problematical" (p 38). But there can be no doubt that even in the non-exudative stage operation may be necessary, for there may be apnœa from simple spasm of the glottis, or from the temporary paralysis of the expanding muscles of the larynx (Niemeyer). There is no sign by which we are able in every case to determine the presence or absence of deposit, and we must therefore be led by the general symptoms. Heuter points out that there is one symptom of special importance which indicates tracheotomy—namely, the sinking inwards of the anterior wall of the thorax, especially of the lower end of the sternum. When to this is added the well-known abnormal action of the nostrils which always occurs in marked difficulty of respiration, and the blue colour appears in the lips, he at once proposes the operation. Spence and others hold very much the same view. The great danger, I think, lies in waiting too long and thus allowing the patient's strength to run down. The exhaustion brought about by the struggles to breathe is increased by the impure blood and the consequent impairment of the functions of the principal organs. I do not at all advocate recourse to the knife in the earliest stages, but when the indications of serious and increasing obstruction are evident, I think the surgeon ought speedily to interfere. The disease is so rapid in its progress and its effects that there is no time for the ordinary remedies to act satisfactorily. To continue depressants then will only further lessen the chances of the patient's recovery. Calomel will not remove the membrane any more than it will cure a strangulated hernia. The one prominent symptom is apnœa, and in the present state of our knowledge we must rest satisfied with treating that. In such a case I think our course is clear. What is needed is air, not medicine; an opening in the trachea, not mercury.

A case in which operation was proposed and refused was brought under my notice by my friend, Dr. Francis B. Kane, now of San Francisco. It occurred in his practice as Surgeon of Jervis Street Hospital in this city. I had an opportunity of examining the parts after death, and I freely joined in the regrets that were expressed that the trachea was not opened. The disease was confined to the larynx, which was almost shut off from the trachea by a horizontal septum. The trachea and bronchi were without any deposit. In this case there seems every reason for saying that life would have been saved had the operation been performed, and air been admitted to the lungs, and that no amount of medicine would have rescued the child from death.

A question upon which a good deal has been written is the portion of the trachea which should be opened. Very many practice the incision below the thyroid isthmus, chiefly because we are more likely to get beyond the situation of the membrane should it be confined to the trachea. But it may be objected to this operation, that it is one of much difficulty and of no little danger. In an infant the knife comes into alarming closeness to very large vessels, and I have seen severe hæmorrhage occurring from the wounding of an engorged thyroid vein. Holmes, in his recently-published work, mentions that he lost a case by wounding a branch close to the innominate vein. There is increased difficulty in introducing the tube, and in the subsequent progress of the case a danger of wounding the innominate vein by the edges of the canula. Howse ("Guy's Hosp. Reports," 1875, p. 503) states that he has seen two fatal results from this cause, not to mention ulceration of the trachea by the tube tilting against it. In both cases in which I operated I adopted the higher incision. In the first there was a little bleeding from a wound in the isthmus; in the second not a teaspoonful of blood was lost. The trachea was exposed with comparative readiness, and in neither was there any difficulty in introducing the tube. Heuter advises that the cricoid should be divided, but those who practise the high operation generally stop short of it.

I am not, of course, to be understood as advocating tracheotomy as an exclusive line of treatment. I believe that medical treatment often does good, but that it more often fails, and my only wish is to have this operation recognised as a more reliable aid than it has hitherto been. Formulating my views I may put them thus:—

I. Croup may be treated medically in the early stages.

II. If the disease advances and obstruction increases in spite of medicine, tracheotomy ought to be undertaken, the symptoms already mentioned being looked for.

III. The danger of aggravating the disease by opening the trachea has been exaggerated, and is, with ordinary precautions, *nil*.

IV. Even as a palliative measure the operation is justifiable, and, considering the chances of recovery, ought to be recommended.

V. The opening is more easily made above the thyroid isthmus, and is as effectual as when made below it.

I have extended my observations to a greater length than I purposed, but the importance of the subject must be my excuse. I am anxious that in Ireland we should not look with so much distrust upon tracheotomy, or present an unbending opposition to its more general adoption. For myself, I am quite satisfied that it is a proceeding not only justifiable, but demanded at the hands of the practi-

(*a*) Trousseau, Archv. Gen. de Med., Mars, 1855, p. 259.
(*b*) Mal. des Enfants. 2ème ed. t. i., p. 337. Meigs and Pepper, 105.

tioner in a large number of cases that come under his notice. The prejudices and misfortunes that surrounded the operation of ovariotomy were no less strong and discouraging, but they have both been overcome by the perseverance of its advocates. With experience have come increased skill and knowledge, until that operation stands admittedly the greatest triumph of modern surgery. I believe that the reasonableness of operative interference in croup will commend itself to Irish surgeons, and that it will in time present a more favourable result than that which I am able to lay before you. In conclusion, I may quote the words of the distinguished Professor of Surgery at Edinburgh, Mr. Spence: (a)

"I think it right, however, to warn my younger brethren that it will require some effort to bear up against discouraging results. I know of no class of cases in which the experience is so painful—an average gives no idea of it. You may have five or six cases in succession all proving fatal before you meet with one redeeming success, but then you have the temporary relief almost invariably afforded to the little sufferer—the resuscitations in some cases apparently dead, and if you persevere the average of success will come. Above all, we must recollect that, however disagreeable or unpleasant the operation may be to ourselves, we are bound to lose sight of that to give the patient the only chance for life."

THERAPEUTICS: INCLUDING THE PHYSIOLOGICAL ACTION OF MEDICINES.

By W. Handsel Griffiths, Ph.D., L.R.C.P.E.,

Licentiate of the Royal College of Surgeons of Edinburgh; Lecturer on Chemistry in the Ledwich School of Medicine, Dublin; Editor for the *Edinburgh Medical Journal* of the "Monthly Reports on the Progress of Therapeutics"; Corresponding Member of the Therapeutical Society of Paris; Hon. Member of the Ontario and Chicago Colleges of Pharmacy, &c.; Librarian to the Royal College of Surgeons in Ireland.

(*Continued from page* 46.)

With reference to the action of arsenic on the skin, it may be stated that in minute doses it acts as an alterative and tonic, and is of extreme value in the treatment of cutaneous affections, *more especially when of the scaly or of a relapsing character*. In the treatment of chronic eczema, lepra, psoriasis, relapsing pemphigus, and lichen ruber, probably no remedy is equal to, certainly none superior to, arsenic. In a recent article in the *Medical Times and Gazette* Mr. Jonathan Hutchinson has brought forward a mass of incontestible evidence as to the value of arsenic in pemphigus, an opinion which is not shared by Hebra. Mr. Hutchinson states his belief that arsenic is a specific for the state of health on which relapsing pemphigus depends. In other forms of skin affections, as chronic impetigo, pityriasis, and urticaria, arsenic may be beneficially employed *when the inflammatory symptoms have subsided*. In scaly skin diseases, when of a syphilitic origin, Donovan's solution will be found of value. It is affirmed by some dermatologists that the combination of iodide of potassium with arsenic enhances the efficacy of the latter agent in the treatment of skin disease. Cleland attributes much of the efficacy of arsenic in the treatment of skin affections to the increased nutrition of the epithelial surfaces to which it gives rise. (b)

Arsenic has been employed beneficially in the treatment of several affections of the nervous system. In chorea it has been extensively employed, and Radcliffe speaks favourably of the hypodermic administration of Fowler's solution in doses of from 3 to 12 minims in this affection. In the *British Medical Journal*, May 1, 1875, Dr. Eustace Smith insists on the necessity of giving the drug in full doses in chorea, and he calls attention to the tolerance of children for arsenic. To a child between five or six and twelve years he would give 10 minims of Fowler's solution thrice daily after meals.

Many instances of the efficacy of arsenic in the treatment of neuralgia, particularly when intermittent, are on record. Some physicians hold that to be of use in this affection the dose of arsenic must be gradually increased until decided toxic effects show themselves, when the administration of the drug should be temporarily suspended. In chronic rheumatism, characterised by nodosity, or when of a syphilitic origin, and especially when following the imprudent use of mercury, arsenic has proved of the greatest service.

It is in the treatment of intermittent fever that arsenic has been found most useful. In the chronic forms of intermittent fever arsenic is probably equal to quinine, but in recent attacks it is inferior to that drug. In cases in which quinine fails arsenic frequently effects a cure, and it cannot be too strongly impressed on the mind that a combination of these drugs will frequently cure when the administration of either separately has signally failed. I have recently had two striking examples of the truth of this statement under my own immediate observation. In the *Madras Quarterly Journal of Medical Science* for August, 1865, Dr. H. C. Brodrick records 177 cases of intermittent fever successfully treated with arsenic. The dose usually administered was half a drachm of Fowler's solution thrice daily after meals. Some observers affirm that combination with ammonia increases the efficacy of arsenic in the treatment of intermittent fever. Sistach corroborates the opinions held by Frémy, Fuster, and Girbal, that the febrifuge action of arsenic manifests itself more promptly in the tertian than in the quotidian variety of intermittent fever. He regards arsenic as being as effectual, but not so rapid in its action, as quinine. The slowness of its action and its tendency to aggravate the gastro-intestinal symptoms render arsenic unsuited for the treatment of remittent fever and the pernicious variety of paludal fever. (a)

In intermittent gastrodynia and in periodical headache arsenic frequently effects a cure. Lastly, in atonic menorrhagia, in dysmenorrhœa, in leucorrhœa, amenorrhœa, and in uterine disorders associated with rheumatism, arsenic has proved of service.

When the medicinal dose of arsenic is exceeded it gives rise to loss of appetite, nausea, vomiting, epigastric pain, and purging; not unfrequently an eruption of urticaria, pityriasis, or psoriasis occurs. When the use of arsenic is continued for some time it sometimes occasions a characteristic puffiness of the face, with œdema of the eyelids, followed by dropsy of the abdomen and limbs.

The following account of the symptoms of chronic arsenical poisoning is from the pen of Stille: (b) "Loss of appetite, nausea, derangement of the digestion, diarrhœa or constipation, with thirst, salivation, tenesmus, colic, and intestinal cramps; the respiration is laboured and painful, a sense of oppression is experienced, with pain in the breast, cough, extreme wasting of the flesh, and hectic fever; the limbs grow tremulous, and not uncommonly they become paralysed, especially the lower extremities; pains in the whole body are experienced, but are very constant in the hands and feet, and are a source of extreme suffering; stiffness and contraction of the extensor muscles of these parts succeed, numbness gradually invades the extremities, and the mental faculties subside into insensibility and torpor; œdema of the face and extremities, and even general anasarca are not unusual; and at the same time the hair falls out, the epidermis scales off, pustules and other eruptions ending in ulceration attack the skin, which assumes a lifeless, earthy hue; the countenance if not œdematous, is sunken, the conjunctiva is strongly injected, and a reddish circle surrounds the eyes."

In general, the symptoms of acute arsenical poisoning are referable to gastro-intestinal inflammation; they are—

(a) Address in Surgery. *B. Med. Journal*, Aug. 14, 1875.
(b) *Journal of Cutaneous Medicine*, December, 1870.

(a) *Archiv. Gén. de Méd.*, Sept., 1875.
(b) "Therapeutics and Materia Medica." By Alfred Stille, M.D. Third Edition. Philadelphia. 1868.

violent abdominal pain, nausea, and vomiting, with œsophageal spasm, cramps of the bowels with bloody and offensive stools, insatiable thirst, notwithstanding that profuse salivation is a frequent occurrence, irritation of the urinary and genital organs, and sometimes suppression of urine or hæmaturia, the respiration becomes hurried and laboured, the pulse low, feeble, and irregular; sensibility and consciousness are generally retained until the last moments of life. Occasionally symptoms indicative of an impression on the nervous centres, as coma, or of extensive depression of the circulation, predominate.

Symptoms of poisoning will ensue whether the arsenic be taken internally or whether it be introduced into the system by application to denuded skin, to a mucous membrane, or to a wound. Numerous cases of poisoning from arsenical vapour are recorded.

Post-mortem examination reveals evidences of inflammation of the gastro-intestinal mucous tract, and fatty degeneration of the liver, kidneys, and voluntary muscles. Curious to say, the signs of gastro-intestinal inflammation are more conspicuous when the arsenic is introduced into the system through a wound than when it is taken into the stomach.

In cases of arsenical poisoning the stomach-pump should be at once employed, emetics and demulcent drinks administered, and large quantities of the reputed antidotes should then be given. These latter are moist peroxide of iron, which was first recommended by Bunsen and Bertholet, and light magnesia, which was suggested by Bussy. Both of these antidotes act by converting the arsenic into an insoluble salt. Animal charcoal and lime-water have also been proposed as antidotes.

The following rules relative to the administration of arsenic should be carefully observed :—

1. It should never be given where there is a feverish state of the system; a quick pulse and a hot skin contraindicate its employment.
2. It should be given shortly after meals—never on an empty stomach.
3. It should not be given in the solid form, nor should it be given in increasing doses. As a rule, five minims of Fowler's solution should be the maximum dose for an adult.
4. The dose should be diminished, or the administration altogether ceased, on the occurrence of pain in the epigastrium, nausea, or irritation of the eyelids.

I have notes of several cases of remarkable susceptibility to the action of arsenic.

ACIDUM BENZOICUM, AMMONIÆ BENZOAS, AND BENZOINUM.

Tincture of benzoin has been recommended as an application for sore nipples, and for the same purpose a saturated alcoholic solution of benzoin mixed with an equal proportion of glycerine is often used. A mixture of one part of the compound tincture with four parts of glycerine constitutes an excellent application for chapped hands and lips. A solution of two drachms of the simple tincture in a pint of rose-water is much used as a cosmetic, and is known as "virgin's milk."

Benzoin exerts little or no influence on the digestive functions, but is apt to cause disorder of the stomach, owing to its irritant properties. The compound tincture has been used in chronic dysentery; and when the stomach is intolerant of it, it may be administered as an enema made up with mucilage.

Gum benzoin, benzoic acid, and benzoate of ammonia exert a specific stimulant effect on the pulmonary mucous membrane, and the former was formerly much used in chronic affections of the bronchi; it was also formerly used in the treatment of asthma. Benzoin is contraindicated as an expectorant in all acute cases. The compound tincture is sometimes used for fumigation in chronic throat and laryngeal affections with loss of voice. Morell Mackenzie uses an inhalation of one drachm of the tincture in twenty ounces of water at 150° F.

Falck recommended benzoic acid as a remedy in jaundice, but it is only applicable to such cases as arise from obstruction of the biliary secretion; benzoate of ammonia is of great use in restoring the colour of the skin in jaundice.

Benzoic acid acts as a diuretic. Dr. Ure and others believed that it causes uric acid to disappear from the urine and to be replaced by hippuric acid; but Keller and Garrod have shown that the uric acid remains unchanged, and that the benzoic acid is converted into hippuric at the expense of the urea. Except in those cases of jaundice where there is a deficiency of glycocin (sugar of gelatine), benzoic acid, by combining with the elements of the latter, becomes converted into hippuric acid, and as such is eliminated from the system, thus :—

$$\underbrace{HC_7H_5O_2}_{\text{Benzoic Acid.}} + \underbrace{C_2H_5NO_2}_{\text{Glycocin.}} = \underbrace{HC_9H_8NO_3}_{\text{Hippuric Acid.}} + H_2O.$$

In 1831 Wœhlér first suggested that during digestion benzoic acid is converted into hippuric.

Benzoic acid has undoubtedly proved useful as a solvent of uric acid and of urates, and I have treated two cases marked by a tendency to the formation of uric acid calculi very advantageously by a combination of benzoic acid with phosphate of soda, using cinnamon-water as the vehicle. Cinnamic acid, which is contained in cinnamon bark and in balsams of Tolu and Peru, is, like benzoic acid, converted into hippuric acid in the system.

In vesical irritation in cases of phosphatic urine, *when depending on disease of the bladder*, benzoic acid is a valuable agent in keeping the urine acid. In incontinence of urine without altered constitution of this secretion benzoic acid has been found of value, but chiefly so in the nocturnal incontinence of children. Benzoic acid has often been found useful to correct the fœtor of urine in cases of irritable bladder from enlarged prostate. In all these cases the ammonia salt is preferable to the acid, on account of its greater degree of solubility.

Salkowski finds benzoic acid to be superior to salicylic acid as an antiseptic, a result opposed to that obtained by Kolbe. (*a*)

A lotion of benzoic acid, or benzoate of ammonia, relieves the itching of urticaria and other skin affections.

Benzoic acid is said to act as a stimulant to the sexual organs. Benzoin has been given advantageously in chlorosis and some uterine disorders.

Clinical Records.

INTERMITTENT APHASIA IN THE INSANE.

By John G. Thornley, M.D.,
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The following case of what may be termed intermittent aphasia is, as far as I know, unique of its kind :—A. B., a female patient, æt. 32 years, has suffered at intervals for the past two years from the following symptoms: She was admitted into this asylum in 1873, and about two years ago it was first observed that she was suddenly deprived of the power of expressing thought, except the following sentence. If asked any question on any subject, such as, how do you feel? or how do you like your medicine? she would immediately reply, "There is no blood at my heart." If the question was pressed by repeating it a second or third time, she would either nod or shake her head, accordingly as she wished you to have an affirmative or negative answer. She can communicate her thoughts, feelings, and wishes by writing, but cannot pronounce any words other than those which form the sentence, "There is no blood at my heart."

The aphasic state remains on her for irregular periods, sometimes two or three months, when suddenly the power of speech returns, and remains for two or three days, dur-

(*a*) *Berliner Klin. Wochenschrift*, No. 22, 1875.

ing which time she can of course describe her feelings and thoughts with perfect fluency, when again the aphasia suddenly supervenes, and without warning of any kind. Sometimes the aphasia passes off during the night, at other times during the day. Aphasia is often associated with right hemiplegia, but in this case there is neither hemiplegia nor paraplegia, nor paralysis of any kind; it is associated in this case with persistent and intense anæmia and menorrhagia. Although the appetite remains fair, she has had prolonged courses of citrate of iron and quinine, with various tonics and stimulants, but without any good result. This patient makes known her desires by various nods and gestures—in fact, she has a fair command of pantomimic language.

The peculiarities in this case are, that with the exception of the patient being able to pronounce one short sentence, the aphasia is complete; it is also intermittent; it is not associated with paralysis of any kind, but is concomitant with intense anæmia, and extensive patches of ecchymosis on the legs and arms. There seems also to be a deficient power of the will, as on any stranger presenting himself in the ward she immediately addresses him in the stereotyped sentence, and seems impelled to do so. While the aphasic state lasts the appetite and general health of this patient become indifferent; when the aphasia passes off, a decided improvement takes place in her general health.

It is almost unnecessary for me to enter into the question as to the localisation of the centre for the power of speech—the principal theories, however, being those of Van der Kolk, who held that the centre of speech was in the corpora olivaria; of M. Bouilland, who considered it to be in the anterior lobes of the brain; of M. Dax, who placed it in the left cerebral hemisphere; and lastly, that of M. Broca, who places it in the posterior part of the third left frontal convolution.

Each and all of these theories have been, I think, satisfactorily disproved, several cases having been observed by M. Vulpian where both corpora olivaria have been diseased, and yet speech remained perfect to the last. Bouilland's theory has been upset by a case recorded by Cruveilhier, where a congenital idiot could pronounce words distinctly articulated, yet after death there was found to be congenital absence of both anterior lobes. Dax's theory is not improved by the instance related by Legrand, where a man was shot in the head during the French Revolution of 1848, and although the left frontal lobe had been completely shattered by the discharge of the gun, the power of speech was not affected in the slightest; and I think Broca's theory will not stand against the cases recorded by MM. Vulpian, Trousseau, and Charcot, where cases of aphasia existed whilst the third left frontal convolution was found quite perfect and healthy.

The localisation of the speech centre which has lately attracted the attention of medical men all over the world is evidently the outcome of the phrenological doctrine which was first definitely given expression to by Gall, although the ancients possessed crude notions of the functions of the brain and believed in centre localisations, as evidenced by Aristotle, who placed the sensorium commune in the heart; Servetus, who lived in the sixteenth century, believed that the fourth ventricle was the seat of the memory; and René Descartes believed that the pineal gland was the seat of the soul.

I am of opinion, however, that any unbiased reader who has carefully studied the objections brought against the localisation of the speech centre will agree with Dr. Maudesley that there is no more a centre for speech than for writing, dancing, or gesticulating; but still I am of opinion that the craniological doctrine of Gall, although arbitrary, and in many respects imperfect, is worthy of the attention of every scientific observer. The cause of aphasia is one of the most mysterious subjects in psychological medicine. Dr. Richardson showed that by freezing the cerebrum of animals he could completely suspend various of its functions, without leaving any trace of permanent mischief. And I am of opinion that in the above case of intermittent aphasia the cerebral change must be owing to some electrical, thermal, chemical, or circulatory alteration in the brain, and not to any organic change of structure.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE fourth meeting of the session was held on Friday, January 21st, the President, Mr. EDWARD HAMILTON, in the chair.

Mr. B. WILLS RICHARDSON (Hon. Sec.) having read the minutes of the previous meeting, they were confirmed.

MELANOTIC CANCER OF EYEBALL.

Mr. CROLY said he thought the recent specimen which he exhibited was worth bringing under the notice of the Society. It was a very well-marked specimen of what was known as melanotic cancer of the eyeball. He would briefly detail the history of the case, with the microscopic appearances. The patient from whom the specimen was taken was a labourer named Michael Brophy, aged 39 years, and was admitted into the City of Dublin Hospital on the 21st of December, 1875, with a protrusion of the left eyeball. He stated that about four years ago he got a severe wetting, and that inflammation attacked his left eyeball, and that he became blind almost immediately. No treatment seemed to be of any avail; the eye remained in that condition, but of its natural size, until March last, when it commenced to protrude from the socket, and at last attained a very large size. It was difficult to discover the cornea, and there was a general bulging of the choroid coat, together with a black appearance of the entire eyeball. There was not very much pain. He (Mr. Croly) extirpated the eyeball on Tuesday morning last, and found, on the removal of it, that the tumour presented the very black appearance now observable, and on the introduction of one of his fingers into the socket for the purpose of clearing it out his finger was stained with the black pigment usual in this disease. The Curator of the Museum, Mr. Barker, had very kindly examined the tumour, and had written to Mr. Croly the following letter concerning it:—

"Royal College of Surgeons in Ireland,
"Museum Department,
"Dublin, 21st January, 1876.

"MY DEAR CROLY,—The specimen you gave me yesterday presents all the ordinary appearances of melanotic cancer. It is full of cancer cells, which appear surrounded by pigment particles. There are also numerous nucleated cells, oval or rounded, perfectly free from pigment. As far as I can see, the pigment does not necessarily constitute an element of the cancer, but that cancer having attacked the neighbourhood of the choroid, the cells and the contents of the choroid were developed to an extraordinary extent. There were also in this specimen a large quantity of highly refractive very minute particles. The power I used was about 510 diameters.

"Yours faithfully,
"JOHN BARKER."

On looking into Wilks' book on this subject, he (Mr. Croly) found that he stated that melanotic carcinoma was only distinguished from the medullary by the more or less considerable amount of pigment contained in the cells of the trabeculæ forming the areolæ. It might be so great as to give a dark inky colour to the tumour. In the melanotic cancer there were also large areolæ enclosing nests of pigmented cancer cells. That was what Wilks said on the subject. The melanotic cancer was extremely dangerous, and was very prone to recur at an early age. Von Graafe stated that he did not remember any case in which the apparent cure exceeded four years. In the majority of cases the disease recurred locally or in other organs within three, six, or twelve months. The only other fact in connection with the case was of some interest, and he (Mr. Croly) thought it showed that the disease was of a very formidable nature. It was that after removing the tumour, and when he introduced his finger to explore the floor of the orbit, near the entrance, for the optic nerve, he found that the bone was completely eroded. There was, however, nothing to be done in this case but the removal of the tumour.

Mr. THOMSON then read a paper on

TRACHEOTOMY IN CROUP,

which will be found on page 107.

Mr. RAWDON MACNAMARA said that Mr. Thomson's paper was one of the most interesting communications that had been brought before the Society for some time, and it was full of practical importance to Irish surgeons, because it was not flattering to them, it was not complimentary to them, but it was trying to show them some of their shortcomings, and, in a kindly spirit, to bring them to another view than that which they had hitherto held with reference to this operation. The question of tracheotomy was a most interesting and important one, and it had been defended in one way by the reader of the paper that made him (Mr. Rawdon Macnamara) inclined to ask a question, and it was a question that had something of a personal character, because it had been asked him in one of the medical journals. He had stated the results of capital operations in this city, and he was taken to task in the Journal of the British Medical Association with regard to the ground on which he had made the assertion as to the result of capital operations in this city. His friend Mr. Thomson had in his paper quoted the result of capital operations being so unfortunate as being a justification for operations in croup—that they did not hesitate even because capital operations were so unfortunate, to operate, and that therefore, though they might not have a sufficient number of successes in tracheotomy—applying the same reasoning that they were justified in operating for croup. He (Mr. Rawdon Macnamara) stated on the occasion on which he was taken to task that the percentage of mortality—and these statistics were perfectly different from those which Mr. Thomson had quoted—from operations—amputations in any part; and he repeated the statement now: that the statistics quoted by Mr. Thomson were not at all applicable to Irish surgery. He would like to know where Mr. Thomson got his statistics. He (Mr. Macnamara) thought the statistics quoted that evening as to the mortality in important operations were not at all applicable to operations for tracheotomy. Another point which he wished to allude to was that Mr. Thomson quoted the words of Mr. Spence as the concluding passage of the paper. He (Mr. Macnamara) could not help saying that passage forcibly reminded him of a passage of Brettonneau where he stated that some of the proudest and happiest moments of his life were those in which he had snatched from death a child and restored it to its parents, and it appeared to him (Mr. Macnamara) to be almost a translation of his words. The fact was, no doubt, that operations of tracheotomy had been performed in which they could boast of the same success in regard to them as in amputations of limbs, but they could not justify them in the same way; and he must say that the paper that had been brought forward—in the most laudable spirit no doubt—contained results that were anything but encouraging, for it appeared that there were three cases reported, two of which were operated upon, and both the children died. In the third case, in which there was no operation, the patient also died. That certainly was not encouraging to Irish surgeons, especially when they had records in other countries of brilliant success, and they were not encouraging compared with their Irish experience. He thought a great deal with regard to this was to be attributed to the fact that the operation was invariably performed *in extremis*—that it was the last resource, in which nothing was left but for the surgeon to operate or the patient to die. He knew there were a great many cases where, from tartar emetic or mercurial treatment, or otherwise, they had success, and that if in those cases they had operated, it would be said that the result would have been that they ought not to have operated—that they recovered in spite of operation. One of the great difficulties attending statistics was that they showed only that when it was found utterly useless to do anything else *in extremis* the knife was had recourse to. He thought such statistics brought with them a certain amount of reproach on the surgeon. It had occasionally been his lot to have recourse to the operation when he saw that the case was one of a moribund character, and he confessed that by his operation he felt that he was only bringing operative surgery into disrepute. The great question was whether early operations were attended with greater success, and there came the intense difficulty whether curative treatment short of operative treatment would succeed. He thought there was great difficulty attending that point. He therefore believed that it was only by bringing such questions before the Society, and by the members discussing them in a candid and impartial spirit—it was only in that way that important questions could be solved.

Mr. STOKES said he was only one of many who would endorse what Professor Macnamara had said with regard to the great surgical importance of the communication which the Society had just heard from Mr. Thomson. There could be no doubt as to the truth of what he had said in reference to the feeling against the operation of tracheotomy in croup, which had directly resulted from the teachings of the eminent professor he had mentioned, and also another eminent professor he (Mr. Stokes) would mention, Mr. Abraham Colles. There could be no doubt, from the teachings of those gentlemen years ago, of the great reluctance that practical operating surgeons had in this city and in Ireland generally to the performance of tracheotomy in croup. The main argument that had been urged by Professor Abraham Colles, Mr. Porter, and others who had written on the subject, had been the difficulty, the impossibility of differentiating the cases as to where the false membrane was exuded above and where it was exuded below the point where the tracheotomy tube was inserted, and it was in consequence of the difficulty that surrounded that point that it was sufficient to make surgeons decline operating in these cases. He thought that was a wholly wrong and an unphilosophical view to take of the subject. He himself had had some experience—he had operated himself in croup, he had treated cases medically, he had seen these cases operated on by others, and he had seen them treated by other surgeons, and his experience had been this—that in the fatal cases in which the operation had not been performed the patients had all died of asphyxia, and in none of the fatal cases where the operation had been performed had the cause of death been asphyxia. He thought that was a great and strong argument in favour of the operation. He had seen a case where the operation was performed and in which clearly the exudation extended far beyond the point where the tracheotomy tube was inserted, and he had seen students sitting up with patients for two days and nights and with feathers and sponges keeping the trachea clear of the false membrane, and at times taking vast shreds an inch and a-half in length out of it, and he had seen that patient recover. He thought, if there was no other case, that was sufficient to make them come to the conclusion that the operation was justifiable under those circumstances. He thought, in dealing with the question, that Mr. Macnamara had drawn attention to the difficulty of establishing when the operation should be performed after medical treatment ceased to be of avail. He (Mr. Stokes) thought that an eminent German surgeon—Roser by name, professor of surgery at Marbourg—had pointed out very clearly and well the rules which should guide them on that point. He stated that in dealing with this question two stages should be considered—one, the stage of asphyxia, and the other, the stage that immediately preceded asphyxia, or the stage that threatened asphyxia. In the latter stage they had the patient struggling violently to overcome the mechanical obstruction. They had the patient's face red, the pulse throbbing, and a restless getting up in the bed and seizing at everything, in the hope of obtaining relief. When that stage passed away the patient's lips became blue, the face livid, the patient became covered with cold sweat, the pulse failed, and asphyxia set in. It was before that came on that Roser held that the operation of tracheotomy should be performed, and if the surgeon arrived too late, when the stage of asphyxia came on, that even then the operation should be performed, though the prognosis in that stage should be very bad. Unfortunately, in his (Mr. Stokes') case, and also unfortunately in the three cases that Mr. Thomson had drawn attention to, the point at which the operation should be performed had been allowed to go by, not through Mr. Thomson's or his (Mr. Stokes') fault, but through the fault of the friends or relatives of the patients. He (Mr. Stokes) thought they should, in considering this subject, try if possible to determine the exact point at which the operation should be performed, always remembering that medical treatment should, in the first instance, be had recourse to if the case be got in time for it; but if the symptoms did not yield, then they should not hesitate to perform the operation of tracheotomy. The statistics which Mr. Thomson had quoted were very important, but the statistics of other surgeons were equally as important. The statistics of Langenbeck and Roser would show that so large a proportion as 40 per cent. of cases in croup had terminated successfully. That should be con-

sidered of great importance when debating the propriety or otherwise of the performance of tracheotomy in this disease.

Mr. B. F. M'Dowell thought there were two important points which had tended to bring the operation of tracheotomy in croup into disrepute, in this country particularly. These were the teachings of Mr. Abraham Colles, and also the strenuous condemnation of the operation by the late Mr. Porter, together with the absence of anæsthetics. He (Mr. Porter) most strongly condemned it, as far as he (Mr. B. M'Dowell) recollected, in this disease. Another point was that the operation was most commonly performed below the thyroid isthmus. In two papers he read before this Society in the years 1870 and 1872 he recommended that the operation should be performed above the thyroid isthmus, whether for croup or laryngitis. That simplified the proceeding very much, and lessened the risks from after consequences. He felt that in a great number of cases the lives of the children might be saved if the operation was performed at the proper time; but, unfortunately, the parents would not hear of the operation being performed until the patient was in a state of physical exhaustion. There was another point to which he was glad to perceive that Mr. Thomson had alluded—that was with regard to the condition of the atmosphere during and after the operation. That was a point which lessened the risks of the operation very materially. The late Mr. Porter, in his monograph on the subject, stated that he never knew a case die after tracheotomy that did not die of bronchitis. He (Mr. M'Dowell) had performed the operation three times successfully for laryngitis, and not one of those cases suffered from bronchitis, and he attributed that to the state of the atmosphere. He thought that if the temperature was kept up to 70° or 75°, and the air well charged with moisture before, if possible, but certainly after, the operation, the risks of bronchitis and pneumonia were simply *nil*. There was no approach even to bronchitis or pneumonia in his cases. He agreed with Mr. Thomson in his observations with regard to the time at which the operation should be performed. There was a period—particularly, he thought, in croup—it was not of so much consequence in laryngitis—before the patient was exhausted, that the operation should be performed. In his (Mr. M'Dowell's) three cases the patients were in a moribund condition at the time the operation was performed, and yet they all made perfect recoveries.

Mr. Croly said that some seven or eight years ago he had the honour of communicating some cases of croup to the Society, and a very interesting discussion followed on the treatment of croup on that occasion, amoug the speakers, he remembered, being the late lamented Dr. Beatty. He (Mr. Croly) confessed, whether it was owing to the teaching of the professors who had gone before them or not he could not say, but he had become prejudiced against the operation, and had, he might say, given it up in cases of croup. He did not say that he was so opposed to the operation of tracheotomy that he might not by-and-by come round to it again; he merely stated that at present he was very strongly opposed to it. When he spoke from his own small experience in the treatment of croup, he thought nearly every hospital physician and surgeon would agree with him in saying that they did not get many cases of croup in hospital practice, not, at all events, in proportion to the cases met with outside. In connection with his experience at the old Sick Poor Institution in Meath Street for the last thirteen years—as he had no notes he was obliged to rely on his memory—he found that the cases of acute tracheitis recovered under the ordinary treatment, while the cases operated on all died. He did not say that if he had operated on these cases earlier he might not have had a fair number of successful cases. The difficulty to his mind was, what cases of croup should they operate on, and when should they be operated on. If a surgeon was sent for to see a child in acute croup, and recommended, as Trousseau recommended in tracheitis, immediate operation, he (Mr. Croly) did not think he would be justified in making such a recommendation, even if the operation could be performed. There was certainly one great difficulty to be met with in these cases, and that was the great mortality in tracheotomy as an operation. Certainly, as far as his own experience went, he looked upon tracheotomy as one of the most fatal operations in surgery. He wished now to allude to a paper to which his attention was drawn some years ago—a paper published by Mr. Whittle, of Liverpool, who had written a very able communication on this subject. Dr. Whittle divided croup into seven varieties, but they might dispense with five of these for all practical purposes He (Mr. Whittle) stated that the mistake generally made was to describe acute croup as false croup, and in mixing up false croup with an intense form of tracheitis without false membrane. Mr. Whittle did not recommend the operation of tracheotomy in cases of croup where there was a deposition of false membrane, but he recommended tracheotomy to be performed where there was intense tracheitis without false membrane. He (Mr. Whittle) formed a diagnosis as to the existence of false membrane upon the patient having premonitory hoarseness for three or four days before the croup was set up. Unfortunately, in the two cases of tracheotomy and the case for tracheitis without false membrane that Mr. Whittle alluded to in his paper, he had had an opportunity of a post-mortem examination in each case. With reference to the treatment of the French surgeons, Mr. Whittle made an observation as to whether the dry climate of France might not have a good deal to say to the formation of false membrane. With regard to false membrane, they had had in this country, Ireland, cases where children recovered with a false membrane coughed up. He (Mr. Croly) had presented to this Society a beautiful specimen of a false membrane in a case of croup coughed up by a child. It formed a perfect cast of the trachea. False membrane was, however, subsequently reproduced, and the child eventually died. He could not understand if tracheotomy was performed for a false membrane why the false membrane might not be reformed. He could mention a number of cases where there was no pulmonary congestion and the air freely entered the lungs; but still the children died. He had tried every treatment. If the surgeon was sent for to see a case of acute croup within the first hour he (Mr. Croly) considered that it was not at all an unmanageable disease if they gave emetics, hot applications to the throat, and such treatment as that, without going in for heroic remedies. When a boy, he had seen his father open the external jugular vein in a case of croup, and he had opened the external jugular vein himself. He therefore thought croup in its early stages was a curable disease. Unfortunately, in hospital practice they got cases of croup brought in in the last stage, and the question then was, were they to cut the child's throat, and then, if the operation failed, be told by the parents that it killed the child. He saw one case in the dispensary in which the child was gasping and evidently dying. He told the parents there was only one chance for the child, and he opened the windpipe—the high operation—in the dispensary, and the child rallied for a while, but subsequently died. Mr. Croly said, in conclusion, that he must confess that, as far as his own experience went, he was opposed to tracheotomy in croup.

Dr. Henry Kennedy said it appeared to him unfortunate that statistics should ever have been brought to bear on the treatment of disease. He thought every case should be treated on its own special merits, and that a thousand figures on one side ought not to alter what they had to do in a specific case. In this particular disease it had always appeared to him as if it was far more a general disease than what was commonly thought. Nine out of every ten cases that he had seen had been all more or less complicated with not merely a roughness of voice, but with bronchitis or pneumonia—generally speaking, bronchitis—and he thought the whole question of "operation or no operation" mainly turned on the question of whether bronchitis had preceded an effusion into the trachea or not. Any experience that he had had had shown him that the disease was commenced more insidiously and more gradually than what was commonly supposed, and when the cough of croup was first heard, that the disease, as a general rule, had gone on for four or five days before that cough was heard. He was aware of a very remarkable case that Dr. Corley had recently shown at the Pathological Society where the effusion was entirely confined to the rima glottidis. He (Dr. Kennedy) could only explain that by the possible fact that the other effusion had been thrown up previously. In coming to a determination as to operation in these cases, that should mainly turn in a great degree on the state of the lungs. If there be signs of mischief there he thought they should decline to operate. Supposing, however, that they could ascertain that the lungs were healthy, then, he said, they should operate. He believed, as a general rule, the cases did not hold out a prospect of success, but he nevertheless did not say that the operation should not be performed. One treatment was the use of anodynes. Spasm had a great deal to say to these cases, and hyoscyamus, belladonna, and hydrate of chloral might be used in these cases. He believed them to be important where operation was out of the question.

Dr. F. T. PORTER said that as the name of his uncle had been mentioned in the course of the discussion, he (the speaker) would say that he thought that if his uncle were now alive his opinions would be strengthened, because he (the speaker) thought the constitution was less able to bear the operation of tracheotomy now than it was in his uncle's time. The disease was more asthenic. With regard to the French treatment, it should be borne in mind that the French constitution and climate were different from what they are in this country, and he thought both these had a considerable influence in modifying results. With regard to the treatment of croup, he had met with some bad cases in dispensary practice, and he always found that tartar emetic, with hippo and sinapisms to the feet, and ice over the trachea and chest—he believed that that treatment was an important mode of disengaging the false membrane. He thought that blood-poisoning might very often be the cause of death in cases of false membrane, and was of opinion that if there was a sufficiently roomy incision made there could be no necessity for the tube.

Dr. DARBY said he had in two cases operated unsuccessfully in croup, and the post-mortem examinations in those cases showed that a lymphy deposit had gone down into the smaller bronchial tubes. The reason he rose to address the meeting was because he desired to ask a question—as to the period at which the operation ought to be performed when advocating an early operation. They all knew that a great number of cases of croup were treated successfully by leeching. For his own part, he had very much followed the doctrines laid down by the late Dr. Colles and Dr Cheyne as to tartar emetic, followed by mercury, and he had not found that the disease was more fatal in effect than other very acute diseases might be expected to be. With regard to the operation, he should hesitate to operate on a child whose face was red, and whose pulse was strong. He did not think he would be justified in resorting to a dangerous operation where the case would hold out a reasonable prospect of success by leeching and those other remedies he had mentioned, and where he thought medical treatment would save the child's life. The cases he had operated upon were *in extremis*, where everything else had failed, and he thought he was justified in resorting to the operation. The post-mortem examination, however, showed him the futility of the operation, because the lymph had gone down into four or five branches of the bronchial tubes, and had absolutely choked the child, where no operation nor anything that human skill could accomplish would be successful in saving life. His reason, as he before stated, for addressing the meeting was that when Mr. Thomson replied, that he might be able to indicate at what period he would recommend the performance of the operation, because he (Dr. Darby) would hesitate to perform the operation until the very last moment.

Dr. FRY desired to thank Mr. Thomson for the valuable paper he had read on the advantages of tracheotomy in severe cases of croup. There were some anatomical advantages possessed by the high operation over the low operation that he feared were too often overlooked—he referred to the position of the left inferior thyroid vein, which, passing from left to right from above downwards, crossing the trachea obliquely just above the manubrium to terminate in the left vena innominata, injury to one of which veins, owing to its close connection with the vena innominata, had been ascribed as the cause of death of a patient of Mr. Holmes, in his last work on surgery, and to avoid these vessels Sir Chas. Bell performed the high operation on Sir Thomas Watson's patient. There was a further difficulty to the surgeon in the low operation occasioned by the divarication of the layers of the suprasternal cervical fascia as it split to enclose the manubrium, leaving an interspace of about a quarter of an inch, the coalescence of the layers occurring about half-an-inch superior to the sternum; it therefore cannot offer a difficulty in the high operation. But the immense majority of cases of croup were treated medicinally at home by the mothers without or with but little professional assistance. In the manufacturing districts of England each mother kept a small bottle of balsam of copaiba, which experience had taught her was a reliable remedy in even the most severe cases. They gave it in small teaspoonful doses repeated at short intervals. He regretted that in Ireland that drug was never prescribed in these cases, having as an assistant compounded prescriptions north, south, east, and west of Ireland, and he had never once known it to be prescribed in such cases. He would be glad to learn from Mr. Thomson what remedies had been prescribed prior to deciding on operating in the cases mentioned in his paper—the drug, the dose, and how frequently had the dose been repeated.

Prof. BENNETT said that there was one observation which had been made in the course of the debate to which he desired to address himself, and that was the observation in which Mr. Croly took such a gloomy view of the operation of tracheotomy in general. He did not think that the statement would be generally endorsed that tracheotomy *per se* was an extremely dangerous operation. Speaking of his own experience, he could boast a success in six out of seven cases, and even in the seventh that death was not from the operation of tracheotomy at all, but from diarrhœa ten days afterwards. He knew that that was perhaps an exceptional success, but he thought that both abroad and at home the operation of tracheotomy *per se* as applied all round to cases for which it was applicable was not to be regarded as a very dangerous operation. Even in very young children many surgeons present knew that it was an extremely favourable operation in cases in which the children suffered from scald of the glottis. In such cases he had seen and had the very best results himself. Another point he would wish to refer to, and to which Dr. M'Dowell alluded, was the great advantage of the high operation, especially in very young children. His (Dr. Bennett's) own experience—perhaps accidentally acquired—went even further than Dr. M'Dowell's, and in every case in which he (Dr. Bennett) operated—except in one—he entered the knife first through the crico-thyroid membrane and passed it down through the cricoid cartilage and then through the upper rings of the trachea. He saw no reason to change that. There was only one thing as far as his experience went in these cases, and that was the increased difficulty in inserting the tube in consequence of the stiffness of the cricoid cartilage. Every one of his cases were operated on in an emergency, in fact, a few minutes more would have completed the life of any of the children, and the greater number of the cases were performed by candle-light, and with the assistance only of a couple of students. So that the advantage of the high operation, so far as those cases went, was unquestionable, and the only objection he could see to it was the difficulty, which was certainly a prominent one, of introducing the tube in consequence of the resistance of the cricoid cartilage.

Mr. THOMSON, in reply, thanked the Society for the kind and generous tone in which the paper had been spoken of, and said that at that late hour he would not occupy their time for many minutes. With reference to the observations of Mr. Macnamara as to the statistics of amputations which he (Mr. Thomson) had quoted, he wished to say that they were the statistics which had been collected by Mr. Lane, and they comprised the statistics of the principal hospitals in London. Unfortunately, in the city of Dublin, so far as he (Mr. Thomson) was aware, there was not that complete system of gathering statistics of the results of the operations in the different hospitals that was adopted in London, and possibly—although Mr. Macnamara was able to give a very good report of the result of capital operations of the thigh, &c.—if all the hospitals were able to send in their statistics the results would come to pretty much the same as those they found in London. Mr. Thomson then proceeded to say that he could not follow every speaker who had addressed the Society in the course of the discussion, but he thought it had been asked by several what were the indications which would guide the surgeon in interfering by operative means. He had mentioned in his paper the indications that had been given by Professor Heuter, of Greifswald, who had written most carefully on the subject, and who said that as soon as they observed that the substernal tissues began to sink and that that sinking indicated that the lungs had begun to be engaged, and were not acting as freely as they ought, that was the proper time to interfere. He (Mr. Thomson), in addition to that, would suggest that the physician or surgeon who happened to treat the case medically, as ought to be done in the first stage, should, when he observed the disease running on, carefully watch for those symptoms, when it would be a fair proposition to make to the parents of the child—judging from past experience—that it would be proper to open the trachea. Dr. Kennedy had suggested that one of the contra-indications in case of operation would be the question whether bronchitis had been the primary affection, or that the child had been labouring under some of the symptoms for several days before, and that, if they were satisfied that the lungs were engaged, the operation should not be undertaken. All he (Mr. Thomson) could say was, looking over the ex-

perience of a great number of surgeons in different parts of the world, as they had been collected, that there were several cases reported in which that very question was referred to, and in which they, being satisfied that the lungs were in a condition of inflammation, incipient or otherwise, operated upon the principle that the clear indication was want of air to the lungs, and those cases had recovered. With reference to the remarks of Mr. Croly, he (Mr. Thomson) would like to refer to the point Mr. Croly had made, and which, it happened, had been brought forward by Mr. Whittle, of Liverpool, as to the presence or absence of a membrane in the trachea. Now Mr. Whittle had laid down some rules of diagnosis as to the presence of this membrane, and Mr. Croly stated that he always expected or believed that there was a membrane in the trachea in those cases where the disease came on suddenly at night with urgent symptoms. All he (Mr. Thomson) could say was that Mr. Whittle's experience did not correspond with that of the greater number of writers on the subject, who seemed to think that it was not always possible to indicate whether there was a membrane in the trachea or not, and that the condition might arise as had been stated in Mr. Porter's book. In the early stages there might be so much encroachment of the membrane in the trachea or larynx as to set up these symptoms of inflammation, and cause the death of the child, so that he held that, even in cases where the membrane was not present at all, it would be a justifiable thing to operate as soon as the surgeon saw that there were the usual symptoms of obstruction. He would not now detain the Society any longer, more than to mention one point on behalf of Mr. Croly, which was in reference to an observa- made by Professor Bennett. He (Mr. Thomson) agreed with Professor Bennett that Mr. Croly had given too gloomy an account of the operation of tracheotomy in general. He (Mr. Thomson) had seen a number of cases himself—he had seen five cases of recovery in which the operation was performed in cases of croup. At all events, Mr. Croly wished him to mention that in fourteen recorded cases which happened in London of scald of the glottis in which the operation of tracheotomy was performed, eleven of them died. That was, of course, a very high percentage, and was much more unfavourable than the result of Professor Bennett's operations. In conclusion, Mr. Thomson thanked the Society for the way in which the paper had been received and apologised for any shortcomings in the reply that he had made owing to the lateness of the hour.

The Society then adjourned until Friday, February 4th.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 9, 1876.

DISEASE GERMS AT HOME AND ABROAD.

In the few remarks on disease germs we last week thought it a duty to place before our readers we could do no more than take a cursory glance at the leading facts in connection with this controversy. Professor Tyndall assumes that his experiments place beyond a doubt the direct and potential agency of the floating clouds of germs in the atmosphere in the production of certain infections and contagious diseases. These germs, although too subtle and minute for detection by the highest powers of the modern microscope, can be traced in their course by the electric lamp, or, in his words, by "the power they possess of scattering a beam of light, and their virulence appears to be relatively in proportion to this power."

Those who have been at the trouble to examine the atmosphere, microscopically and experimentally, can have no doubt whatever that immense quantities of floating particles may be readily detected, and that germs, ova and spores, of bacteria and fungi form no inconsiderable portion of the solid particles in the air of towns, but that it necessarily follows these are the chief agents in the production of disease is, as we submit, yet to be demonstrated. Professor Tyndall affirms that because putrefactive and fermentative changes occur with a rapid development of bacteria, moulds, &c., in his variously prepared infusions, there must necessarily be a parallelism with the progress of infectious diseases, but between the ordinary recognised processes of fermentation and zymosis there exists a wide and important difference, and which has yet to be bridged over before we can accept his theory. Professor Tyndall has evidently lost sight of a fact, pointed out by Dr. Bastian, that, "whereas in an ordinary fermenting fluid the changes initiated by the ferment take place in a mere isolated mixture of organic substances, while in zymotic processes the changes brought about by contagium occur in the fluids and tissues of a complex living body." But have his experiments convinced us that the contagium of infective disease can under no circumstances be originated *de novo*, and do they quite consistently explain what takes place, for instance, in the fatal disease occurring among silkworms (muscardine)? In the blood of these animals the fungoid elements grow and destroy the various tissues of the body. Dr. Klein has discovered similar spores in the blood of sheep, and these, he believes, are the cause of sheep-pox. Muscardine can readily be produced by shutting up silkworms in a glass bottle or box, and by overfeeding them for a time. The animals, when thus affected, are quite capable of spreading the disease to other silkworms, for it is eminently contagious. If we look to sheep-pox itself, the facts at present known are irreconcilable with the notion that the organisms found in the diseased tissues are themselves the cause of the disease. After the first local contact of the contagium with some surface it is subsequently supposed to multiply and be disseminated through the body by means of the blood. On the other hand, it is a well-attested fact that inoculation with the blood of an animal suffering from ovine small-pox does not produce the disease in another animal. "How," asks Dr. Bastian, "can those who believe in the germ theory for ovine small-pox account for this absence of germs from the blood?" In the East a series of experiments have been carefully made, which have a most important bearing on this question. Drs. Lewis and

Cuningham have just presented a valuable report to the Government of India, which goes a very long way to show that in a climate far more favourable to the germ theory of disease, the evidence is most unfavourable to the theory. A series of well-conducted experiments, extending over several years, and undertaken with a view to elucidate the nature of the connection between certain diseases and parasites, particularly growths of a vegetable character, have entirely failed to afford evidence in support of such a doctrine.

First, with regard to the contagium of cholera, Dr. Cuningham has convinced himself that the disease is due to certain conditions of air and soil as yet but little understood, and not to bacteria or the so-called micrococci of Professor Hallier. This for the present disposes of a disease that set the germ theory rolling. Nevertheless opinions have been gaining ground that the lowest forms of vegetable life are endowed with the power of inducing disease. Fortunately for mankind, however, as Drs. Lewis and Cuningham truly observe, nature has set a barrier between spores and germs and organised matter, upon which they may chance to settle, and this barrier is *healthy* life. It has yet to be shown that the tissues of an animal, so long as it retains its vitality undiminished, is liable to succumb to the attacks of spores or germs. In those instances in which it is known that fungi are associated with the existence of disease during life, it is far from proven in any single case that the disease was not present prior to the fungus. There is another barrier to the unlimited development of fungi, and that is the unsuitableness of the soil for its nourishment. Even with regard to animal parasites, this feature is particularly evident, not only with respect to the entozoa, but epizoa, which are limited to certain animals, and even to defined areas of the body. It is not improbable, as Mr. Hogg argued in 1859 (see paper on "Parasitic Diseases," *British Medical Journal*, March 26th), that the morbid secretions resulting from disease furnish the special pabulum necessary for the development of the particular kinds of fungi constantly forming so prominent a feature in animals both before and after death.

Of animal tissues none are more frequently affected by fungi during life than the bodies of insects. Flies, beetles, bees, silkworms, &c., when affected by fungi are found, when examined after death, to have been permeated t hrough and through by mycelial threads; this would certainly be more significant could it be placed beyond a doubt that the tissues were not diseased before the advent of the fungus—"that the fungus did not follow the disease as the roots of a plant creep towards a stream." One of the most remarkable of the supposed fungoid iseases occurring in the human being is the so-called Fungus-foot disease of India," and this has received no inconsiderable share of attention, from the time Mr. 'Godfrey, of Madras, first published an account of the disease in 1844 to the present moment. Dr. Vandyke Carter attributes the disease to the fungoid elements found in connection with particular specimens, and the disease has in consequence received a typical name, "Mycetoma;" but after a series of painstaking and careful examinations Drs. Lewis and Cuningham have come pretty much to the same conclusion Mr. Hogg came to in 1871 (*Medical Times and Gazette*, July 22, 1871, and *Microscopical Journal*, August, 1871)—first, the disease is to be found in two forms, the pale and the dark; and second, that the lesions in both have much in common, but the morbid products are unlike. In the pale variety they are chiefly fatty matters in varied pathological forms; in the other variety the fatty matters are much less abundant, and the dark material which is characteristic of it is almost entirely free from fat. But the most important conclusion arrived at is, that the various bodies which have been regarded as different stages in the development of a peculiar fungus will bear no such interpretation, and that the Madura foot disease cannot be attributable to fungoid origin. The first variety consists almost wholly of fatty matter, oleaginous and crystalline, and in which the amount of thickening in the connective tissue blended all in an incongruous mass partaking of an elephantoid nature without the slightest trace of the presence of fungoid bodies, or of anything save degeneration of the normal elements of the various soft and hard structures of the foot. Drs. Lewis and Cuningham's words are, that "having studied the various stages of the disease, and in all alike has there been an absence of any demonstrable parasites, but, more than this, we have been able to trace out a series of modifications of the elements of the normal tissues terminating in lesions and degenerations which are quite capable of accounting for all the appearances present in the most advanced stages, and which, therefore, render the assumption of the essential agency of a parasite, not merely unnecessary, but even inadmissible." In so far as the common fatty concretions are concerned, it is rather a caution as to the interpretation of phenomena connected with them than any further description we can give here. As previously mentioned, these concretions, under the influence of various reagents, very readily give origin to an abundance of that curious and ill-defined substance which Virchow has termed myeline. A development of myeline is specially prone to occur where portions of the fatty matter, roe-like masses, &c., freshly removed from an alcoholic preparation, are subjected to the action of liquor potassæ.

The multifarious and highly complex forms of tubes, filaments, globules, and cysts which may frequently be observed to become developed, shooting out, and, as it were growing from the globules, and aggregations of fatty matter are wonderful, and such that they could hardly be believed to owe their origin to such process or material were not their development distinctly traceable through all its stages. From the extremely organised nature of their appearance they are peculiarly liable to be mistaken for fungal growths, especially by those who are unused to the practical study of such bodies, and to the various appearances presented by the complex oily compounds, and it is therefore highly necessary that very great caution should be exercised in the interpretation of such phenomena.

We would, however, guard against the inference that no fungoid elements whatever have been discovered in connection with the Madura foot, for in a less frequent form of the disease, shown to consist of degenerated tissue, mixed to some extent with black pigment bodies, fungus filaments have been found, and separated after maceration in liquor potassæ; but as these threads con-

tain no plasma and possess no vitality, they can scarcely be said to have a pathological significance—indeed, Drs. Lewis and Cuningham emphatically assert that, not only does "*Chionyphe Carteri*" not cause the disease, but that it cannot be developed from the fungoid elements contained in the morbid products.

THE CRITICISM OF THE VISITORS ON THE DUBLIN UNIVERSITY EXAMINATION.

THE Report of the Visitors appointed by the General Medical Council to inspect the examinations of the University of Dublin was, it may be remembered, not altogether laudatory, though generally very favourable, to the system of examination carried out by the University. The Professors and Examiners made, therefore, to the Board of Trinity College some time since a replication to the criticisms of the Visitors, and this answer has been approved by the Board.

In the first place, the Visitors object to the mode of voting on the pass or rejection of the candidate at the Half M.B. Examination.

"If the two Examiners agree in their judgment of the candidate's fitness or unfitness, no discussion respecting it takes place; but should they differ in opinion, the question is referred to the whole Board, which, upon due consideration, determines by a majority of votes what the verdict should be.

"We may be allowed to remark that this mode of proceeding appears to be open to the objection that the question is determined, in part at least, by the voices of some who, possibly not having any special knowledge of the subject, must be guided by more or less vague and undefined considerations; so that to us it seems hardly possible but that occasionally some inequality in the judgment given must arise."

The Professors and Examiners dissent *toto cœlo* from the foregoing criticism, and are of opinion that when the two Examiners differ in opinion as to a candidate, nothing can be fairer than to constitute the remainder of the Court of Examiners into a kind of jury, before whom the Examiners plead their cause, for and against the candidate.

The principle adopted by the Visitors is, it seems to us, sound and in accordance with the modern systems of examination. It is the object of those systems, as far as possible, to eliminate the "jury" system of which the Professors and Examiners approve, and to substitute for the vague impressions upon which it was formerly usual to form a verdict, a system of separate marking by the Examiners according to the actual answers given, and not according to their personal estimate of a candidate's style.

Secondly, the Visitors give expression to a protest against the refusal of the Board to hand over the written answers of candidates to them,—

The Professors and Examiners (16 in number), thereupon again positively and unanimously confirm the resolution, for the same weighty and honorable motives that influenced their adoption of it originally:

and we entirely concur with them, and, disapproving of the use made of such papers in the reports of other Visitors, we hope that the medical authorities will continue to regard these papers as, in some sense, confidential.

Thirdly, the Visitors object that—

"As regards Materia Medica, that candidates are not required to produce evidence of having received any instruction in Practical Pharmacy, although the Professors are anxious that a change should be made in this respect."

After mature deliberation, the Professors and Examiners have decided by a majority of votes that it is not expedient to recommend the Board to introduce Practical Pharmacy into the curriculum for the M.B. Degree.

In dealing with the M.B. Examination, after a reference to apparent eccentricities in the marking of answering by the Professor of Medical Jurisprudence which are explained by him in a letter to the Board, the Visitors pass on,

Fourthly, to criticise the constitution of the Court of Examiners.

"It will be noted," they say, "that in each of the subjects of this examination the candidate is submitted to only a single Examiner, who is in all cases a teacher in the College. It was explained to us that as no one Examiner had the power of rejection such as is exercised by the two Examiners in each subject in the previous examination, who, if in accord, can reject a candidate, the latter had so far a security against individual caprice, that the judgment was given by the Board collectively. Still it might, on the other hand, be argued that a candidate may in this way pass, who is altogether deficient in some one subject."

In reference to this remark, the Professors and Examiners admit the weakness of their system.

Surgery and Midwifery, they say, however, are departments of professional knowledge second only to Medicine, and it is possible for a candidate to obtain the Degree of M.B. who is somewhat deficient in Surgery or Midwifery. This is *à fortiori* possible in the University of Cambridge, where neither Surgery nor Midwifery (perhaps rightly) forms a portion of the examination for the Degree of M.B. This defect in our examination (if it be one) is of small consequence in Surgery, as the candidate has to pass a special surgical examination for the Degree of M.Ch.

The Professors and Examiners are *unanimously* of opinion that the defect as to Midwifery in the examination for the Degree of M.B. should be met, as in Surgery, by the institution of a Degree in Midwifery—say Master in Midwifery, M.A.O. (*Magister in Arte Obstetricâ*), this Degree to be conferred upon Bachelors in Medicine only, after a special examination before an University Court of Examiners in Midwifery.

The Professors dissent from the remedy proposed by the Visitors—*i.e.*, to associate with the Court a second Examiner in each subject—as they hold the opinion that proficiency in Medicine, Surgery, and Midwifery should be tested by separate and special examinations in each subject: and that it is the duty of the University to provide such tests within its own walls.

The only part of either of the University Examinations with which the Visitors find fault on the ground of the want of education of candidates is with reference to their deficiencies in operative surgery.

"It cannot be denied," the Visitor says, "that on the occasion when I was present, the operative skill displayed by some of the candidates was by no means remarkable, or that they would not have been better for a little further training in such an important part of the profession in which they were aiming to take so high a Degree."

This criticism was referred to Dr. Bennett, Professor of Surgery, who is responsible for the training of the College students in Operative Surgery, and a statement by Dr. Bennett in reference to it was submitted to the Board.

The Professor's defence seems to us less creditable to him than was the Visitor's censure, being neither *ad rem* nor even expressed in dignified language. Mr. Bennett does not seem to deny that the candidates were deficient in their knowledge of operative surgery, but endeavours to exculpate himself and the Examiners by saying that, if ignorant, three out of fifteen of them were rejected. Whatever credit this fact may be entitled to as an answer must be given to the Examiners, not to the teacher who allowed such candidates to present themselves.

Dr. Bennett states that four of the fifte en candidates

above referred to were not educated in this branch of study in Trinity College, and that these four included the three worst answerers in the subject; but the Visitors did not restrict their statement to the rejected candidates, but pronounced a general opinion, in which Dr. Bennett's course of instruction was specially involved.

In view of these facts Dr. Bennett only makes his case worse when he indulges in language like the following:—

"The passage is either meaningless, inserted to fill up the Report, or it is intended to cast an injurious reflection on Trinity College. If such is its meaning, I beg to remark that the Visitor has exceeded the limits of his appointment under the General Medical Council, and assumed the authority of an Inspector of Trinity College."

The Visitor is, in fact, an inspector of Trinity College as far as the deficiencies of her school are manifested in the examination, and he is perfectly authorised to call Dr. Bennett to account for those deficiencies in common with other teachers of operative surgery in Dublin.

The answers of the Professors and Examiners (with this exception) seem to us conclusive; but they have overlooked the greatest flaw in the Dublin University Examination—*i.e.*, that they are conducted mainly by the teachers in the School of the University. A test, however well intended or carried out, can never give satisfaction to the public as long as the student is examined, as he inevitably is, on the "tips" or personal hobbies of the teacher from whom he is learned. Such a system does not commend itself to our sense of justice either as regards the student, the other medical schools, or the public. Before the time for another visitation comes round we trust that the Medical Registrar of Trinity College, whose recommendations have always been marked by judgment and liberality, will see the propriety of suggesting to the Board the appointment of a really independent Court of Examiners.

ARMY MEDICAL REPORTS FOR 1873.

It is to be regretted that these Reports on the Health of the Army are exactly two years behind their time. This takes away much of the interest of the present volume, which contains several valuable statistical and scientific papers.

Out of an average strength of 88,957 men, were 67,541 admissions to hospital and 699 deaths; 3,334 men were constantly sick, which yielded the following percentages of admissions and deaths:—

Admissions	75·92
Deaths	·78
Constantly Sick	3·74

The admissions ranged chiefly under the headings constitutional, digestive, urinary, cutaneous, and accidental diseases. Only twenty-one surgical operations were performed. Continued fevers were slightly more prevalent and fatal than in the year 1872. Of the admissions from fevers—

1,095	are returned as	Febricula.	
641	„	„	S. C. Fever.
128	„	„	Enteric Fever.
5	„	„	Typhus Fever.

Dublin and the manufacturing towns showed the highest death-rate from continued fevers. The ratio per cent. of admissions for syphilis is 8·76 lower than in 1872. The ratio per cent. of men constantly sick from primary venereal sores was nearly double at the stations not subjected to the Contagious Diseases Act as compared with the stations under the Act. 8,166 admissions for gonorrhœa took place during the year, or a ratio of 9·06 per cent. in stations under the Act, and 10·50 in those not under the Act.

Among infantry regiments the ratios per cent. of admissions, deaths, and invaliding in the United Kingdom was—

Admissions	63·73
Deaths	0·80
Invalided	2·42

The lowest death-rate in any infantry regiment was in the 34th Foot, ·12 per cent., while stationed at the Curragh and Dublin; the lowest invaliding rate in the 26th Foot, ·3 per cent. The 90th Light Infantry, stationed at Aldershot and Dover, had the highest ratios of admissions, deaths, and invaliding.

Of 24,895 recruits examined, 7,559 were reported as unfit for the service. Ireland only furnished 3,261 recruits, a third of whom were rejected. Syphilis, muscular tenuity and debility, diseases of the eyes and eyelids, heart, veins, and malformations of the chest, were the principal causes of rejection.

In Bengal, out of an average strength of 37,146 European troops, were 49,589 admissions to hospital and 596 deaths, representing the following ratio per 1,000:—

Admissions	1335·00
Deaths	16·04

Materially lower than in 1872. The febrile and digestive group accounted for the largest number of admissions.

The highest ratio of admissions was at Thausi and Meean Meer. The ratios of admissions and deaths among infantry regiments in the command were—

Admissions	1300·00
Deaths	15·79

The Appendix to the volume contains papers by Professor Parkes, an account of the Ashantee Campaign by Mr. Anthony Home, and contributions by Surgeon-Majors Porter, Gore, Bleckley, and Surgeons Fleming, Page, Nicholson, Douglas, Dick, Welch, Ash, Lewer, Dobson, &c.

Notes on Current Topics.

The Equity of the Adulteration Question.

When the Fraudulent Trading Protection Bill (otherwise known as Mr. Sclater-Booth's Sale of Food and Drugs Bill) was before Parliament, it will be remembered that we contested with all our influence the proposition to legalise facilities for the cheating of the public by unscrupulous tradesmen. We resisted the protection of adulteration on the simple principle that consumers should in all fairness be honestly informed as to what they were asked to buy and should form their own judgment without being deceived as to whether they would purchase or not. This theorem was considered by the *Pharmaceutical Journal* and other trade organs a monstrous proposition, and arguments why the public should be left in ignorance were

abundantly forthcoming. We are pleased to observe that the *Times*, though late in its expression of opinion, accepts our principle to the fullest extent. In the course of a well-known article on "Silent Whisky," published last week, we find the following :

"It seems manifest that a sound Adulteration Act, although it might not prohibit the proceedings which we have described, would prevent the public from being deceived by them. If there are consumers who like to drink silent spirit, variously flavoured, we see no reason why they should not be indulged. Our view goes no further than that such artificial compounds, however delectable in themselves, ought not to be sold under the name of whisky, but under a name or names which should truly express their nature. We all admit that the interference of legislation with trade is undesirable, and that it should at best be regarded as a necessary evil. Notwithstanding this, laxity must stop somewhere, and it may as well stop short of encouraging misrepresentation and deceit."

It is to be sincerely regretted that the *Times* did not give utterance to these words when the Adulteration Act was under debate in the House, and when its great influence exercised in favour of the honest trader and the uninformed consumer would have been of vital importance. It held its editorial tongue, and consequently, the shop-keeping interest in the House of Commons was enabled to carry through a measure which we must characterise as one of the most nefarious means of procuring impunity for trade dishonesty which has ever been adopted by a Legislature.

The Fever Dens of London.

THE wise and beneficent action of the Government last session continues to produce most excellent results ; already much has been done, but much remains, and the authorities of the City of London, guided by their medical officer, are not behindhand in their anxiety to make London what it should be.

A deputation from the Commissioners of Sewers had an interview with the Home Secretary, at the Home Office, on Thursday last, with reference to the approval of one of the 21 schemes for removing the nests and fever dens within the jurisdiction of the Commissioners in the City of London under the powers given them by the Artisans Dwellings Act.

Mr. Cox, as Chairman of the Commissioners, having expressed the gratitude of the citizens for the opportunity of dealing with those plague spots which they believed to exist in the City of London, remarked that they had before them no less than 21 schemes dealing with property in the City of London. Owing, however, to the short time since the Act had passed, and the natural difficulties that arose, they could only ask approval to one plan which had been prepared in time to satisfy the standing orders of Parliament as to notices, &c. Their medical officer (Dr. Sedgwick Saunders, in whom they had every confidence, he having held his position for 25 years) took a very enlarged view of the Act, and he embraced in his schemes everything that was more or less objectionable in the City of London, and that rather militated against having more than one scheme ready, although they generally approved of the whole of their medical officer's schemes. The property the authorities proposed to deal with was of the very worst class as far as sanitary arrangement was concerned. So soon, however, as it became known that certain properties were in their scheme, it had been let under certain conditions which might have the effect of raising the amount of compensation to be paid ; and he submitted that when they were discharging a duty of that kind some protection should be afforded.

The Home Secretary, of course, promised nothing until he had consulted his colleagues ; he, however, congratulated the City of London upon the promptitude of its action, mentioning that the Metropolitan Board of Works and the authorities of most towns had already taken the initiative.

Health of Kensington.

DR. DUDFIELD, the medical officer of health for Kensington, in his report, refers to the high rate of mortality from zymotic diseases in Brompton, and remarks that most of the deaths occurred in well-to-do families. He concludes that the cause of at least one fatal case of diphtheria in the town district was the insanitary condition of the house in which it took place. There were two water-closets in the centre of the house, and ventilating into it. The large water cistern in the roof was found uncovered and in a filthy condition, while the cistern in the basement, principally used for domestic purposes, was found to contain the wings of hundreds of cock-roaches, whose bodies had been slowly macerated and consumed by the household. In all probability these cisterns had not been cleansed for years. The larger cistern, moreover, was evidently in direct connection with the soil-pipe through the waste-pipe. The house was in a new and fashionable locality, and there was no reason to suppose that the state of affairs described was by any means exceptional.

The mortality for 1875 was 19·4 per 1,000.

1,200 children died under the age of 5 years, equal to 43·4 per cent. of the total deaths.

Three deaths were certified by individuals not qualified practitioners.

"The Mysteries of Dentistry."

THE following case, recently tried at the Bloomsbury County Court, goes to show that there are more "mysteries" in some of the departments of dentistry than are dreamt of in the philosophy of the learned writer in the *Daily News*, upon whose lengthy and magniloquent article under this heading we had occasion to comment in our last issue :—

The plaintiff was Mr. Jones, a dentist, of 57 Great Russell Street, Bloomsbury ; the defendant, a purchaser of wardrobes, of 24 Park Row, Chelsea ; and the claim was for £15 15s. for a set of artificial teeth.

According to the evidence of plaintiff's foreman and secretary, defendant ordered the teeth in question, and signed the agreement produced, but after they were sent home she refused to pay for them on the ground that they did not fit. She at first objected to the sum charged, and offered £10 10s.; and when plaintiff ultimately agreed to accept this, she lowered her offer to £6 6s., but this she afterwards refused to pay.

Defendant said she went to plaintiff for the purpose of having a tooth extracted, but he advised her to have

some others taken out, and he extracted seven in all. He then placed some wax in her mouth, and almost before she could be aware of what he was doing he had taken an impression of the gums. He then advised her to have a set of artificial teeth, but would not tell her what the cost would be beyond saying "they will not be much." She ultimately offered to pay £6 if the teeth were properly made, and it was distinctly understood that the plate was to be pure gold. She was led to a desk by plaintiff, and told to sign her name on a blank form at a spot indicated by him. When she found the teeth would not fit she returned them. She wrote a letter offering to pay £10 for the teeth if they were made to fit, but after finding the plate was not gold, she declined to have them.

His Honour said it was a most unusual thing to draw seven teeth at one sitting, and he did not believe it would be possible to take a correct model of the mouth after such an operation, and whilst the gums were swollen and lacerated. He was perfectly satisfied that the plaintiff did not use reasonable skill in the exercise of his profession, and that the teeth never did fit. He was also satisfied that the agreement was for the plate to be of gold, and the charge of fifteen guineas for the set of eleven teeth warranted that supposition. With respect to the order or agreement, which defendant had sworn was not written when she signed it, he should give no opinion, because the plaintiff's reputation was at stake upon it, and he was not present, but he should give judgment for the defendant, with costs.

Metropolitan and National Nursing Association for providing Trained Nurses for the Sick Poor.

This association, the first meeting of which took place last week, has for its objects to train and provide a body of skilled nurses to attend the sick poor at their own homes, and to establish a training school, in order to raise the standard of nursing. It has commenced under the most distinguished patronage, and there is no doubt that it will be a success. Already five lady nurses are working among the poor in connection with this association, and the number will be at once increased. The lady nurses go from house to house, dressing the wounds or otherwise attending the sick, introducing cleanliness, tidiness, and so directing hygienic improvements in some of the filthiest neighbourhoods of London. They act only under the direction of the parish medical officer, or other medical attendant, and prepare a report according to a given form. We shall revert to this subject next week.

The Royal Free Hospital.

We are glad to observe the flourishing condition of this excellent charity. At the annual meeting holden last Thursday, the report of the committee of management showed that during the past year the receipts from all sources amounted to £7,916 5s. 9d. The balance at the bankers at the close of the year was £2,504 16s. 9d., and the amount of the Government stock, temporarily held by the trustees, and available for general purposes, was £2,166 13s. 4d. It was a subject of regret that an unusual number of cases of erysipelas had occurred in the hospital during the past year, but the committee had ascertained that such cases have been common at most of the London hospitals. The working of the hospital remained satisfactory. It had been intimated by Mr. George Moore that he intended to found a convalescent home for the reception of patients from the Royal Free and St. Mary's Hospitals. Nearly the whole of the late Mr. Milne's estate had been realised, and the accounts would shortly be closed, when the hospital would come into possession of about £9,000. Mr. Frederick Gant, F.R.C.S., expressed his belief that ere long the hospital would be recognised as a clinical school by the College of Surgeons.

Wholesale Destruction of Fish.

During the past few weeks thousands of dead fish, mysteriously poisoned, have been seen floating upon the river Ravensbourne, a clear country stream near London, until recently the source of the water supply of the Kent Water Works Company. The tenants and owners of fields abutting on the river at once withdrew their cows, sheep, and horses from the land, lest the poisonous influence should extend to them, and considerable consternation prevailed. The parochial authorities of Lewisham, through whose parish the Ravensbourne flows, immediately took action, and ordered an exploration to be made up the stream, with the object of discovering the source of pollution. After proceeding about a mile, and coming to the junction of the Ravensbourne with the river Poole, near Perry Farm, the exploring party found that the Ravensbourne beyond the junction became suddenly clear, and that the water of the Poole was like lime-wash, emitting a horrible sulphurous smell. Attention was then directed to the Poole, and two miles further (in the parish of Beckenham) the explorers discovered a trench communicating with the brick-fields of Mr. Gascoyne. Along this trench was discovered flowing the watery portion of a large quantity of refuse lime carted from the Crystsl Palace Gas Works for the purpose of filling up a pit in the brick-fields, and which in this way found its way into the Poole, thence into the Ravensbourne, subsequently into Deptford Creek, and finally into the river Thames. The refuse lime was found to be largely impregnated with gas and sulphur, and on becoming dissolved in the water of the Poole converted the oxygen necessary for the life of the fish into sulphuretted hydrogen, a poisonous and offensive compound. The man at the brick-field who made the trench, when told of the full extent of the mischief he had thoughtlessly caused, immediately sent a letter of apology to the Lewisham Board of Works, and the Crystal Palace Gas Company have promised to send their refuse lime into Essex in future.

Exhumed Pigs in the Meat Market.

Ellis Greenwood, a pork-butcher at Bradford, who dug up the carcases of some pigs which had died of *typhoid fever*, and disposed of some of the meat for human food, was tried by the West Riding magistrates and committed to prison for two months. He may congratulate himself upon the lenity of his sentence, but we

question whether he will again find customers in Bradford who will give him the opportunity of repeating an act at once so inhuman and loathsome.

Artisans' Dwellings.

THE Board of Works has received from the engineer and superintending architect for the improvement of Holborn, under the powers contained in the Artisans' Dwellings Act, a report showing that it is intended to provide a thousand tenements of one room. Each room is to be provided with a recess for a bed. It is not the intention of the Board to build, but they are ready to offer the land on easy terms to persons who may be willing to undertake the building. As artisans' dwellings companies have hitherto paid a fair percentage on the money invested, besides carrying out a work of philanthropy, it is not probable that there will be any difficulty in disposing of the land.

Conviction under the Contagious Diseases (Animals) Act.

A GENTLEMAN residing in Clapham Park was summoned on behalf of the Metropolitan Board of Works, charged with having failed with all practicable speed to give notice to a police-constable of the fact that he had certain animals (five heifers) in his possession, or under his charge, affected with foot-and-mouth disease, the failure in question being contrary to the provisions of the Act and the order in council. Evidence was adduced showing that five heifers belonging to the defendant were suffering from foot-and-mouth disease, and that the defendant had not given notice to the police as required. The defendant urged that he had been out of town, and that it was his intention to give notice to the police, but he had not had time to do so. He was, however, fined £5 and 14s. 6d. costs, the magistrate remarking that to stamp out the disease it was of absolute importance that notice should be given to the police the very moment the disease was discovered.

Sir Joseph Fayrer, K.S.I.

THE profession will be gratified to hear that Dr. Fayrer has been created a Knight of the Star of India. Sir Joseph has been an indefatigable worker in the cause of science throughout the whole course of his service in the Medical Department of the Army in India, and in consequence of his thorough knowledge of Indian diseases and their prevention he was chosen to accompany H.R.H. the Prince of Wales in his Indian tour.

New Degree in Midwifery in the Dublin University.

THE Board of Trinity College have given their sanction to the establishment of a new degree in Midwifery, which will carry the letters M.A.O. (*Magister in Arte Obstetrica*) with it. In their report to the Board, to which we refer elsewhere, the Professors and Examiners expressed the "*unanimous* opinion that the defect as to Midwifery in the degree of M.B. should be met, as in Surgery, by the institution of a degree in Midwifery—this degree to be conferred upon Bachelors of Medicine after a special examination before a University Court of Examiners."

The Dental Profession.

AN attempt is being made by certain dental surgeons to start a new dental society to which none but those holding recognised qualifications shall be admitted. Some of the objects of the society are "a closer association of the more highly qualified members of the profession, the formulation of an improved code of etiquette, the abolition of that advertising system which does so much to degrade the calling, and generally the elevation of the status and *morale* of dentists" (*sic*).

In the first place, we would remark that it is a pity when a body of gentlemen put themselves forwards as models of professional culture they do not take more care that the language which they use does not contain gross errors in grammar, since such errors may perhaps lead the uninformed to suspect an absence of the superiority to which they lay claim. In the next place, we do not hesitate to say that the new society is quite uncalled for, can do no good, and, on the contrary, must injure the profession by weakening the power of the Odontological Society, which comprises all the eminent members of the profession, and which is doing all that is possible to advance dentistry. We strongly advise the promoters of this new society to abandon their scheme, and instead of holding aloof, to work loyally and heartily in the Odontological Society, to which they and their profession already owe so much.

Ventilation at the Royal Institution.

SITTING among the auditory when Professor Huxley was lecturing at the Royal Institution last week, we were much impressed with the very defective state of ventilation of the lecture theatre, and were somewhat surprised to find that those who undertake to instruct the public in the matter of science and hygiene should be so careless of the health and comfort of their members and friends. We observed on the evening in question ladies led out fainting, and the stifling nature of the air under the gallery almost compelled us to retire. Nevertheless, when an attempt was made to open the ventilators, the downward current set Professor Huxley sneezing, and almost brought his lecture to an abrupt termination.

FOUR medical men have been elected members of the newly constituted French Senate.

WE understand that Dr. Graily Hewitt has been elected an Honorary Member of the Obstetrical Society of Philadelphia.

AT the next Quarterly General Court of the Governors of the Middlesex Hospital, on the 24th February, an Ophthalmic Surgeon will be elected in succession to Mr. J. W. Hulke, resigned.

MR. JOHN BIRKETT, F.R.C.S., Vice-President of the Royal College of Surgeons of England, has just been appointed the Government Inspector of Anatomy of Pro-

vincial Medical Schools, in the vacancy occasioned by the resignation of Dr. John William Ogle.

THE Sheffield School Board, at their last meeting, decided upon a scheme for giving instruction in practical cookery in their schools, and have engaged a Sheffield lady to enter the National School of Cookery at South Kensington to qualify her for giving such instruction.

IT is announced that the examination of candidates for Commissions in the Army Medical Department, which was intended to be held at the London University on the 14th of February next, has been postponed for the present. Due notice will be given as soon as another day shall have been fixed.

IN deference to the views of the Visitors of Examinations, the Board of Trinity College have appointed three "Extern" Examiners—that is, unconnected with the School of Physic, to examine in Medicine. The gentlemen appointed are Dr. Arthur Wynne Foot, Dr. James Little, and Dr. Thomas Hayden.

AT the Clerkenwell Police Court, Mr. John Blackwood was summoned for having conveyed his daughter in a public conveyance while she was suffering from scarlet fever. The defendant said he contracted with the cabman to convey his child to the hospital for 10s., a sum which he at the time considered sufficient to pay for the disinfecting of the vehicle. He was fined £5 and 17s. costs.

THE Medical Society of the College of Physicians, Ireland, will meet this day (Wednesday) at 8 p.m., at the College Hall, when the following papers are set down for reading :—

1. Dr. Finny—"A Case of Dermatitis Exfoliativa."
2. Dr. Hayden—"Biliary Colic."
3. Dr. Grimshaw—"A Case of Abdominal Aneurism."

A SHIP put into Falmouth on Friday with 18 out of 22 of her crew suffering from scurvy. She is the *Royal Sovereign*, of 1,388 tons, from Kurrachee to London, with rape seed. The men state that the meat shipped was very bad. On arrival the medical officer, after examining the crew, ordered them to be sent to the Sailors' Home. Those who suffered most were carried upon stretchers. A Board of Trade inquiry is anticipated.

WE understand that the action against the Pension Medicale of Dublin for damages sustained by a delirium tremens patient in jumping out of a window when incautiously left alone, will be resumed at the next after sitting. On the former trial, it may be recollected, the jury disagreed, declining apparently to recognise the liability of the Pension for the strict custody of the patient under all the circumstances of the case.

A RATHER curious case came on for magisterial decision in London last week, the result of which will not be known for a fortnight. It appears that the parish of Whitechapel have supported for the past three years a female lunatic in an asylum at the expense of about £170. The said lunatic has just had a legacy left her of £100, to which the parish and the husband lay claim. The magistrate thinks, as all sensible men will do, that morally the parish is entitled to the legacy, as the husband has never contributed to her support ; legally it may be otherwise, decision being deferred for a fortnight.

A RETURN relating to drunkenness in Scotland, obtained on the motion of Dr. Cameron, shows that the total number of persons arrested in Scotland for drunkenness during the year ended June 30, 1875, was 61,173, of whom 38,213 were arrested as "drunk and incapable," and 22,960 as "drunk and disorderly." Of the former class 1,106 were arrested between 8 a.m. on Sunday and 8 a.m. on Monday, and of the latter class 1,273. The return also shows that during the year 22,612 persons were taken into custody in Glasgow alone for being "drunk and incapable," of whom 445 were arrested between 8 a.m. on Sunday and 8 a.m. on Monday.

THE Medical Commissionership of the Irish Local Government Board, which has been for so long in contest, has not yet actually been filled, but public rumour gives it to Dr. Croker King. In case he should be appointed, it is expected that the authorities will try to effect a patronage *coup* by appointing a layman to Dr. King's Inspectorship, which would, of course, oust the profession from one of the very few appointments still at its disposal, and would deprive the Irish Poor-law Medical Service of another fraction of the very insufficient medical advice which it now possesses. We hope that every corporation representing the profession will speak out on the subject, for we hear that there is a stripling who enjoys influential connection and who is ready and willing to serve his country in any higher capacity, medical or non-medical, which his friends may get him.

RESIDENT MEDICAL SUPERINTENDENTS OF IRISH ASYLUMS AS CIVIL SERVANTS.

A DEPUTATION consisting of resident medical superintendents of district lunatic asylums in Ireland waited on the Chief Secretary for the purpose of calling attention to their anomalous position in reference to their salary and superannuation.

Dr. Lalor of the Richmond Lunatic Asylum, said, what the deputation particularly desired was that instead of the capitation grant of 4s. per head there should be, in the first instance, an estimate passed for the salaries of the medical superintendents, and that the balance remaining of the grant should be applied to the general expense of the institutions. The result would be that the superintendents would then become Civil servants, and under the 4th section of the Superannuation Act of 1859 the Lords of the Treasury would be entitled to add to their period of service a term not exceeding twenty years, in consideration of the preliminary training the medical men had undergone. It would be seen that this would place the resident medical superintendents in a much more satisfactory position as regarded superannuation. They had every reason to be gratified with the relief afforded by the Government in the capitation grant, and the reason why the deputation suggested that the superintendent should be paid out of the capitation grant was that they were slow to ask the Government to contribute more largely than at present. Dr. Lalor then read a memorial, which stated :—

We are deprived of the benefit of the Superannuation Act of 1859, not being recognised as Civil servants, as our salaries are not paid through the Treasury, and we can therefore only obtain a pension under the Act of 30 and 31 Vict. cap 118,

sec 8., under which Act we must hold office for 40 years in the same asylum before we can obtain two-thirds of our salary and allowances as superannuation, whilst our brethren in England are entitled to the same pension after 15 years service (25 and 26 Vic., cap. 3, sec. 12). That the public service suffers from the present state of the law, as senior men of many years' experience refusethe charge of larger asylums, knowing that by removing from one asylum to another they would forfeit their right to a pensian should the length of their service not extend to 40 years in the lalter. That the Poor-law medical officers of unions in Ireland, who are not appointed by Government, and over whom the Executive have no control, receive half their salaries from the Consolidated Fund.

Sir Michael Beach—You have just reminded me that the Government have been very liberal in their grant to the asylums. What would you suggest?

Dr. Lalor—That in place of the capitation grant being passed in a bulk sum, a certain sum should be put in the estimates for the salaries of the superintendents, so that the superintendents might become in reality Civil servants.

Sir M. Beach—The probable result of the changes you suggest would be that the board of governors being relieved from your salaries would consider it a grievance that they did not receive the same sum for the maintenance of individual lunatics as the English asylums receive. You are really confusing two different things. If it be granted that the scale of pension is not now sufficiently liberal, it is perfectly possible to increase the scale without touching the resources from which the salaries are paid.

Dr. Lalor said the case of the English asylums was one of their strong points. In England, where the local rates contributed three-fifths and the Government two-fifths of the expense, the board of governors had complete control over and the appointment of the superintendents, whereas in Ireland they neither appointed nor controlled them. They were appointed by the Lord Lieutenant, who also made the rules and had the control.

Sir M. Beach said a great deal might be said in both ways on that point; but it has no special reference to the point which, as I understand, you wish particularly to press on me —namely, that the scale of retiring allowances is inadequate.

Dr. Eames said that if a superintendent removed from one asylum to a larger one, he was not allowed to count his previous service. That grievance would be removed if the Government paid the salaries.

Sir M. Beach said that when replying last session to a question on this subject, he stated that he had no evidence of any general feeling on the subject, even among the officers of lunatic asylums, and certainly none among the governors in favour of the proposed change. He had had a great many memorials from grand juries, asking for superannuation for county surveyors, and the whole subject required serious consideration. If an opportunity arose, he would endeavour to improve the condition of the medical superintendents, provided he saw sufficient ground for doing so. He could not give any idea as to the best means of effecting the improvement, nor could he undertake to bring in a special bill on the subject next session. He had had some trouble last session in carrying a bill in reference to lunatic asylums, and he was not aware that any bill would be introduced on the subject on this occasion. He did not suppose this was a matter in which they could legislate solely without reference to other points connected with lunatic asylums.

THE BORDER-LAND BETWEEN ANIMAL AND VEGETABLE LIFE.

At the Friday evening meeting at the Royal Institution of Great Britain, on the 28th ult., Professor Huxley gave a discourse on the "Border-land of Life." He explained that Cuvier's division of organised beings was no longer tenable, neither could he take his subdivision of living beings into *animated*, which possess sense and motion, and *inanimated*, which are devoid of these functions and simply vegetate; although they exhibit certain movements, yet none justify the ascription of perception or will in plants. From the mobility of animals Cuvier deduced their need of—1. An alimentary cavity or reservoir of food; 2. A circulatory system; 3. A complex system of muscles and nerves, including not only the chemical elements of plants, but also nitrogen, which he affirmed to be peculiar to animals; and, 4. Respiration, during which they absorb oxygen and exhale carbonic acid—the relations between animals and plants to the atmosphare being, therefore, inverse. Thus wrote Cuvier in his "Règne Animal" in 1828, his reasoning being sound and true according to the knowledge of the time, and for the higher forms of life. Since that time, especially during the fourth and fifth decades of this century, biological science has undergone a great and rapid revolution through microscopical investigation, and Cuvier's distinctions have fallen away. It has been clearly proved that innumerable plants and free plant-cells pass their lives in an active condition not distinguishable from that of the lower animals, some of which either have no stomach or are all stomach. Nitrogen has been shown to be an essential constituent of vegetable as well as animal matter, and the tissues of plants are quite as chemically complex as the substance of animals; and although green plants by the agency of their chlorophyll, in sunshine, absorb carbonic acid from the air and give off oxygen, yet the reverse takes place in the dark; while fungi, devoid of chlorophyll, absorb oxygen and exhale carbonic acid like ourselves. The researches of Schwann and Schleidin, beginning in 1837, founded the modern science of histology, andprove that the tissues of the fabric of animals and plants are composed of cells closely resembling each other; and the researches of Dr. Burdon Sanderson, Mr. Darwin, and others prove that plants possess contractility similar to the reflex nervous action on which the locomotion of animals depends. Professor Huxley, after describing various interesting experiments relating to the subject, referred to the microscopical examination of an infusion of hay, recently submitted to him by Professor Tyndall, in which, besides wriggling bacteria, which are unquestionably plants, he detected very active monads, in size about the one three-thousandth of an inch, and pear-shaped, which he named heteromitæ. He then adverted to Messrs. Dallinger and Drysdale's researches on a similar creature, commenting on its very rapid multiplication by division and subdivision, thus increasing about a thousand in an hour; and after duly weighing all the evidence he could obtain, and reasoning by analogy derived from the study of the potato fungus and other organisms, which, after much discussion, had been proved to be vegetable, he concluded by acknowledging his utter inability to decide at present whether his new heteromita was an animal or a plant, so that there is still a border territory between the animal and vegetable kingdoms.

LIABILITY OF INSURANCE COMPANIES TO THE INTEMPERATE.

In a recent issue we referred to a case which was about to come before the Master of the Rolls in Ireland, in the form of an application by the National Insurance Company to set aside an insurance upon the life of one of its policy-holders, and it has since been under argument.

The bill stated that on the 30th December, 1872, the defendant sent a proposal for the assurance in writing, which purported to state truly, in the form of answers to printed interrogatories, several particulars respecting his age, health, and habits, and was accompanied by a declaration at the foot of the proposal, to the effect that he was in good health, was not engaged in any occupation nor addicted to any habits prejudicial to health nor afflicted with any disease tending to shorten life, and he thereby agreed that said declaration should be the basis of the contract between him and the plaintiffs, and that if any untrue averment was contained in the declaration all sums that should be paid on foot of such assurance should be forfeited and the assurance void. The proposal stated, amongst other things, that the defendant's habits had been always strictly temperate. The proposal was forwarded to the plaintiffs by their agent at Ballyhaise, county Cavan, with a report, wherein he stated that he had no reason to suspect that the defendant was, or had been otherwise than regular and temperate in his habits; and he also sent

plaintiffs a letter, recommending them to accept the defendant's proposal. A certificate from Dr. Malcolmson was also sent, which stated that defendant was in a good state of health, and an eligible case for life assurance. The statement of Mr. Humphreys not setting forth whether the defendant was of temperate habits, the plaintiffs' secretary wrote to said Wm. Humphreys, calling his attention to the omission, and, in reply, the secretary received a letter, in which he stated that the defendant's habits were perfectly temperate. Believing the representations were true, the plaintiffs issued a policy on the defendant's life for £5,000, and it provided that if anything averred in the defendant's declaration should be untrue the policy should be void. Until after the month of January, 1874, the plaintiffs had no reason to doubt the statements in the declaration, but they then discovered that defendant's habits were not strictly temperate, and had not been for a considerable time prior to his proposal; that by continued indulgence he brought on an attack of *delirium tremens* within a few months after the issuing of the policy. In October, 1874, the solicitor for the plaintiffs wrote to the defendant informing him that the plaintiffs were about to institute proceedings against him for the purpose of having the policy cancelled, and offered to return him the premiums he had paid if he would surrender the policy. The defendant substantially denied that he was or had been addicted to intemperate habits, although he admitted that on two or three occasions since the policy was effected he had suffered from attacks of delirium, which were brought on as much by family disputes as by intoxicating drinks.

In delivering judgment, the Master of the Rolls said that the words "strictly temperate habits" in the policy did not imply that a man was to be a teetotaller or a man who entirely abstained from drink. A man of temperate habits was one who uniformly made a temperate use of intoxicating liquors. For instance, a man at dinner might take sherry and claret and a glass of punch after it. He might do the same at luncheon, take a glass of sherry, or a glass of whisky and water, and in his opinion he would be a man of temperate habits. Under all the circumstances of the case he could not help granting the prayer of the petition, and voiding the policy, with costs.

The issue is one of great public, and not a little professional importance, inasmuch as it raises the question of the possibility of repeated attacks of delirium occurring within a few months of reputed temperate habits, and because it is almost the first case in which an attempt has been made to invalidate a policy upon such grounds during the lifetime of the insured.

THE CERTIFICATE SYSTEM IN DUBLIN.

As we expected would be the case, the King and Queen's College of Physicians has followed the honourable example shown them by the University of Dublin, and has declared its opinion that lecture and hospital certificates must in future represent *bonâ fide* a diligent attendance by the student, and be not simply a receipt for money paid. No other course was open to a college which appreciates its own honour and dignity, and we look for a speedy decision of the Council of the College of Surgeons in confirmation of the same principle. The following resolution was adopted on Saturday last by the Fellows of the College of Physicians on the motion of Professor Haughton:—

"That this College approve the principle that certificates of attendance upon hospitals and medical lectures shall be *bonâ fide*.

FEES FOR CERTIFYING DANGEROUS LUNATICS IN IRELAND.

The Athy Board of Guardians received recently an application from Dr. Percival, of Stradbally, for his fee of £2 (under due certificate of the magistrates) for certifying a dangerous lunatic.

After a short discussion] it was ordered by the Guardians that payment be declined, as the parents of the man were well able to discharge the debt, and that the doctor look to them for payment.

It is to be regretted that there is not some one in the Athy Board possessiug sufficient knowledge of the law to save them from legal blunders of this sort. The 14th Section of the Lunacy Amendment Act of last year distinctly orders the payment of Dr. Percival's fee when duly certified, and the Board of Guardians have no right whatever to refuse or to refer him to anyone else for payment.

If Dr. Percival's claim has not been settled he can enforce it without the least trouble, and a letter to the Local Government Board will probably elicit an order to the Guardians to pay.

A third attempt at election to the Surgeoncy of Swift's or St. Patrick's Lunatic Hospital, in Dublin, vacated by the death of Mr. John Hamilton, took place last week, the candidates being, as before, Mr. Colles and Dr. Thornley Stoker. As on two former occasions, the voting resulted in a tie, and there was no election, and the poll will be again held in a month. We anticipate Dr. Stoker's election.

Literature.

ON MENTAL STRAIN AND OVERWORK.

This interesting pamphlet, a reprint from the *Journal of Mental Science*, was the subject chosen for discussion at the late meeting of the Medico-Psychological Association. The author draws the comparisons between the mental culture required some years ago to obtain distinction and eminence in any profession and that required at the present day. In bygone days the generality of students did not overtask their brains by excessive mental application in any field of intellectual labour, and we are told that beyond the few who devoted themselves to the study of divinity, law, or medicine, there was little mental labour known to the middle class of society in general. The diffusion of knowledge was very slow, and years were wont to elapse before a daring thesis in divinity, a new system of pathology, or a great astronomical discovery found their way into the various seats of learning.

The study now required in examinations is vastly superior and extensive to that of only a few years ago, and special attention is drawn to this fact as proving the extra mental strain which is now required by the large

(a) "On Mental Strain and Overwork." By Frederick MacCabe, M.D., Resident Physician and Superintendent to the Central Criminal Lunatic Asylum, Dundrum.

class of students who earn their living by the sweat of their brow. In former days many of the learned professions could be entered without any examination, and for the public service the most ordinary educational acquirements were considered sufficient.

The high standard to obtain even an ordinary pass at the present day is to be highly depreciated, and as an illustration of this may be mentioned the examination held by the Civil Service, and the University of London, where small boys are submitted to severe mental labour quite inconsistent with their mental powers, and before their nervous systems and physical powers have been sufficiently developed; they are consequently unable to grapple with the numerous subjects required.

The present age is one of extreme premature mental activity and competition.

The two important questions discussed by Dr. MacCabe are—

1st. What are the conditions of modern civilised life producing mental strain and overwork? and,

2nd. What are the symptoms indicative of excessive mental strain?

Our attention is drawn to the great competition at present required in every profession, from the highest to the lowest, as well as to the excessive mental strain in those endeavouring to obtain celebrity by their own exertions. All the professions are overflowing with ardent students coping against each other, and there are countless labourers in the cause and progress of knowledge. In consequence of the spread of education becoming so general, the supply of those who live by brain-work rather than by the toil of their hands exceeds the demand.

Manual labour and exercise is at present regarded too much with contempt, and it is by no means a rare thing to see a brilliant youthful mind associated with a feeble frame and stunted development.

The pamphlet is a very comprehensive one, and is clearly written, the various arguments being distinctly placed before the reader.

Correspondence.

QUACK ADVERTISEMENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The profession have again to thank you for your spirited denunciation of that portion of the lay press which still continues to aid and abet the loathsome venereal quacks by giving a place in its columns to the indecent announcements of these malefactors. We have also to thank you for your exposure of the puff system, a system which often consists in an editor adding, for a consideration, his endorsement to the false statements of any quack who has the money to purchase it. With regard to indecent advertisements, a recent decision in the police court would tend to show that their publication may be prevented by law. A Mr. Carpenter, "*medical practitioner*," in the Borough Road, was summoned on January 31 by Inspector Davis for causing a certain bill to be affixed in a public recess vested in the Vestry of St. Mary, Newington. A few days previous a man was found posting bills with Mr. Carpenter's name on them, and as they were of an objectionable character the man was taken into custody. He then gave up a number of a similar character. Mr. Edwin, in defence, said he thought such bills did no harm. Mr. Chance entertained a different opinion. It was an abominable practise, and he should use every endeavour to stop it. He ordered the defendant to enter into his recognisance not to repeat the offence. Surely, Sir, if it be illegal to carry on the "abominable practice" of publishing indecent bills in a urinal, where they are seen only by the male sex, it is doubly criminal to print them in the columns of a newspaper, where they must be noticed and read by numbers of young girls and women. Nor can it be alleged that the language of the quack advertisement in the newspaper is more guarded than that of the bills which are so freely placarded and distributed about the country. The announcements in many of the provincial papers are so direct in their allusions that it indeed may be said of them that he who runs may read.

Yours obediently,

Liverpool, Feb. 3rd, 1876. INDIGNANS.

Medical News.

Vital Statistics.—From the Registrar-General's returns we learn that during last week 6,314 births and 4,115 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 27 deaths annually in every 1,000 persons living. The annual death-rate was 24 per 1,000 in London, 23 per 1,000 in Edinburgh, 29 in Glasgow, and 35 in Dublin. The annual rates of mortality per 1,000 during the same period in the other large towns were—Brighton 24, Sunderland 19, Plymouth 16, Norwich 25, Nottingham 34, Bradford 28, Hull 24, Leicester 25, Bristol 26, Portsmouth 21, Sheffield 22, Birmingham 32, Wolverhampton 28, Leeds 28, Newcastle-on-Tyne 26, Oldham 41, Liverpool 30, Manchester 32, and Salford 41. The annual death-rate from the seven principal zymotic diseases averaged 4·0 per 1000 in these towns, and ranged from 0·0 and 1·0 in Plymouth and Sunderland to 6·5 and 7·5 in Liverpool and Salford. The fatal cases of scarlet fever were excessive in Bradford, Portsmouth, and Bristol, and of fever in Oldham, Sheffield, and Liverpool. Of the 15 deaths referred to small-pox in these towns, 13 occurred in Manchester and Salford, and one in Bristol. In London, the 1,637 deaths included 79 fromscarlet fever, 23 from different forms of fever, 15 from diarrhœa, and not one from small-pox. These 261 deaths from the principal zymotic diseases were 18 above the corrected average number from the same diseases in the corresponding week of the last ten years, and were equal to an annual rate of 3·9 per 1000.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—On Friday next, at 4 p.m., Prof. Erasmus Wilson will continue his lectures "On Dermatology."

CLINICAL SOCIETY OF LONDON.—On Friday evening, at 8½ p.m., Mr T. Holmes, "On Recurrent Tumour of the Shoulder; Removal of Scapula and half the Clavicle." Dr. Geo. Brown, "On a Case of Reduction of Partial Dislocation of Astragalus of long standing." Mr. Pugin Thornton, "On a Case of Œdema of the Larynx." Mr. H. G. Trend, "On a Case of Purpura Rheumatica."

COMMUNICATIONS, Enclosures, &c., have been received from—Mr. Knowles, Maidstone. Dr. Charlton Bastian, London. Dr. Gaillard, Louisville, Kentucky. Mr. G. P. Field, London. Dr. Dunglison, Philadelphia. Mr. Wilkie, General Register Office. Dr. Dudfield, Kensington. Prof. Macnamara, Dublin. Mr. T. Ash, Kensington. Mr. Margetson, Dewsbury. Mr. Winget, Torquay. Mr. Day Beard, Bath. Rev. Alton Hatchard, St. Leonard's. The Registrar-General. Dr. Thomson, East Woodhay. Mr. Bingley, Southampton. Mr. Fleming, Chatham. Dr. Hamilton, Dublin. Dr. Lanigan, Ballymahon. Dr Kenny, Staffordshire. Dr. Hobson, Ballylinan. Dr. Duffy, Dublin. Dr. Drysdale, London. Dr. Jamieson, Newtownards. Dr. Clarendon, Newcastle. Dr. McMahon, Tomavara. Dr. Swan, Dublin. Dr. Kirby, London. Dr. Harrison, Killough. Dr. McIlroy, Ballymoney. Dr. Wigmore, Kanturk. Dr. Wade, Dublin. Dr. Malcomson, Cavan. Dr. Phillips, Leighlin Bridge. Dr. Hartigan, Croom. Dr. Clarke, Dunmurry. Dr. McDermott, Ballyfeard. Dr. Nicolls, Ballinalee. Mr. Mills, Bourne. Mr. Sworder, St. Mary's Hospital. Dr. Henry Kennedy, Dublin. Mr. Hy. Sewill, London. Mr. Barclay, Birmingham. Dr. Gordon, India. Dr. Reid, Kingstown. Mr. Cooke, London. Rev. Dr. Simpson, Charity Reform Association. Dr. Ransome, Manchester. Dr. Radcliffe, London, &c., &c.

VACANCIES.

North London Consumption Hospital.—Physician. Honorary. (See Advt.)

Royal Hospital for Diseases of the Chest, City Road.—Surgeon. Honorary. (See Advt.)

Lisnaskea Union.—Medical Officer Brookeborough Dispensary District. Salary, £115, with £15 extra as Sanitary Officer. (See Advt.)

Manchester Clinical Hospital for Children.—House Surgeon. Salary, £80 per annum. Address the Secretary of the Medical Board.

Kent County Lunatic Asylum.—Medical Superintendent and an Assistant Medical Officer. Salary of the former £700, with house; of the latter, £150, with apartments. Applications by letter to Messrs. Beale and Hoar, Maidstone, Kent.

Northampton County Lunatic Asylum.—Medical Superintendent. Salary, £500, with residence, &c. Applications to the Clerk of the Peace, County Hall, Northampton.

St. Mary's Hospital, Paddington.—Assistant Surgeon. Honorary.

Middlesex Hospital.—Ophthalmic Surgeon. Honorary.

Lancaster.—Public Analyst. Salary, £300, with fees extra. Address the Clerks of the Peace, Preston.

APPOINTMENTS.

BARKER, Dr. J. E., Medical Officer, &c., for the Kilcullen Dispensary District of the Naas Union, co. Kildare.

RICE, G., M.B., C.M., Medical Officer to the Chorlton Union Workhouse.
RHODES, F., M.D., L.R.C.P.L., Medical Officer for No. 8 District of the Chorlton Union, Lancashire.
WARD, S. H., M.D., F.R.C.P.I., Consulting Physician to the *Dreadnought* Seamen's Hospital.
WHITEHEAD, T. B., L.R.C.P.Ed., M.R.C.S.E., L.M., Medical Officer for the Duncburch District of the Rugby Union.
WILLIAMS, J. L., M.B., C.M., a Surgeon to the Wrexham Infirmary.

Births.

REID.—On the 4th inst., at 3 Royal Marine Road, Kingstown, the wife of Dr. Patrick R. Reid, of a daughter.
TINDALL.—On the 5th inst., at Rydal Villa, Wickham Park, S.E., the wife of Albert Alfred Tindall (MEDICAL PRESS AND CIRCULAR), of a son.

Deaths.

FINDLATER.—On the 23rd Jan., James Findlater, L.R.C.P.Ed., of Glasgow, aged 27.
HARDINGE.—On the 28th Jan., at Grafton Street, Berkeley Square, Henry Hardinge, M.D., aged 56.
HEATHCOTE.—On the 24th Jan., at Lydiate, Lancashire, Michael Heathcote, Surgeon, aged 85.
JOHNSON.—On the 24th Jan., at Newcastle-on-Tyne, George Brack Johnson, M.R.C.S.E., aged 36.
MANNING.—On the 17th Jan., at Croughton, Northamptonshire, Edward Manning, Surgeon, aged 84.
MASON.—On the 30th Jan., at Lewisham High Road, New Cross, J. D. Mason, L.R.C.P.Ed., aged 30.
MEGGET.—On the 29th Jan., at Winlaton, Durham, Archibald Megget, M.D. (late of West Ayton, near Scarborough), aged 68.
SCHUSTER.—On the 23rd Jan., at Barrow-in-Furness, Edwin Schuster, L.R.C.P.Ed., aged 27.
SCOTT.—On the 29th Jan., at Milton bank, Dunoon, David Scott, M.D.
SWEENEY.—On the 26th Jan., at his residence, Ennistymon, co. Clare, Dr. A. Sweeney, after a protracted illness, aged 69.
VOELCKER.—On the 28th Jan., at University College Hospital, George Henry Voelcker, M.B., M.R.C.S.E., aged 23.

ARMY MEDICAL DEPARTMENT.
26th January, 1876.

THE EXAMINATION of CANDIDATES for COMMISSIONS in the Army Medical Department which was intended to be held at the London University, Burlington Gardens, on the 14th FEBRUARY next, has ceen postponed for the present. Due notice will, however, be given as soon as another day shall have been fixed.

(Signed) W. M MUIR, Director-General.

ADMIRALTY.—Medical Department of the Navy, 9 New Street, Spring Gardens, S.W., Nov. 20, 1875.—Notice of Examination of Candidates for the Naval Medical Service.—Notice is Hereby Given, that a COMPETITIVE EXAMINATION of CANDIDATES for admission into the MEDICAL SERVICE of the ROYAL NAVY will take place at the UNIVERSITY of LONDON, Burlington Gardens, on MONDAY, Feb. 14, 1876, and following days, at Ten o'clock. Candidates must present themselves at this Department for physical examination, at Eleven o'clock, on Thursday, Feb. 10, 1876, when, should they be found in all respects eligible, they will be permitted to appear for examination.

The necessary forms to be filled up by Candidates will be supplied on application to this Department.

A. ARMSTRONG, Director-General.

A VACANCY has occurred in the office of PHYSICIAN to the North London Consumption Hospital, London and Hampstead, by the resignation of Dr. W. Lomas. Candidates (who must be Members or Fellows of the College of Physicians, and Graduates in Medicine of a University) are requested to send their testimonials to the SECRETARY, on or before 1st March.

Office, 216 Tottenham Court Road, W.

MALVERN COLLEGE.

This COLLEGE contains THREE DEPARTMENTS—the CLASSICAL, MODERN, and PREPARATORY LOWER SCHOOL.

Boarding and Tuition under 14, £70; over 14, £90. Non-Shareholders pay an extra fee of £6. Special advantages for Sons of Clergymen and Home Boarders.

For further information, apply to the Rev. ARTHUR FABER, M.A., Head Master, late Fellow and Tutor of New College, Oxford.

BUTLER'S MEDICAL HALL,
53 & 54 LOWER SACKVILLE STREET,
DUBLIN.
ESTABLISHED A.D. 1817,

For Compounding Prescriptions and Supplying Genuine Medicines, is conducted, as formerly, under the careful superintendence of
WILLIAM STARKEY, M.D.,
Licentiate Apothecary.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, CITY ROAD.—There is a VACANCY for a SURGEON to this Hospital, through the resignation of Mr. Alfred Cooper, Applications, with Testimonials, to be forwarded to the Secretary, at the Hospital, on or before MONDAY, FEBRUARY 28th.

C. LOWTHER KEMP, Secretary, &c.
January 28, 1876.

GENERAL NURSING INSTITUTE for TRAINED HOSPITAL NURSES.
5 Henrietta Street, Covent Garden, W.C.
A. EBSWORTH, F.R.C.S., Director.

LISNASKEA UNION.
BROOKEBOROUGH DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.—In consequence of the lamented death of their Medical Officer, Dr. Wilson, the Committee of Management of the above Dispensary District will, at their Meeting to be held on TUESDAY, 21st MARCH, 1876, at the hour of 12 o'Clock noon, proceed to elect a duly-qualified Medical and Sanitary Officer for the District, at a salary of £115 per annum as Medical Officer, and £15 per annum as Sanitary Officer, together with fees for Registration and Vaccination.

Applications for the Office, with Diplomas and Testimonials, will be received by the Assistant Honorary Secretary, "James Sproul, Esq., Skeage, Brookeborough."

Personal attendance of Candidates will be required on the day of Election.—By order,

J. O'K. HALY, Clerk of Union.
25th January, 1876.

ROTUNDA LYING-IN HOSPITAL, DUBLIN.
Master:
LOMBE ATTHILL, M.D.
Assistant-Physicians:
ARTHUR V. MACAN, M.B. RICHARD D. PUREFOY, M.B.

This Hospital (the largest Chartered Clinical School of Midwifery in the British dominions) contains Wards for the treatment of Diseases of Females, in addition to the Wards appropriated to Lying-in cases.

A large Dispensary for the Diseases peculiar to Women is connected with the Hospital.

Clinical Instruction in Midwifery and the Diseases of Women is given daily.

The pupils are privileged to attend the Cow-Pock Institution, Sackville Street and York Street.

The Lectures are recognised by the Royal College of Surgeons in Ireland, London, and Edinburgh; the King and Queen's College of Physicians; the Apothecaries' Hall of Dublin and of London; the Army and Navy Medical Boards; and all other Licensing Bodies.

The Diploma from this Hospital is recognised by the Poor-law Commissioners as a qualification in Midwifery for all Hospitals and Dispensaries under their control in Ireland.

Accommodation is provided for a limited number of Intern Pupils.

Pupils can enter at any time.

Applications to be made to Master or Assistant-Physicians, at the Hospital, Rutland Square.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.
PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £40 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c., can be had at the office, 40 MOLESWORTH STREET, DUBLIN,

W. O'NEILL, Secretary.

ONE MILLION STERLING
Has been paid as
COMPENSATION FOR DEATH AND INJURIES
Caused by
ACCIDENTS OF ALL KINDS,
By the
Railway Passengers' Assurance Company,
HON. A. KINNAIRD, M.P., Chairman.
PAID-UP CAPITAL AND RESERVE FUND, £180,000.
Annual Income, £200,000. Bonus allowed to Insurers of 5 years' standing
Apply to the Clerks at the Railway Stations, the Local Agents, or
64 CORNHILL, and 10 REGENT STREET, LONDON.
WILLIAM J. VIAN, Secretary.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 16, 1876.

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Physician to the Hospital for the Epileptic and Paralysed, and to the London Hospital.

CHAPTER VII. (*continued from p. 65.*)

ANATOMY. (*a*)

Anatomy is concerned with the Statics of the Nervous System. The Nervous System is a representing system. A knowledge of the anatomy of any section of it is a knowledge of the parts of the body which that section represents and of the degree of complexity with which it represents those parts. Now the only things it can represent are Impressions and Movements.

The word Impression thus used is obviously an awkward one; I do not know what other word to use. I mean, of course, an alteration effected at the origin of an afferent nerve producing activity in a nervous centre because the nerve fibre is connected with that centre; the principle of action is the same if the impression leads by the intermediation of one or more lower centres to an active state in the very highest centres. I use the word because it implies nothing, at least I intend it to imply nothing, as to sensation in the sense of mental state. It is a name for an active physical state only, Whether the change at the origin of an afferent nerve leads to further physical changes attended by a conscious state (that is, to a sensation) or not depends partly on the height of the centre which the current developed reaches and partly perhaps on the *amount* of disturbance it provokes there. Nerves from all parts of the body (from the tissues generally and viscera, not from the surface only) are included among afferent nerves; and among efferent nerves are included those which pass from the central nervous system to all parts of the body, not those which pass to muscles only. The expression disturbance or excitation at the periphery would perhaps be better than "impression" in the case of the afferent nerves arising in tissues and serving in the systemic sensations, as the word impression seems to imply some outward object acting; but it is convenient to make the one word impression do for all. Then all efferent nerves do not provoke movements, some stop movement, are inhibitory. The inhibition of movements is represented in nervous centres. Again, some efferent nerves pass to the penetralia of glands and provoke secretion. (*a*)

It is plain enough that the lower nervous centres represent impressions and movements. But the very highest nervous centres can only be highly complex sensori-motor arrangements. (*b*) There is nothing else that they can be. The highest centres *re*-represent the impressions and movements already represented in all lower centres, and represent very largely the most special of all bodily impressions and movements, those of the eyes, (*c*) the hands, &c. Thus

(*a*) I should say that all that may appear to be of importance in this chapter is little more than a reflection of certain of Herbert Spencer's psychological teachings, or an application of them to cases of nervous disease, were it not for the fear that I might be guilty of the offence of distorting his doctrines or misapplying them.

(*a*) "—— we shall be considerably helped by thinking of the afferent nerves as *recipio-motor* and the efferent nerves as dirigo-motor; while we think of the nervous centres as composed of libero-motor elements along with elements that perform both the other functions."—Spencer, "Psy.," i., 49.

(*b*) It is supposed that they are not only complex in the sense that they represent innumerable different combinations of impressions and movements, but that they represent the combinations in innumerable different intervals.

(*c*) In former chapters I illustrated the proposition that the unit of composition of the highest parts of the nervous system is sensori-*motor* by the case of the substrata of vision. But in an article, *Med. Times and Gazette*, Aug. 7, 1875, I tried to show that the auditory nerves also have direct association with movement. An hypothesis there stated is that the cochlear division of the auditory nerve is afferent to the heart and arterial system; whilst the tripartite division for the three semi-circular canals is

they represent the whole organism. This is saying that the definition we started the chapter by giving applies to those centres which are in activity whilst we have mental states quite as much as it applies to the lower centres, during energising of which centres there is commonly supposed to be no attendant mental state. (*a*) To find the anatomy of any nervous centre whatever ("mental" or "physical") is to find what parts of the rest of the body are represented in it. Let us take a simple example. Our anatomical knowledge of some particular segment of the frog's spinal cord is derived from such facts as that an irritation within a particular area of its skin developes currents which, being transmitted to that segment, discharge its grey matter; this discharge by connected nerve fibres next developes movements in such and such muscular regions. What are physiologically reflex actions are anatomically sensori-motor arrangements. (*b*) The same is true of the centres which are the substrata of mental states in man. (*c*) Let us return to an old illustration. When we see a brick it is plain that a certain part of the surface (the retina) is impressed, and equally plain that there are associated movements of the ocular muscles; the sensory element is the peripheral part of the mechanism for colour of the object (surface), the motor element for its shape and size (extension). And, of course, as we are conscious of the brick, (*d*) (only a technical way of saying *we* see it) the disturbance of the retinal impression effects ultimately an active change in the highest centres, which provokes impulses carried by motor fibres to the ocular muscles. The arrangement is here as it is in the cord, sensori-motor, but one infinitely more complex and special than our sketch implies it to be. But we can think of the brick when it is removed. Now when we do so we of necessity think of it as in the environment, and therefore the substratum of the visual idea of the brick can only be made up of elements which represent a past experience of seeing it in the environment. All we could learn of the brick when we first did see it—we speak of what occurred physically at the periphery—was from the impression it made on some part of the surface of our bodies (the retina) and from our reacting movements (ocular) upon it. The nervous arrangement concerned in this actual experience and partly developed by it, or, let us say modified (*a*) by it, remains as the physical substratum of all we can ever after know of the brick in its absence. It represents an adjustment betwixt the organism and the environment. After seeing the brick the modification (or, we might say, education) in a certain nervous arrangement is an actual part of our body. But the excitation or discharge of this modified nervous arrangement having ceased with the removal of the brick, the idea becomes latent; the adjustment is potential. For when at any time afterwards the mere central parts of that arrangement are re-excited even but *slightly*, an idea or vision of the brick is roused, although in a faint form; and as there is a more limited (only a central) excitation, the idea is less vividly referred to the environment. (*b*)

What we have been saying is equivalent to repeating that the substrata of consciousness represent impressions and movements. For the highest nervous arrangements are the substrata of consciousness. We have been speaking of a particular state of consciousness arising during either a strong or a slight excitation (corresponding to "vivid" and "faint" ideation) of a limited part of the substrata of consciousness—that part which represented certain retinal impressions and adapted ocular movements. It is understood of course that it is the particular arrangement and the definite association of these nerve fibres and cells answering to impressions and movements which constitute the substrata. We have to discover the nature of these arrangements. For a mere number of recipio-motor, libero-motor, and dirigo-motor elements only form the "empirical" formulæ, not the "rational" formulæ of the substrata of mental states.

Let us state the principle involved in our definition more generally as a sort of recapitulation.

Everybody believes that our ideas are acquired by experience, or rather, that experience is an essential factor. This is admitted by those who hold that we have innate forms of thought, whether they admit the Spencerian doctrine that our forms of thought are inherited experiences of things or believe that they are innate in the old sense of the word. In other words, ideas are acquired during the correspondences betwixt the organism and its environment—the innate forms are then developed and filled up. The sensori-motor arrangements we have been speaking of constitute the inherited mechanism by which these correspondences can be effected; the mechanism itself being perfected during the process. It is only stating this principle most simply (with regard to the highest mental processes at least) to say that ideas are acquired during contact of objects with particular parts of the surface of

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afferent to centres for movements which are leading in locomotion. The nerve we call auditory might with propriety be called affero-cardiac and affero-locomotor. Associated with these movements the auditory nerve serves in the estimation of Intervals (Time) as the eye does in Extension (Space). I suppose also that systemic sensations have their motor congeners in movements of the skin, intestines, arteries, &c.—that there are systemic sensori-motor processes.

(*a*) I say "as commonly supposed," but it seems to me more and more evident that we must accept Lewes's doctrine—that a "Sensibility" attends energising of all centres. The reader will note, however, that there is nothing in the text to imply that when the nervous centres have reached an exceeding complexity of structure any kind of physical states *becomes* any kind of mental states, but simply that as centres become exceedingly complex a mental state *attends activity of them*—is parallel with their activity. This is the most commonly received doctrine. Mr. Lewes, on the contrary, thinks "that the neural process and the feeling are one and the same process under different aspects."

(*b*) But such facts as that the cord has certain sized and certain shaped columns of white matter and certain shaped areas of grey matter are facts of morphology. So, too, are facts as to the course of fibres and arrangements of cells disclosed by microscopical examination. The latter is not Minute Anatomy, but Minute Morphology; and however minute it becomes it does not turn into physiology. It is only when the shapes of cells and course of fibres, &c., are shown to be subservient to the reception or conduction of particular impressions and to the development of related movements that morphology ceases or rises into anatomy.

(*c*) There is reflex action here, too, but it is imperfect reflex action; reflex action "breaks down" in the very highest centres.

(*d*) It is understood, of course, that no idea can occur singly; it can exist only as one of a class. "To say what a thing is is to say what it is like"—(Spencer). Moreover, a visual idea, as do other ideas, requires translation into a tactual idea before its meaning can be fully known (Spencer). I have suggested that there is evidence of the mechanism for the physical side of the process of translation in certain cases of hemiplegia of extensive range. But for purposes of limited illustration we consider the idea and its physical substratum as occurring singly. Indeed, what we speak of in the text as a "correspondence" is betwixt the organism *as a whole* and some part of the environment.

(*a*) What the exact nature of the structural modification may be we do not know. Huxley ("On the Hypothesis that Animals are Automata," *Fortnightly Review*, Nov., 1874, p. 563) says:—"I do not know that any modern theory of the physical conditions of memory differs essentially from these [Haller and Hartley], which are all children—*mutatis mutandis*—of the Cartesian doctrine. Physiology is at present incompetent to say anything positively about the matter or to go further than the expression of the high probability that every molecular change which gives rise to a state of consciousness leaves a more or less persistent structural modification, through which the same molecular change may be regenerated by other agencies than the cause which first produced it."

(*b*) Or, using popular expressions, we "think of the brick," "are conscious of it," "see the object ideally," &c. That excitation limited to central nervous arrangements will suffice in ideation is proved by such facts as that when the eyeballs are atrophied the patient still dreams of objects he formerly saw. Occasionally the irritation of the stumps of the optic nerves provoke, even during waking hours, not merely "sparks and colours," but definite spectral visions of persons and things. Indeed, the annoyance from this is one reason assigned by Graefe for the operation of section of the optic nerves of atrophied eyeballs.

our bodies, and during the reaction of parts of our bodies on the objects. (*a*)

So far we have illustrated by sensori-motor processes representing surface impressions and corresponding motor reactions of the surface. But we have many times insisted that the units of the substrata of consciousness represent the whole body: they represent the tissues (including the skin *as a tissue*), the viscera, the intestines, heart, arteries, &c.—that is to say, they receive afferent nerves concerned in systemic (Lewes) or organic (*b*) (Bain) sensations, and they send out also fibres for the corresponding organic or systemic movements. That these are represented in the very highest nervous arrangements disease shows. And we should infer such representation *à priori* from the constant accompaniment of intellectual by emotional states. For evidently these systemic sensations and movements are concerned during emotional states. The nerves *from* the skin, viscera, &c., and nerves *to* the heart, arteries, intestines, &c., are only, of course, the raw material of the substrata of emotional states; it is their particular arrangements which constitute the substrata of emotional states. They, too, are sensori-motor, and no doubt in the highest centres sensori-motor arrangements of exceeding great complexity. (*c*)

The systemic sensori-motor arrangements cannot be said in any ordinary use of the expression "to represent adjustments betwixt the organism and its environment." They represent adjustments of parts of the organism to one another. The best examples of these adjustments are those furnished by the innervation of the circulation; these adjustments are very intricate. But since on Spencer's doctrine of nervous evolution all our nervous arrangements are the sum of the residua of ancestral correspondences betwixt the series of organisms and their environments the systemic sensori-motor arrangements would in a sense come under the definition. We shall, however, say that they represent parts of the organism in adjustment to one another.

In saying that the substrata of consciousness represent or re-represent the whole organism, it is not meant that there is a dead uniformity of representation of all parts of the body in these highest nervous centres. Whilst they represent impressions and movements of all orders the most special of the impressions and movements (those of the eyes, head, and hand) will have the leading representation. There will be innumerable degrees of subordination down to representation of the most automatic of all movements and the most organic of all sensations (those of the tissues, muscles, viscera, &c.).

In speaking so far of the substrata of consciousness we have ignored the fact that they are in several parts of the cerebrum. We spoke of the substrata of consciousness as being the highest nervous arrangements. Yet to avoid misinterpretation we pointed out explicitly some time back that we do not really suppose there to be one fixed seat of consciousness. Now, if the expression may be permitted, we shall speak of several highest nervous arrangements.

Consciousness is not an unvarying independent entity. Consciousness arises during activity of *some* of those of our highest nervous arrangements by which the correspondence of the organism with its environment is being effected. Our present consciousness is our now mental state; it is such or such according to the kind of correspondence now being effected. As this correspondence is continually changing, the nervous arrangements concerned are continually different. Our present consciousness is, psychologically speaking, the present relation betwixt the subject and the object, or, anatomico-physiologically speaking, it arises during the present adjustment of the organism to its environment. It is an anatomical problem to discover where in the nervous system those nervous arrangements lie which are in leading activity, whilst we are conscious thus or thus. The steps are—(1) What is the adjustment, and what parts of the surface or periphery are concerned in it? In visual ideation the adjustment is retino-ocular, the retina and ocular muscles being the parts of the periphery concerned in it. The further question is—(2) Where are the highest nervous centres representing those parts of the body? I do not ask the reader to take the answers I am about to give as facts, but as *admittedly imperfect* hypotheses. When we think of the brick as coloured, the *leading* activity is of nervous arrangements in the right posterior lobe. This is intended to mean that it is of a part where retinal impressions are most represented in complex combinations and definite associations. When we think chiefly of extension (the shape and size) of the brick, the *leading* activity will be in the left anterior lobe—that is, in a part where certain ocular movements have the leading representation. What is quite certain is that, as from moment to moment we are differently conscious—that is, are conscious of different kinds of things, the nervous substrata in activity cannot be the very same at each moment. There is as certainly a localisation in some part of the nervous system of arrangements concerned in each particular state of consciousness as there is a localisation of movements of the hand, or of the face, or of the foot. I do not mean, of course, that we have yet been able to localise in the former as we have in the latter, nor that the localisation is equally definite in the two. When we think of one object, as a rose, the substrata excited will not be just the same as those excited when we think of another object, as a brick.

The excitations above spoken of are healthy nervous discharges. Metaphorically speaking, they cause development of the rational formulæ of the nervous system, and correspondingly of clear and definite mental states; and as the excitations occur at certain intervals they are in orderly sequence. But from the excessive and sudden discharge of these substrata in an epileptic fit there only occurs the crudest mental states (clouds of colour), and not movements of the eyes (nascent or actual), but spasm of the ocular muscles; there is a *sudden excessive* development of innumerable nervous arrangements all at once. The spasm and crude sensations (or rather the implied excessive excitations of sensory nervous centres), as it were present us with crude heaps of the raw material of these substrata, not even in the rough order of their empirical formulæ.

(*To be continued.*)

(*a*) Of course the word "contact" is used here in an unusually extended sense, not for tactual impressions only, but for aural and retinal.

(*b*) The systemic sensations are numerous. Those from the tissues might be called "common systemic sensations;" those from the viscera, "special systemic sensations"; whilst hunger and thirst deserve the name of "compound systemic sensations."

(*c*) "[Emotions] are of far more involved natures than sensations, and imply the co-operation of extremely intricate nervous structures."—Spencer, "Psychol.," vol. i., p. 122.

A NEW METHOD OF PREVENTING THE SECRETION OF MILK IN THE FEMALE BREAST.

By John Wm. Lane, M.D., L.R.C.S., &c.

I have for more than ten years employed the following method to prevent the secretion of milk in the breasts of women who may have had still-born children, or who, after having nursed their child for a few months, found it necessary to wean it. It is perfectly clean and painless as far as my experience goes, and as such I beg to recommend it to the notice of my medical brethren.

We will take for instance the case where the infant has been born at the full period, but is dead, or dies within a few hours of its birth. The milk makes its appearance in the breasts generally about the second day, sometimes longer, and sometimes it is ready when the child is born, and in the case of still-born children my experience leads me to think that in such cases it makes its appearance earlier than when the child is born alive. My plan consists in taking a piece of emplastrum adhæsivum of about ten inches square, round the corners, cut a hole in the centre for the nipple, then from the centre of each corner make

a straight cut towards and within two inches of the centre hole ; having now got it ready, let the patient lie on her back, her body being perfectly horizontal ; warm the plaster and place it over the breast, then strap one of the lower corners down first, draw the opposite one tightly upwards and fix it in its place, then the other lower corner, and lastly the opposite upper one, having drawn it sufficiently tight first ; now take a piece of plaster two inches wide and about sixteen or eighteen inches long and put it on from below and outside the breast, across close by inside of nipple, and fasten the end over the clavicle ; another piece may also be put on in an opposite direction, it being drawn over the shoulder. Of course, in cutting the plaster and strips the size of the breasts must be taken into consideration, there being so much difference in the size of female breasts.

The above plan I always follow when one of my patients wish to dry the milk, as they usually call it, or where they are compelled to do so either from the death of the child or any other cause. I also am certain strapping will prevent mammary abscess if resorted to in the earlier stage ; I at least have found it do so in many cases.

A CASE OF CIRRHOSIS OF THE LIVER. (a)

By S. M. MacSwiney, M.D , M.R.I.A.,
Physician to Jervis Street Hospital.

M. L——, æt. 40, entered Jervis Street Hospital August 7th, 1875.

History.—She was a married woman and had two children. Her habits had been for some years decidedly intemperate : she had frequently drank two, and even three, glasses of whisky in the day. Her health had been fairly good until about six months ago, when she began to feel weak each day. Her appetite failed her, and she experienced occasionally pain in her right side, as well as in the region of her stomach. Nevertheless, she continued to follow her customary avocations, and had worked as usual as a charwoman during the day of August 7th, although feeling very unwell. On coming home that night she took a dose of Epsom salts—a popular remedy for almost all ailments. In about an hour afterwards vomiting came on, and she brought up a large quantity of blood. She vomited repeatedly within the next couple of hours, bringing up blood each time ; finally, she was taken at midnight to hospital in a state of great exhaustion, and seemingly dying.

State on admission.—She was pale and cold, and in a condition of almost extreme collapse from loss of blood when received into hospital. Suitable restoratives were applied by Mr. Hughes, the medical "resident," and she rallied after some hours. Medical examination, made next day, elicited the following facts : Her face wore a slightly jaundiced, somewhat dusky, and very anæmic expression. There was tenderness upon pressure over the stomach. The normal extent of hepatic dulness was diminished, that of the spleen, on the other hand, was increased. She had no ascites, no anasarca, no œdema. The urine she passed was small in quality, high in colour and specific gravity, and did not contain either albumen or blood discs. She died on October the 4th.

During the eight weeks that she was under treatment in hospital her symptoms presented the following points of interest : She had great and almost constant irritability of stomach ; her thirst for cold drinks was extreme, and she vomited a considerable part of whatever she made use of. Her appetite for food was quite gone. She suffered from severe pain, referred to her right side, and she could not sleep by reason of this pain, except by the aid of morphia hypodermically administered. She daily became worse, and manifested new symptoms of serious import. Her feet commenced to swell and "pit" upon pressure. It is noteworthy that the first symptom of dropsy which presented itself in this case was shown in the œdema of the lower extremities. To this succeeded, after some time, a rapid enlargement of the abdomen, and soon a very considerable ascites was established. The distress caused by the great accumulation of fluid was so extreme that paracentesis abdominis had to be had recourse to twice at an interval of a fortnight, and with the effect of giving very great relief to all the troublesome symptoms. After the second "tapping" the wound made by the trocar did not heal, but a fistulous opening remained, and through it, from time to time, the fluid in the peritoneum drained out. Owing to this circumstance no further accumulation of fluid took place ; she was, in fact, in a certain sense, cured of the dropsy. She rallied wonderfully in every respect, after this second "tapping," all her more distressing symptoms disappeared, the vomiting ceased, she ate and slept well; she even put up some flesh, and regained a slight colour in her face, which had up to this time been sallow, dusky, and noticeably, but not deeply, jaundiced.

On the 4th of October, however, she suddenly started up in bed, vomited a large amount of blood, and was instantly dead.

I now exhibit to members of the Society the following organs removed at the necropsy—viz. :

1. The liver is much contracted, hard, extensively nodulated, brownish-yellow in colour ; on section it presents a granular appearance, yellowish in some parts, dark brown in others, whilst fine white lines run irregularly over the surface of the section. A microscopic examination showed the presence of much fibrous tissue, and numerous cells in every stage of atrophy or degeneration.

2. The spleen is very considerably enlarged ; when removed it seemed laden with much dark blood. In no other respect does it present any appearance calling for special notice.

3. The kidneys are indissolubly united, constituting what appears to be but one organ, which is of crescentic shape. There are, however, these two ureters, which are normal in every particular. This specimen, then, is a good example of the blending of the two renal organs into one glandular body.

4. The stomach contained much blood, mixed with some mucus at the time of removal, but it presents nothing abnormal so far as I can judge in its structure. Careful examination has failed to detect any evidence of rupture of blood-vessels ; there were no extravasation patches recognisable at the time of its removal from the body ; but the mucous membrane was deeply and generally stained from imbibition of blood.

The disease from the effects of which this patient died is one which frequently comes under the notice of the physician, and but too often overtaxes his skill to remove ; as there is far from being complete agreement amongst medical men upon many points in the etiology, symptoms, and treatment of cirrhosis of the liver, I beg leave to briefly recapitulate with a view to the promotion of discussion, some of its characteristics in these respects, which are already well known to members of this learned Society.

Dr. MacSwiney then passed in review the most important questions connected with the disease, and discussed at considerable length its etiology and pathology. Finally, he observed, "There are, I venture to say, few diseases to be met with which present such a number of unsolved or disputed questions on points of importance as cirrhosis of the liver. Thus, at present, the following inquiries relating to various features of the disease still remain to be answered :—

1. Which is it, an inflammatory exudation or a degenerative process which precedes the atrophy of the liver in cirrhosis ?

2. Is cirrhosis ever due to any other cause but drinking undiluted spirit ? And if it be sometimes due to other causes, which is the generally received doctrine, then,

3. What are the other causes of true adhesive hepatitis ?

4. Is the disease caused by spirit-drinking different to

(a) Abstract of a paper read before the Medical Society of Dublin, January 12th.

the other forms, not only in cause, but also in its anatomical characters?

5. Are the different so-called varieties of cirrhosis which are often undistinguishable by their symptoms during life anatomically distinct?

6. On what does the swelling of the spleen in the disease depend?

7. Can the disease be cured in the early stage?

8. What is the nature of those cases where the symptoms are absent during life, and the disease is for the first time recognised at an autopsy?

It is to be hoped that ardent investigators in the department of medicine will ere long clear up whatever is difficult or obscure in the etiology and pathology of cirrhosis of the liver; meantime, I shall now only further observe that the following constitute, in my opinion, the chief points of interest in the case which I have had the honour to bring before the Society to-night—viz.:

a. The suddenness of the invasion of the symptoms.

b. The severe gastro-enteritis from which the patient suffered the greater part of the time.

c. The fact that the œdema of the lower extremities distinctly preceded the occurrence of the ascites.

d. The treatment by "tapping," which was followed by

e. The fistulous opening in the abdomen.

f. The sudden death after profuse hæmatemesis.

ON THE CAUSES OF EPIDEMICS.

By T. Baker, LL.B.

(*Continued from p.* 90.)

True, such contagion-fears have influenced the populace, and led to neglect of the sick through quarantine laws, and various other ways; but is such a humane or manly feeling? Should not medical men seek for every means of averting the evils it engenders? Does not the kingdom blush when a poor woman suffering from cold and privation, and pronounced to be "feverish," is turned out of her lodging forthwith for fear of contagion, and being refused admission at two other places, dies on the stones? Yet this happened in London last year! reminding us of the Spanish sailor with yellow fever dragged for three hours at night by a rope round his neck to an uninhabited lazaretto, and there left without water or attendance to die!

How many have been sacrificed to this fear? And what have we arrived at now? When, in the present day, it is proposed to erect a fever hospital, the populace or the property holders rise almost in arms against it. The sick are not to be treated, forsooth, lest "contagium" should fly out of the windows!

Perhaps we cannot wonder, when so many stories have been published to prove that disease of various kinds has been imported by ships. Yet, if we would look into the matter, could any port exist without the perpetual arrival of ships? Could, according to this hypothesis, any local miasm ever engender disease? The unacclimated always suffer first from want of seasoning. Are not the crews of ships precisely in that condition? Plenty of local predisposing causes exist within the ship, probably, to make the crew more liable to be affected by the superadded poison as soon as the shore breeze shall waft it towards their vessel. Will these not be naturally first struck by disease in an about-to-be-epidemic-stricken port?

But why the port before the inland town?

Do we not know that the mud banks of rivers—the marsh land,—and, above all, the mixture of tidal salt water with the foul fresh, are among the worst sources of febrile miasma? Hence importation by ships will always be a readily improvised cause of disease; yet may it not be in almost every instance a complete fallacy?

The newest importation story is the introduction, "it is believed" (this is quite sufficient evidence), by H.M. ship *Dido*, of measles into the Fiji Islands. The islanders may possibly have been most cleanly in their habits; it may be readily "believed" that the ship did the mischief, like all the other ships before alluded to. And it seems evident that the rushing into water holes by the sick, the neglect of the dead so that the pigs mangle the bodies, and the noisome effluvium therefrom, have as yet taken very little of the blame for the unwonted mortality from the unlucky *Dido*. But may not this state of things suggest the probability that missionary reports of whole tribes having formerly been swept away by small-pox rested on possibly questionable grounds, at least as regards the virulence of that eruption had it been left to nature or sensibly treated?

So also the low-lying and dirty parts of a city or heavily-manured rural district may, in a moist open calm season, emit foul vapours, which, not concentrated enough to strike the acclimatised inhabitants of that district, might nevertheless be just wafted by a gentle breeze against some neighbouring hill side, the dwellers on which, themselves provided with sanitary appliances, and therefore unused to the poison (but plenty of other evils co-operating doubtless), shall suffer an epidemic, and wonder whence it came, groping after some fanciful contagion story; and if the first person attacked can only be said to have been within any known distance of another patient having a similar illness, or even to have received a letter from such an one, the world is satisfied, and the real cause is overlooked. It is suspected that this was the case at Norwich a year or two since.

With reference to the general effect of any particular epidemic influence, may it not be commonly felt, without in numberless instances producing the specific epidemic attack? At Baltimore, in 1850, all the inhabitants felt uncomfortable and "out of sorts," yet no cholera occurred, because the town had been thoroughly cleansed as a forewarned precaution, except in one spot, which had been overlooked—a filthy marsh close to the workhouse. Here cholera broke out, on that side the house only. The cause was found and removed, and the cholera stopped.

Thus also, in 1849, the writer of this paper, then attached to the General Board of Health, working with and among cholera visiting people, sitting up sometimes three nights a week over cholera statistics, &c., distinctly felt the epidemic influence throughout the season, in uncomfortable sensations, but had no fear of contagion and suffered no attack. When, in 1853, he visited every house in Croydon where a death from the famous fever of that year had occurred, the epidemic had passed off. He saw one case only, a poor girl moaning in a room with a window that would not open, and vainly remonstrated with the mother; but the marsh miasm which appeared to have producad that outbreak had then been dispersed by genial sunshine. At the request of a philanthropic peer he visited Tyndall's Buildings, Gray's Inn Lane (now swept away), to take a night census of the population there crowded together. A great variety of surroundings existed even there. A general average of disease-generating dirt (as well as of character requiring the guard of a detective).

Why, however, is it that epidemics prevail at one time, and not at another? And why in varying form? Has sufficient attention been directed to differences of season; dry cold winds producing lung and throat disease tendency; hot and moist or mild and wet seasons inducing exanthemata in forms varying in accordance with accompanying circumstances? May not these circumstances of season be far more closely investigated? Has, for instance, small-pox any favouring conditions brought about by excessive moisture? 1871 was wet in the south and about London; in 1872 the rainfall was above the average in the north: was it so in Scotland and Ireland? and was it so concurrently with the small-pox epidemic in those countries? There was no small-pox in 1871 at Tewkesbury, yet the average of 10 years previous shows that disease to be generally far more prevalent in that district than in the surrounding districts. Does this

arise from the flooding produced by the confluence of the rivers there?

If so, was 1870-1 drier than usual?

If it should turn out that difference of season developes from local causes different tendencies, so that the disease, ever ready in unhealthy (improperly stimulated, under- or over-nourished) bodies to take shape from the added conditions of the season, greatly influenced it may be also by the prevalence or absence of wind and storm, then we should have surely almost enough to explain any epidemic. Still it is commonly believed that there is yet something else requisite beyond the physiological state of the persons attacked, and beyond the development of local causes, modified by season, to account for most epidemics.

It may then be well to ask whether such superadded cause might not be engendered at sea, during calms, under a tropical sun, or by volcanic action, destroying marine life? Foul vapours conveyed by subsequent breezes, divided by ocean currents and gulf streams, aided by mountain draughts, and blown hither and thither chiefly along the course of rivers to aid in developing the almost-ever-sufficiently-present-previously-existing causes towards an epidemic outbreak? When ocean calms are long continued, the water appears to lose its vitality, and to become a mass of decomposing material. Strange-looking jelly-like masses and animal monsters are formed without limit. Sir Richard Hawkins, in his account of calms, in 1593, as the cause of sickness, writes:—"Were it not for the moving of the sea by the force of winds, tides, and currents, it would corrupt all the world. The experience I saw in 1590, lying with a fleet of H.M. ships about the islands of the Azores almost six months, the greatest part of the time we were becalmed; with which all the sea become so replenished with several sorts of jellies, assuming the form of serpents, adders, and snakes, as seemed wonderful: some green, some black, some yellow, some white, some of divers colours, and many of them had life, and some there were a yard and a half, and two yards long; which had I not seen, I could hardly have believed: hardly a man could draw a bucket of water clear of some corruption."

Or, as Coleridge has it—

"The very deep did rot."

Should intelligent investigation lead to the discovery that we may look in this direction for one of the originating causes of special epidemics, it may be for science, if possible, to invent some method of protection for a country like India, for instance, from such noxious air-blasts as may probably be prognosticated by meteorologists, and forewarned by telegraph, in the same way that the hoisting of the drum now warns the mariner to seek safety within harbour from impending storm.

If ever such a time arrive, well shall we be able to afford to place all fears of mere contagion from person to person among the exploded superstitions of a bygone age!

Clinical Records.

CASE OF NECROSIS OF THE UPPER JAW.

By C. P. Coombs, M.D. Lond.

The following short notes relate to an unusual form of disease. The patient was employed at an artificial manure-yard, in which there is a tank for the maceration of the carcases of animals who have died of disease or accident. When thoroughly decomposed, the semi-fluid contents of the tank and the crushed bones are mixed with sulphuric acid, and then submitted to further processes. As mixing the animal matter with the acid formed part of the patient's work, it is fair to conclude that he was often exposed to the fumes of phosphoric acid, though the other men employed in the yard speak of the odour as being more like that of decaying matter than like that of lucifer matches.

J. T——, æt. 45, a short man, with a pale unhealthy face, complained for some weeks of occasional face-ache, and on November 13, 1875, came to my house to show a swelling in the roof of the mouth. An oval tumour, about an inch from before backwards, and three-quarters from side to side, occupied the left half of the hard palate. It was tense, and of purplish colour. Two days later the swelling had gone away, a grey slough had taken its place, and the cheek and eyelids were red and swollen.

By November 17 three of the molar teeth had fallen out, the slough had gradually extended its area, and the alveolar process of the jaw (where the teeth had come out) was exposed.

From this time the eyelids swelled more and more, and the cheek became purple at a spot about an inch below the left eye, where the skin gave way, and much venous blood escaped.

The patient's condition was at this time (second week) very bad; the fœter of his breath and the discharges filled the house, in spite of carbolic acid and chlorine. The sloughed state of the palate interfered with his taking much nourishment, and his appearance was very bad, the chemosed conjunctiva protruding between swollen lids, dark blood oozing from the opening in the cheek. During the third week he became very drowsy, was always asleep, or only semi-conscious when I visited him. The slough in the palate became loose, and pieces came away, the slough apparently including the periosteum and part of the horizontal (palatine) plate of the superior maxilla. With occasional hæmorrhage, and less power of taking food, the unconsciousness became more complete until the patient's death, on December 7th.

Remarks.—I have never met with accounts of necrosis of the jaw from combined phosphorus being inhaled, nor is it usual to speak of injury to the upper jaw from the fumes. The patient was not at all intelligent, nor did he take any great interest in his illness or its causes. At first it appeared as though something akin to malignant pustule had been produced by some insect conveying poisonous matter to the patient's mouth or nose from one of the diseased cattle brought to the manure-yard.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, January 28th, 1876.

Christopher Heath, F.R.C.S., Vice-President, in the Chair; and subsequently E. Headlam Greenhow, Treasurer of the Society.

NEW OPERATION FOR CATARACT.

Dr. Charles Bell, Taylor of Nottingham, introduced patients who had undergone double extraction for cataract, by a method which he had adopted in favourable cases since 1865. The lens, he said, was removed through a small flap, the base of which occupied a position about midway between the horizontal diameter of the cornea and the corneo-sclerotic junction. The wound healed readily. There was no subsequent astigmatism; and, as there was no trace of the operation a few weeks after its performance, the lower section, on account of its greater convenience, was selected. The patients introduced, who were stated to be average examples of successful cases treated in this way, had central and movable pupils; and all trace of the operation was so completely effaced that it was impossible to say whether the flap had been made upwards or downwards, or that the patient had undergone any operation. Dr. Taylor stated that the highest amount of usual acuity obtainable after extraction was secured in this way, some of the patients declaring that they saw as well as ever in their lives before.

Mr. Macnamara referred to the advisability of not remov-

ing any portion of the iris, and considered such an operation unnecessary if the pupil dilated under the influence of atropine. He believed that to obtain perfect vision the capsule ought to be removed with the lens.

Mr. SPENCER WATSON agreed with Mr. Macnamara as to iridectomy, but as to removing the capsule of the lens, he thought it fraught with great danger, in consequence of the escape of the vitreous, which must almost of necessity take place.

Mr. BRUDENELL CARTER spoke in favour of iridectomy, and considered that the best results could be obtained with that operation.

NEW OPERATION FOR SYMBLEPHARON.

Dr. C. BELL TAYLOR also introduced a patient who had been under his care, in whom was exemplified a new method of treating cases of symblepharon. After the separation of the adherent lid from the eyeball, a thin piece of skin was dissected from the lid, passed through an incision in the tarsal cartilage, and its raw surface brought into contact with the denuded portion either of the lid or the eyeball itself. In this way the two raw surfaces of the lid and eyeball were prevented from coming in contact until the wound had healed, and the eyeball itself was set free. The transplanted skin was nourished through its base in the first instance, which was denuded as soon as it had taken root in its new situation. It then gradually dwindled, taking the place and assuming the functions of the lost mucous membrane.

CASE OF GUNSHOT WOUND OF THE ARM, DIVIDING THE BRACHIAL ARTERY AND MEDIAN NERVE.

Mr. CHRISTOPHER HEATH exhibited the patient, æt. 19, whose history was as follows. He was dragging a gun through a hedge, when the charge passed through his right upper arm from the inner side to the back, without breaking the bone, making two large apertures with inverted and everted edges. When he was brought to the hospital, four hours after the accident, there was no hæmorrhage, and no pulsation below the seat of injury. The hand was cold and numbed, but he could at this time flex the wrist and partially the finger; he could also extend the wrist, thumb, and forefinger, but not the others. The wound was syringed out with carbolic lotion, and dressed with an oakum pad, and the patient made a good recovery. At the present time, all the parts supplied by the median nerve were paralysed, but he had regained sensation by the parts supplied by the ulnar. Flexion of the hands and fingers was now, however, entirely wanting. Extension remained as at first, *i.e.*, he could extend the wrist, thumb, and forefinger, but not the other fingers. The flexors did not respond to faradism, but contracted to a slowly interrupted galvanic current.

Dr. ALTHAUS referred to a case in which the median nerve had been injured, in which recovery of sensation had taken place except in the thumb and index finger; and Dr. Greenhow advised faradisation in such cases.

EMBOLISM OF RIGHT POSTERIOR CEREBRAL ARTERY, WITH YELLOW SOFTENING OF THE OCCIPITAL LOBE, PRODUCING TEMPORARY BLINDNESS; LEFT HEMIPLEGIA, UNCONTROLLABLE MOVEMENT OF THE RIGHT LIMBS, AND ROLLING TENDENCY; DOUBLE OPTIC NEURITIS; DEATH FROM ULCERATIVE ENDOCARDITIS.

Dr. BROADBENT read particulars of this case. The patient, a young man æt. 19, had suffered three years previously from acute rheumatism. Ten days before his admission he suddenly became blind, and had great pain in the head. Five days later, vision having returned, he lost the use of his left limbs, while the right arm and leg were continually in motion; and, unless restrained, he rolled over and over towards the left, falling out of bed and bruising himself severely. The left hemiplegia and uncontrollable movements of the right limbs continued when he was admitted; the hemiplegia not being absolute, but accompanied by slight rigidity and very considerable impairment of sensation. The patient took no notice of persons or objects, but answered questions, and put out the tongue on being urged. His pulse was variable, 120 to 160 or more. Temperature in the right axilla, 99·2°; in the left, 100·6°. A loud mitral systolic murmur was present. The bowels were confined, and, when opened, the fæces and urine were passed in bed. A dose of three grains of calomel was given, and two grains of carbonate of ammonia with two drachms of infusion of digitaliis every two hours. Chloral also was given at night. He was ordered a diet of milk and beef-tea, with four ounces of brandy. There was gradual improvement; and, three days after his admission, an ophthalmoscopic observation, previously attempted in vain, was obtained, and the discs were found to present the appearances of marked ischæmia. Pulse now 108, soft, short, and strikingly dicrotous. A day later, the pulse was 88 and more full. The temperature was still nearly a degree higher in the left (100) than in the right (99.2) axilla. Slight paralysis of the left external rectus of the eye was observed. At the end of a fortnight's stay in hospital, the right limbs were quiet, and there was considerable return of power and sensation in the left side. His speech was rather slow, but there was no obvious impairment of the intellect. Notwithstanding this, however, he not only passed his fæces in bed, but threw them about and bedaubed himself and the bedclothes without any regard to decency. The optic ischæmia was marked, but vision was good. The temperature of the right axilla was 99·3; of the left, 100. At the end of three weeks he passed his excretions naturally. After five weeks he was up and about, eating well, but pale, and still complaining a little of headache. Impairment of power and of sensation in the left limbs was still perceptible. The optic neuritis was subsiding. Distant vision was good, but small print was not easily read. A systolic mitral murmur was heard. The temperature was still never below 99°; usually 100°; it was now equal on the two sides. But for this elevation of temperature, the patient would have been allowed to leave the hospital. Soon afterwards, however, there were symptoms of splenic embolism, and later of ulcerative endocarditis; and he died from this, four months after admission. On post-mortem examination, with ulcerative endocartitis and numerous recent embolisms, there was found softening of the occipital lobe of the right hemisphere from the posterior cornu of the ventricle downwards, and the branch of the postcerebral artery entering the calcarine fissure was occluded and lost in adhesions. It was considered probable by Dr. Broadbent that originally the posterior cerebral artery itself had been blocked up, and not only this branch. The interesting points in this case, on which comments were made, were the temporary blindness, the agitation of the right limbs and rolling tendency, the unusual association of loss of sensation and of double optic ischæmia with embolism of a cerebral artery, and the remarkable indifference to decency persisting when the intellect was apparently good.

Dr. HUGHLINGS JACKSON spoke of the case as one of great importance. He had never seen a case of embolism of the posterior cerebral artery, nor had he seen optic neuritis associated with cerebral softening which had been caused by embolism. It was his opinion that depression of spirits, dread and remorse were connected with the posterior lobes of the brain, and asked whether such emotions had been present in the case.

Dr. BUZZARD narrated a case in which a gentleman continually rolled to the left, and after death a cyst was found in the posterior lobe of the right hemisphere.

Dr. BROADBENT replied that in his case there were no feelings of remorse, and that he himself had noticed the remarkable tendency in some cases to roll on one side when walking.

Literature.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. (a)

VOL. X.—DISEASES OF THE FEMALE SEXUAL ORGANS.

THE issue of Von Ziemssen's great Clycopædia, an ambitious undertaking, and the joint work of several authors, has begun. The work is being published in the English, German, Dutch, Italian, and Russian languages. German is the original language of the work, and many of the subscribers are aware that the volumes of the German edition are not being issued in regular succession—some of those treating upon subjects of greatest interest having the precedence, although numbered to conform to the plan of the entire work. This explanation will account for the publication now of the volume which forms the basis of

(a) "Cyclopædia of the Practice of Medicine." By Von Ziemssen. London: Sampson Low and Co. 1875.

the present notice, that by Professor Schroeder, of Erlangen, on Diseases of the Female Sexual Organs, which is the tenth of the Cyclopædia.

The publishers state that the original plan of publication will be adhered to—viz., "*this work will be obtainable only by subscription for the entire set of volumes.* No single volume or series of volumes will in any case be sold."

This, we cannot help thinking, speaking from the purchaser's point of view, is a mistake. It is, however, distinctly stated that the foregoing are the conditions on which the work can be obtained, and those who desire to have this doubtless very valuable set of volumes must, to use Mr. Ayrton's now famous phrase, "order themselves accordingly."

Professor Schroeder is well known, both here as well as in Germany, as an author of repute. His able work on Midwifery has been translated into English by Dr. C. H. Carter, and in this guise has become known to English readers, by whom it has been accepted as an able exposition of this department of medicine.

Great expectations have therefore been excited by the announcement that Dr. Schroeder is the author to whom the gynækological department of the present work has been entrusted. We have now to inquire how he has acquitted himself of the distinguished task allotted to him, and incidentally to notice the quality of the translation into English.

Respecting this latter point, we may at once say that the work has in the main been well done, the rendering being faithful, and on the whole, the English good, though here and there the English reader will detect modes of expression which betray rather a New than an Old World origin. The translation is, in fact, entirely done by our American cousins; and we take pleasure in expressing our belief that they are a very competent band of gentlemen, some of them being, to our personal knowledge, perfect masters alike of German and of English.

We propose to give a critical analysis of the work, as full as the limited space at our command will allow.

The first part is devoted to a consideration of Gynækological Examination and Diseases of the Uterus, and is charmingly translated by Dr. Paul Munde. A brief but clear account is given of the history of the subject, and of the instruments to be employed. As might be expected, Prof. Schroeder prefers the dorsal, or continental position, to the lateral, or English. We do not think he makes good the claim of this as the position *par excellence*, and he is certainly in error in saying that it is the only one in which conjoined manipulation is admissible.

The author goes on to say, however, that "the gynækologist should provide himself with a table or a chair especially devised for the purpose," an admission which will, we think, be sufficient to condemn it in the eyes of English physicians, who certainly manage to conduct their examinations with unquestionable efficiency, and we think with considerably more regard for the feelings of their patients than their German *confrères* are accustomed to display. Another damaging admission made by the author is that the chair he recommends "is not convenient for abdominal auscultation."

The author very properly insists on the great value of bimanual examination, or as he calls it, "conjoined examination."

Respecting the uterine sound, he sarcastically, though by no means unnecessarily, remarks that in using it, "it should never be forgotten that the fingers are holding an exploring instrument which is to seek an already existing canal, and not to bore a new one."

A caution, though by no means emphatic enough, we think, is very properly given regarding the use of sponge and other tents.

The section on Diseases of the Uterus opens with an excellent account of malformations of the genital apparatus. In this connection we may specially call attention to the lucid and accurate description of the condition generally spoken of as retention of the menses or hæmatometra. This, as Schroeder points out, is more frequently due to retention of the menses in the vagina, and not in the uterus, and should therefore be called hæmato-kolpos.

The remarks on Stenosis of the Uterus are good, with the exception of those on treatment. Here the author recommends incision, and surprises us by stating that "inflammation of the uterus and cellular tissue does not ensue if the operation has been performed with clean instruments." This we certainly regard as an error, and, while not ignoring the damaging influence of neglect of cleanliness, would call attention to the evil influence of vitiated constitutional conditions.

The remarks on Hypertrophy of the Uterus are generally much to be commended; but, like most Continental therapeutical teaching, they fail utterly as regards treatment. Our German friends, especially, appear to think they have done enough when they have investigated the etiology and pathology of a given case of disease, ignoring the fact that what patients come to them for, and what they most need, is relief, if not cure. We venture to say that American and English physicians would never rest satisfied with the small modicum of remedial treatment which appears to satisfy some German physicians.

The section on Hypertrophy of the Cervix is singularly well done, the true pathological condition being accurately indicated.

The account of Metritis, Acute and Chronic, is satisfactory, especially of the latter variety, which is sensibly handled. Here we are glad to be able to commend the remedial measures advised, of which local depletion by means of scarifications appears to be the chief.

Acute and Chronic Endometritis are next considered, and a very sensible caution is given against active attempts at cure in the acute stage in the following terms: "Usually there is no need of any special treatment. Indeed, we must emphatically advise against the use of different local applications in acute endometritis."

The true pathology of "mucous polypi" is succinctly stated in connection with the subject of cervical endometritis; and this is followed by a description of the closely allied condition, "Follicular Hypertrophy of the Lips of the Os Uteri."

The account of Erosions and Ulcers of the Vaginal Portion of the Uterus is but meagre. It is, however, fairly done so far as it goes, and we may heartily commend the author's remarks on the injury likely to be caused by the evil, and we fear but too prevailing, practice of applying nitrate of silver to the cervix uteri.

The section on "Displacements of the Uterus" is good, generally speaking, especially as regards etiology and pathology.

As regards treatment, we are told that the intra-uterine pessary is the best method of treating flexions, but the author is forced to admit that it is dangerous, and that "it is quite necessary to select proper cases for the treatment;" these are "pure flexions uncomplicated by inflammatory processes." Prof. Schroeder very properly enjoins the removal of the instrument at the catamenial periods.

The section on Descent and Prolapse of the Uterus is very ably done. We are not acquainted with a better or more reliable guide to the subject than is here given. Such troubles are of exceeding frequency in this country, and often sorely tax the patience and ingenuity of the medical attendant. Where a well-adapted pessary fails to afford the desired relief, some operative procedure may be resorted to, such as elytrorraphy, episiorraphy, or a combination of the two, elytro-episiorraphy.

A fair account is given of Inversion of the Uterus; and a little is said about that rare condition, Hernia of the Uterus.

Then follows a full and excellent account of Fibroids of the Uterus. The pathological account of these growths is of a high order, the true characters of the different forms being clearly pointed out. The rise, progress, and decline of these tumours, and the possible complications which may arise in the course of their existence, are all admirably portrayed.

The section on Malignant Growths is also well done, and here again acquaintance with pathological knowledge is largely displayed.

Professor Schroeder speaks very highly of the treatment of Cancer of the Uterus by means of bromine, for the introduction of which he rightly gives the English credit.

A fair account is given of the Physiology of Menstruation. The new views propounded by Kundrat and Engelmann are considered, and the author declares his leaning towards them. The account of amenorrhœa is very poor; and nothing better can be said of that of menorrhagia. Dysmenorrhœa again is but feebly dealt with, except as regards the membranous form, which is, by comparison, over fully considered. No new light is, however, thrown upon the subject.

In marked contrast to this is the full and generally speaking excellent account given of diseases of the Ovaries and Fallopian tubes. The author gives evidence of extended acquaintance with the subject, and has laid under contribution all the latest and best works on the various points discussed. He makes one unfortunate error, however, in respect of the clamp supposed to be used by Mr. Spencer Wells for securing the pedicle in ovariotomy, for he figures as Mr. Wells's "new clamp" one which he has long since discarded. This is singular, since Professor Schroeder shows considerable familiarity with Spencer Wells's operative procedures.

Peri-metritis and para-metritis are considered after the fashion that they usually are; and a most unsatisfactory fashion it is. There is the usual futile attempt to explain the phenomena supposed to pertain especially to each, but which cross each other constantly; the result being confusion and helpless ambiguity. These remarks apply with equal force to the subject of pelvic hæmatocele, where again the same confusion reigns. Still the author is only reproducing the ordinary ideas of the day.

Malformations and Diseases of the Vagina are much more satisfactorily dealt with, and we may justly speak in praise of the way in which the subject of Uro-genital Fistulæ is handled. In reference to the production of such fistulæ, the author very justly says that it is not the use of instruments, but the delay in resorting to them, which is so fertile a cause of the accident. "In fact," he says, "it may even be said that the majority of fistulæ are owing to the neglect or too late performance of an operation."

The section on Diseases of the Vulva opens with a full account of the malformations of the parts, in which the deviations from the normal course of development are clearly indicated. This is followed by a description of the inflammations, neoplasms, &c., which is instructive.

Rupture of the Perineum is then dealt with, Simon's operation of perineoplasty being recommended as affording good results.

Pruritus of the vulva is briefly, but on the whole, well considered. The author praises carbolic acid as a remedy. He confesses, however, that it is, with him, but a new found remedy, and states that he has only used it in six cases. It answered very well in these. The volume concludes with a meagre account of coccygodynia. The author is evidently not very familiar with this rare disease. In conclusion, we must accord a large meed of praise to the author, and though the work is of unequal merit, it may yet be confidently recommended as a valuable contribution to the gynækological department of medicine, and not unworthy Professor Schroeder's high reputation.

It will surprise total abstainers and others to learn that, according to Dr. Gutziet, ethyl alcohol is present in the unchanged sap of the fruit of certain umbellifers, the cow parsnip (*Heracleum giganteum*) and the common parsnip (*Pastinaca sativa*) being good examples. It is, however, suspected that the combinations detected may have been present as ethers and been decomposed by distillation.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 16, 1876.

NURSES AND NURSING.

There are few medical men who have not, in the course of their practice, felt the want of a good nurse—one who can see that their directions are fully carried out, who is able to cope with those little emergencies which are apt to occur during their absence, and one who is not liable, either through blundering or inattention, to thwart the objects which they have in view, or to undo all the good which they may have accomplished. The attention of the public has been recently called to the great scarcity of good nurses at a meeting recently held at the Home of the Metropolitan Nursing Association in Bloomsbury Square, as well as by an able article in one of the leading morning papers. The Duke of Westminster, who presided at the above meeting, and who has always taken a deep interest in the subject, stated that very little had as yet been done, although a quarter of a century has elapsed since the attention of philanthropists was directed to the fact that the suffering, and even the mortality, caused among the lower classes might be very much diminished by the employment of trained nurses. His Grace admitted that the number of nursing sisterhoods had been multiplied within the last few years, and we cannot but acknowledge the admirable working of such charities as that of the Maison Mère, in the Rue du Bach, Paris, of the community of St. Vincent de Paul, of the Dames de la Miséricorde, and of the Dames de Bons Secours. The good which these charities do is incalculable; their representatives are to be found not only in private houses, but in the hospital and in the camp. In the words of a well-known saying, although in a very different sense, they are "ready to go everywhere and do anything." At the same time, we must allow that Protestant communities have been very backward in following the good example that has been set by the Roman Catholics, and, as the Duke said, trained nurses are still a most important want among the poor, and one that has not been met in any appreciable

degree. We trust that by giving greater publicity to such nursing institutions as we have mentioned, among which the one in Bloomsbury Square is likely to take a high rank, there will be a greater demand, and it is to be hoped, a greater supply of these excellent charities. The nurses from some of these institutions are well educated and of good parentage; they fulfil their duties not only well in a professional point of view, but in a quiet and unostentatious manner; they are satisfied with the simplest fare, and they will go to cases from which an ordinary nurse will turn away. All this cannot be made too well known among members of the profession, whose duty it is to encourage this movement, who should endeavour to break down the barrier which religious prejudices unfortunately throw up against the employment of these good and estimable women, and who, moreover, should encourage the foundation of similar charities by Protestant philanthropists. Only recently we have been frequently meeting at the wretched lodging of a dispensary patient one of the Dames de Bons Secours: a better or more devoted nurse we never before met with, and we were glad, although surprised, to hear that her next engagement was at the house of a Protestant lady, to nurse a case which had been given up by the English nurse on account of the loathsome nature of the disease.

But, while on the subject of nurses, we cannot refrain from making a few remarks on the equally important subject of *nursing*, and from a standpoint that has been much overlooked by physicians of the present day. In the course of his remarks the Duke of Westminster said that "long ago he first learnt the important fact that fairly to cope with disease three things were necessary—the doctor, the remedy, and the nurse." His Grace omitted a fourth and important factor, and of which the Father of Medicine himself, were he alive, would have soon reminded him—we mean the *patient himself*. That there is only too much bad and under-nursing is apparent enough; but are we not apt to forget that, under some circumstances, and in some forms of disease, there is such a thing as over-nursing?

In those wonderful writings of Hippocrates—too much neglected now-a-days—and in that portion of them where he treats of epidemics, is to be found this remarkable passage:—"The art consists in three things—the disease, the patient, and the physician; the physician is the servant of Nature, and *the patient must combat the disease along with the physician.*" The sound truth and philosophy of this saying must be admitted by all, and are well entitled to our respectful admiration when we reflect it was the saying of one who lived more than 2000 years ago. There can be no doubt that at the present day we are too apt to ignore the good old practical maxim of the Coan physician. Amid the abundance and variety of our therapeutical agents, the comforts and indulgences of our hospitals, and our anxiety to secure experienced nursing, we are too apt to forget the advantages to be gained by securing, on the part of our patients, implicit confidence in the treatment and remedies employed, a strict compliance with the directions given, a liberal indulgence in those habits and in those emotions of the mind which contribute to recovery and health, a due control over those which are prejudicial to the maintenance of a cheerful and hopeful disposition, and a strong effort on their part to bear up against their sufferings, to divert their attention as much as possible from their ailments, and to resist those inclinations, those habits, and even that tone of thought, the only effect of which would be to retard their recovery. We all know how great is the influence of the mind over the body, but we venture to say that, in practice, this physiological fact is not turned to such good account as it might be. At all events, it is the duty of all those in immediate attendance upon the patient to encourage him to "combat the disease along with the physician;" and in proportion as nurses are able to exercise with discretion this moral and higher control over those committed to their care, the higher and more respectable will be their position in the sick-room, and the greater claim they will have upon the gratitude of the public.

THE QUALIFICATION FOR SURGEONCY TO IRISH COUNTY INFIRMARIES.

The office of Surgeon to the County Infirmaries of Ireland has been regulated for exactly a century since the year 1766 by four successive Acts of Parliatment, respecting the provisions of which a question has recently been raised which will result, probably, in a change in the law which fixes the qualification of candidates. By the 5th and 6th of Geo. III., cap. 20, it was declared "that no person shall be capable of being elected who shall not have served a regular apprenticeship of five years to a surgeon, and have likewise undergone an examination before the Surgeon-General, the Visiting Surgeon, the two Assistant Surgeons, and the Resident Surgeon of Dr. Steevens' Hospital, and the four senior Surgeons of Mercer's Hospital." The candidate was submitted to examination by an independent board, because no surgical licensing body then existed in Ireland, but after the establishment of the Irish College of Surgeons the examination of infirmary surgeons was transferred to them. In the year 1795, by the 36 Geo. III., cap. 9, it was enacted "that no person shall be capable of being elected surgeon to a county infirmary or hospital who shall not have previously obtained 'Letters Testimonial' of his qualification under the seal of the Royal College of Surgeons in Ireland; and that no other qualification or examination shall be necessary to make any person capable of being elected surgeon to such infirmary or hospital." This grant of a monopoly of licensing Irish infirmary surgeons was confined to the College by successive Acts—54 Geo. III., cap. 62, 1814, and 6 & 7 William IV., cap. 116, which made it necessary for the surgeon to lay on the table of the grand jury his "Letters Testimonial" from the College before he could receive his pay. Up to the present the Irish College of Surgeons has enjoyed the undisputed title to its privilege, but circumstances have recently occurred which are likely to result in the repeal of these enactments. Since they were passed other licensing bodies which have as full a legal, if not as good an actual right to grant surgical degrees have come into existence, and two years ago the subject was brought into prominence by a contest between two surgeons for the Tralee County Infirmary. One of them, Dr. Alton, had never held the "Letters Testimonial," but was nevertheless a Fellow, for in the year 1844, when the College obtained its last charter, he

had been co-opted to the Fellowship without examination under the authority of a "Year of Grace" clause in that charter. Dr. Lalor was, on the other hand, the possessor of the "Letters Testimonial" obtained as usual by examination, but he was not a Fellow, and did not require to be one to enable him to seek the surgeoncy. On a poll, Dr. Alton was elected, and Dr. Lalor disputed his right to hold the office on the ground that, though a co-opted Fellow, Dr. Alton had never been a Licentiate. The question for the decision of the Judge was whether the Fellowship did or did not confer all the privileges of the "Letters Testimonial." To settle this issue, the College charter was produced, and it was found that while the section referring to Fellows by examination contained a special clause conferring on them all the privileges of Licentiates, the "Year of Grace" clause, under which Fellows were co-opted without examination, contained no such provision. The clause runs as follows: "Our will and pleasure is that every person so admitted a Fellow of the said College, not being already a Member or Licentiate thereof, shall also by virtue of such his admittance as a Fellow become and be called and be considered admitted as a Member or Licentiate of the said College." In the absence of this proviso from the "Year of Grace" clause, and in consequence of the omission of examination in the case of co-opted Fellows, the Judge decided as follows: "I am of opinion that he (Dr. Alton) is not the duly qualified surgeon referred to through the whole of this legislation; and the language of the charter cannot dispense with the substantial requisites mentioned by former Acts, and which we think applicable to the candidate who applies for this particular situation."

This decision settled the incapacity of co-opted Fellows, but left undeclared the capacity of Fellows by examination who had not previously been Licentiates. In view of a probable vacancy in a county infirmary, application was made some weeks ago by such a Fellow to the Council of the College for a grant of their "Letters Testimonial" under the authority of the clause of the charter which we have quoted above, and the Council, after deliberation, decided to grant the request in this and all similar future cases. It was resolved that the diploma of "Letters Testimonial" should be granted to all who had been duly examined for the Fellowship, and that all such persons should receive both forms of diploma at the time of their passing the Fellowship examination. By this resolution the College has—as far as in it lay—secured to its Fellows all their rightful privileges, but it would seem that the enjoyment of an exclusive right to county infirmary surgeoncies is not long to continue a monopoly in the hands of the College of Surgeons.

The Council of the University of Dublin have passed a resolution that the Board of Trinity College be requested to take steps to remove the disabilities of the holders of degrees in medicine and surgery of the University of Dublin, by which they are excluded from public appointments in Ireland, and, in the case of bachelors in surgery, from the Medical Register.

Mr. Edward Gibson, M.P., one of the University representatives, has introduced a Bill for this purpose, and the Council of the College can hardly hope to contest the point with him. No doubt they will see that the "Letters Testimonial" of the College is no longer the only surgical diploma of repute in Ireland, and that they will have the prudence to yield gracefully a point which could not reasonably be maintained.

THE ADJOURNED DEBATE ON ALCOHOL AT THE MEDICAL SOCIETY.

On the 10th of January the debate on Alcohol was resumed in the Medical Society of London, the chair being occupied by the President, Dr. Routh. The meeting was well attended; but Dr. Benjamin Richardson, who was expected by some to recommence the debate, was absent.

This is the more to be regretted because that gentleman has recently taken up such a decided position against alcohol as a food, that it would have made the debate more complete had he been one of the speakers, and thus been able to explain his views and reply to the criticisms which would doubtless have been applied to them. As it is, however, the debate has been replete with interest to the medical world.

The first speaker was Dr. Milner Fothergill. He thought that alcohol improved digestion, acted as a food, and promoted assimilation. It was very proper in syncope, and, with hot water, was advantageous after exposure. It is a food, for any substance which is oxidised, whether completely or not, in the system furnishes heat or mechanical motion, and is therefore a food. Alcohol in small doses *is* completely oxidised in the body; in large doses it is not entirely so; but what is oxidised is a food.

Dr. Drury preferred the term alcoholic fluids to that of alcohol.

Dr. Lucas considered a stomach unhealthy which did not act without alcohol. If heat be lost by taking alcohol, strength also is lost. This substance should therefore be administered with much caution.

Dr. Crisp, as a teetotaller, thought alcohol a valuable agent in disease. Previous habits of a patient would influence his treatment, for persons accustomed to much alcohol could not get on well sometimes without some of their accustomed beverage. He doubted whether the order of the effects of alcohol on the system could be divided into cerebral, cerebellar, spinal, and medullary. As to the use of alcoholic drinks, they increased the rate of mortality 10 per cent.

Dr. Semple had a middle estimate of the value of alcohol. In typhus fever and delirium tremens it was unnecessary. On the contrary, it was useful in post-partum hæmorrhage in many instances. During the ordinary course of typhoid fever, alcoholic fluids were quite unnecessary; but when the heart's action became depressed, then they were necessary. In delirium tremens, too, provided care were taken to prevent the patient from doing any mischief, it was unnecessary to add alcohol.

Dr. Farquharson drew attention to the adulteration of beer and its maddening effects on soldiers. The carouser in the army did not suffer such ill-effects as the quiet, steady drinker.

Dr. Sibson always gave alcohol in fevers when

the pulse was dicrotic, and he quoted Dr. Anstie's opinion that the arterial tension was a most valuable guide in clinical administration of the remedy, as it showed when to give and when to withhold alcohol. He drew attention to the chronic diseases induced by alcohol, to cirrhosis of the liver, alcoholic degenerations, &c. In cases of kidney disease alcohol was useful to a certain extent in stimulating the kidney to eliminate the poison in the system.

Dr. Leared considered alcohol a valuable agent in obviating the effects of waste in disease, and in dyspepsia.

Dr. Hare, in a moderate speech, spoke of the various advantages and disadvantages resulting from the use of alcohol as a remedy. It might, on the whole, be a question, he said, whether it would not have been better for the race had alcohol not been discovered.

Dr. Lauder Brunton, in reply, stated how posture facilitated brain power in hæmorrhage. Alcohol stimulated the nerve centres of the motor system, forwarded direct influence from the medulla oblongata, and thus contraction or dilatation of vessels were accounted for. He preferred beef-steaks, plus wine, to milk and water in promoting rapid recovery from hæmorrhage. He drew attention to the velvety skin of drunkards, due to the deposition of fat. As digestion fails, thinness supervenes.

It is, we have said, to be regretted that the Society had not the advantage of having its adjourned meeting opened by Dr. Benjamin Richardson, whose Cantor Lectures, delivered before the Society of Arts last year, were such a valuable contribution to this important subject. His conclusions, however, in the published record of his lectures are before us, and read as follows:—

"This chemical substance, alcohol—an artificial product devised by man for his purposes, and in many things that lie outside his organism a useful substance—is neither a food nor a drink suitable for his natural demands. Its application as an agent that shall enter the living organisation is properly limited by the learning and skill possessed by the physician, a learning that itself admits of being recast and revised in many important details, and perhaps in its principles.

"If this agent do really for the moment cheer the weary, and impart a flush of transient pleasure to the unwearied who crave for mirth, its influence (doubtful even in these modest and moderate degrees) is an infinitesimal advantage by the side of an infinity of evil, for which there is no compensation and no human cure."

We have already remarked how important we consider the fact that one of the most popular of our London societies has commenced the debate on the question of how far alcohol is a food or a remedy in disease. The debate cannot fail to be continued in several of the other learned professional reunions in England, Scotland, and Ireland; and whether the speakers on either side be able or not to place the whole truth before us, we shall at least learn what is now thought by the living generation on one of the points of the most vital importance to human welfare.

Some one has recently said that the Anglo-Saxon race is naturally prone to alcoholic stimuli. This, like many other supposed excellencies attributed to that race, may or may not turn out to be a virtue; but of one thing we may be sure, and that is that the drunkenness of our working classes is at present more deplorable than it ever has been in the history of the British nation. Whilst the educated classes are fast leaving off those habits of drunkenness which their fathers were so prone to, there is scarcely any poor man's home that is long free from that desolating vice. The ratio of delirium tremens among women as compared with that among men is, we hear, higher too in our country than in any other; and every philanthropist must look with sorrow on the degraded condition of thousands of our town operatives, who, with excellent wages, can find nothing better to do with the fruits of their hard toil than to make themselves frightful examples of the physiological effects of alcohol upon animal life.

The debate in the Medical Society of London has shown that many of the members of the medical profession at present living among us are themselves practical teetotallers.

If we may judge from the speeches of Dr. Crisp, Dr. Edmunds, Dr. Lucas, and Dr. C. R. Drysdale, these gentlemen seem to think it right to live habitually without even beer or wine; and Dr. Hare's opinion that it would, on the whole, have been better for us all if alcohol had never been used by the race, tends certainly in the same direction.

Dr. Lauder Brunton and Dr. Milner Fothergill seem to be staunch upholders of the view that alcohol is a food because it is partly oxidised in the system; whereas Dr. Richardson, Dr. Drysdale, and others assert that it is not a food at all, or even a drink, in the true sense of these words. Who is to decide after such conflicting opinions? Time alone can heal the disaccord among practitioners as to the value of alcohol in health and in disease.

Notes on Current Topics.

The Professorship of Midwifery in Galway College.

The vacancy caused by the death of Dr. Doherty, to which we referred a fortnight since, is not yet filled, and several candidates, mostly *alumni* of the Queen's University, are in the field. The following gentlemen have actually declared their candidature, whose credentials we give below as they appear in the "Irish Medical Directory:"

Donovan, William, Waterford.—L.R.C.P. Edin. 1869; L.R.C.S. Edin. 1869; L.M.R.C.P. Edin. 1869; L.M. Cork, 1868; Fel. Obstet. Soc. Edin. (Edin. and Cork.) Late Med. Off. Carrignavar Disp., Cork Union. Author "The Dangers of Chloral Hydrate," *Med. Press and Circ.*; "Medical Education," *Ibid.*; "Phymosis," *Ibid.*

Duggan, J., Turloughmore, co. Galway.—L.F.P.S. Glasg. '57; Lic. '70; L.M. '70; K.Q.C.P.I.; Med. Off. Turloughmore Disp.; late Assist. Surg. R.N.; Mem. Surg. Soc. Author "On Cholera," "On Placenta Prævia," "Diagnosis of Scarlatina," "Necrosis of Tibia," and several Translations, *Med. Press.*

Rice, Patrick M., Galway.—L.K.Q.C.P.I. '67; L.R.C.S.I. '67; L.M.K.Q.C.P. '67. (Cath. Univ.; Cecilia-st. School; Mater Misericord. Hosp.) Tempy. Med. Off. Spiddall and Swinford Disps. Contrib. "On the Action of Veratrum Viride."

Cremation.

THE Milan newspapers publish detailed accounts of the cremation of the body of Signor Keller. Among those who attended were representatives of the municipality of Milan, of the provincial and communal sanitary councils, of the learned and scientific professions, together with many distinguished members of Milanese society, and Professors Polli and Clericetti, the inventors of the system of cremation employed. The "crematory chapel" has been built in the public cemetery out of the funds left by Signor Keller for the purpose. To this chapel on the first anniversary of his death were brought the remains of Signor Alberto Keller, in compliance with his will, for cremation. The coffin, having been opened at one end, was placed near the urn, above which a flame was playing, and then by some unseen contrivance the body was conveyed inside the urn and submitted to the action of the fire. The Protestant minister pronounced a discourse in French, contending that neither in religion nor good feeling was there anything opposed to the practice of cremation. Meanwhile, by looking through an aperture in the urn, the persons present could see the body in process of cremation. It was upon a kind of gridiron, surrounded by flames given off from 217 jets of gas; beneath was placed a receptacle to catch the ashes as they fell. To a person looking on nothing was visible of the process but the bright flame which burned steadily over the urn, and a dense column of smoke which escaped from the tower. The ceremony lasted about an hour and a half, at the end of which time the urn was opened and the body was found completely calcined. During cremation no offensive smell was perceived. A second body—that of Signora Pozzi—is awaiting cremation at Milan, but the municipal authorities have determined not to give their consent till they are satisfied as to the result of the experiment.

Chloral in Ozæna.

AT a meeting of the Société de Thérapeutique, M. Créquy strongly recommended chloral as an injection in ozæna, in the proportion of two parts to 250 of water. He places a caoutchouc tube in the vessel containing the solution, and, raising this above the patient's head, allows the fluid to pass into the nose by syphon action. Several members of the Society testified to the utility of the solution as an application in scrofulous and fœtid ulcers, in the eschars produced by decubitus, &c.

A Scene between Doctors.

A PROSECUTION last week against Mr. Slattery, proprietor of a gut factory in Limerick, for causing a nuisance, gave rise to an exciting scene between a magistrate and a witness, both being medical men.

Dr. Barry, the Medical Officer of the Workhouse, gave evidence on the part of the prosecution, and Dr. Parker for the defence, when the following dialogue took place:

Did you observe gas lime on the floor?

Dr. Parker—I did, and I say it was gas lime created the nuisance.

Mr. Leahy—Is not Dr. Barry's opinion as good as yours?

Dr. Parker—A man of my standing at the profession should not be placed on a level with a mere boy; his advice was mere bosh—I repeat it was bosh, Sir.

Dr. Parker was here leaving the table—

Dr. O'Shaughnessy (excitedly)—Before you leave I must again, on the part of the profession, loudly protest against the language you have used towards a young professional man, particularly when you say your age and time of life justifies you in looking down upon a young medical man. Now, Dr. Parker, I am fifty years in the profession. I have practised very largely. I have associated myself during the last twenty years very closely with the leading members of my profession in Dublin, and I heard their opinion daily expressed with regard to the rising professional men of the day, and their opinion is that in Limerick, and in other country towns the young medical men are equal in ability—aye, superior in ability—in scientific, theoretical, and practical knowledge, to some of the eldest bunglers we have in the profession; I hold that a man may be seventy years practising at the profession and be still bungling at it. I hope, Sir, in justice to that young man—I have no particular interest in this case; I will take no part in it because I could not do so in justice to my oath as a magistrate—but I ask you, Sir, not to repeat and have sent forth on the press such langnage—language which I heard universally condemned when used on a former occasion. I know Dr. Barry; he holds a position of trust in this city; he is treating 600 people—the sick poor, and the bone and sinew of our city. I voted for him, and I would not have voted for him if his words were "bosh." I heartily hope, Sir, you will retract that observation.

Dr. Parker—Indeed I will not, and I should be very sorry to look upon you as an authority in the medical profession. No medical man in Ireland would believe it. Your remarks about a man being seventy years at the profession and being still an old bungler applies to yourself, and I hope the press will take that down.

After further medical testimony on behalf of the defendant the case closed, and the magistrates retired to deliberate. After an absence of some minutes they returned into court, when

The Mayor announced that they were equally divided, and he would not himself record his casting vote, as he believed it would be imprudent on his part, he being new in the office of Mayor—"No ruling" could then be entered.

We are bound to say that Dr. Parker's statement respecting his professional brother was neither justified by the facts nor in any respect creditable to himself. In making such an observation in open court he did dishonour to his profession, and allowance may therefore be made for the somewhat unmagisterial ebullition of Dr. O'Shaughnessy.

Medical Purchase in Dublin.

WE referred in our issue of February 2 to a statement made by a contemporary to the effect that "regular money payments are generally exacted from the newly-appointed members of hospital staffs in Dublin;" and considering such a statement neither correct nor just to Dublin hospital medical officers, we took the opportunity to deny the general truth of the statement, and to explain that in some instances in which purchase took place the hospitals were the actual property of the medical officers,—not established by public grants or benefactions, but bought by the money of the medical officers, and therefore in all fairness saleable, so long as thorough competency of the succeeding medical officer is ensured. Our contemporary in its latest issue repeats its former statement, and calls on us to substantiate our denial, which we shall endeavour to do. There are 10 general clinical hospitals in Dublin and 6 public special hospitals, excluding from

the calculation small semi-proprietary institutions which receive no public income except a few subscriptions for the current year. In only 4 out of the 10 general hospitals, and in only 1 out of the 6 special institutions is—as far as we have knowledge—any money consideration given for a medical appointment. Of the 4 general hospitals, 2—the Adelaide and the City of Dublin—were built, established, and maintained within a comparatively recent period by the predecessors of the present medical officers; and in the latter institution the moment that the governors consented to take responsibility for the maintenance of the hospital, the medical officers acceded to an arrangement by which the vested rights will be gradually extinguished and the appointments be made gratuitously. There are therefore only 2 out of the 10 general hospitals in which the purchase of appointments exists under the conditions referred to.

We do not care to defend the principle of purchase, but we cannot say that it has ever worked to the disadvantage either of the patient or the charity. It has never in the least restricted the competition for hospital appointments, because it has always been possible, and, in fact, usual for the poorest candidate to raise the necessary sum and to repay it in a short time by the pupil-fees which he received; and we challenge denial of the fact that recent appointments in purchase hospitals have frequently fell to the lot of young men whose impecuniosity was admitted. If our contemporary desires to apply its mind to the cause of bad appointments in Dublin hospitals, it will be found, not in the purchase system, but in the fact that in certain institutions the selection of a new comer is made by the medical officers who are already in possession.

A New Physical Force.

Professor Crookes' lecture at the Royal Institution on Friday last, "On the Mechanical Action of Light," demonstrated in a most remarkable manner a new motive power in light. His experiments were of a most delicate and complicated description, and from what we saw we are inclined to believe it quite possible that the production of motion by light may lead to a complete revolution in the theory of its undulatory movement. The rotation of the earth may indeed in great measure depend upon this marvellous force. The learned lecturer commenced by observing that all the physical forces render their action perceptible by the production of motion, but that light had never been directly converted into mechanical motion until the experiments had been devised which he had to bring before them that evening. Once in attempting to weigh bodies in an approximately perfect vacuum, he witnessed anomalies for which he could not account, but upon which information had been thrown by his more recent discoveries. He found that the light of a candle would attract an arm of pith suspended in an imperfect vacuum, but repel a similar arm suspended in the very perfect vacuum obtainable only by the aid of the Sprengel pump. Of this pump he exhibited a most perfect and improved specimen, so perfect that it would produce a vacuum through which the electric spark would not pass. In all his experiments he had been much indebted to the industry and extraordinary powers of glass-blowing possessed by his assistant, Mr. C. Gillingham. He then described the construction of his "radiometer," in which pith discs, at the ends of glass arms balanced on a pivot, were made to spin round rapidly under the influence of either light or heat, and explained that this propelling force of light was not so weak as he had once supposed. Instead of radiometers in which all the moving parts weighed sometimes as little as a quarter of a grain, he found that he could make the instruments carry little iron magnets, and he exhibited one in which ten discs of pith were required to carry round one magnet. Outside the bulb of this instrument was a magnetic arm, which was attracted every time one pole of the magnet inside the bulb came near it, and the consequent "bowings" of the magnet outside were made to convey electrical impulses to a Morse telegraphic instrument, whereby a series of dots were printed upon a slip of paper, and the more rapid the rotation inside the bulb the closer together were the dots. Thus his radiometers had been made self-registering and suitable for meteorological purposes. He also pointed out that no good photometer had ever been made, and he exhibited apparatus infinitely more exact for measuring the illuminating power of gas, or any kind of light, than those founded upon the supposed unvarying illuminating power of the very untrustworthy "standard candle." After many experiments magnified and projected on a screen by the aid of the electric lamp, he exhibited one of his latest instruments, in which he directly measured the mechanical force of the impact of light, not its weight, for the experiments did not remove light from the class of imponderables. By means of the force of torsion of a very fine filament of glass, brought into play against an iron weight of one-hundredth of a grain, all in vacuo, he could so adjust a mirror to a zero point that it would move when parts of the apparatus were submitted to the action of light; thus, he proved that the push of a candle six inches off amounted to ·00162 grain. By calculation he estimated that the pressure of sunlight on the earth was not less than 2 cwt. per acre, 57 tons to the square mile, and 3,000 millions of tons upon the whole earth, all this power acting in opposition to the force of gravitation. In conclusion he said that the results exhibited had been obtained in consequence of his examination of an anomaly contrary to all ordinary experience. Anomalies were of the utmost value to men of science; they were gateways leading to new researches, and to the establishment of reputations.

The Irish Pharmacy Act.

A deputation from the North of Ireland Chemists and Druggists' Association, consisting of Messrs. Dobbyn and Hazlitt, of Belfast, waited by appointment on the committee of the Chemists and Druggists' Association of Ireland, at the rooms of the latter, 172 Great Brunswick Street, on Wednesday, 26th January, for the purpose of asking co-operation in requesting Government to make some amendments to the Pharmacy Act. The following members were present: Mr. E. M. Hodgson, President; Professor Tichborne, V.P.; Mr. W. Hayes, hon. sec.; Mr. S. Oldham, hon. treasurer; Messrs. Grindley, J. T. Holmes, J. O'Brien, and R. Simpson. After considerable

discussion it was arranged that a joint deputation from the two associations should request an interview with the Chief Secretary.

Fatal Result of a Football Match.

An inquest was held at Moss Side last week concerning the death of Joseph Henry Ison, 16 years of age, who was killed in a football match played at Chorlton-cum-Hady on Saturday, between the Egerton Football Club and the Fallowfield Wanderers. The deceased, who was one of the most prominent members of the Egerton Club, became insensible at the close of the game, and remained in that state until five on Sunday morning, when he died. He had sustained severe internal injuries during the game. The jury returned a verdict of accidental death, and strongly recommended that the practices of "charging," "butting," "scrimmaging," and catching by the legs, as practised in the game of football, should be abolished.

Epidemic of Typhoid Fever.

The village of Eagley, situated about two miles and a-half from Bolton, is at present suffering from an epidemic of typhoid fever, which has laid prostrate more than 100 of the inhabitants. The medical officer, Mr. Robinson, suspected that the whole of the affected persons received their milk from one farm, and accordingly procured samples and forwarded them to Mr. Sergeant, medical officer of health for Bolton, and to Professor Roscoe, of Owens College, Manchester. The former has not yet made a formal report, but has expressed an opinion that the impurity of the milk is the sole cause of the epidemic.

Pharmaceutical Purity.

The virtuous indignation of the pharmaceutical periodicals when the public analyst for Sheffield exposed the dishonesty of dispensers in that town will be in the memory of our readers. The official organ of the English Pharmaceutical Society was horror-stricken at the audacity of such an accusation, aud called for speedy vengeance upon the analyst, and adopted altogether a tone of injured innocence rather amusing to those who know anything about the purity of the English drug trade. As an instructive commentary upon our contemporary's indignant asseverations, we find in its columns last week the following letter from Messrs. Howards, the eminent quinine manufacturers :—

Sir,—We beg to enclose copy of an astounding proposition, contained in a letter received from a foreign merchant, to which we of course sent a suitable reply.

Howards and Sons.

"Yesterday I received a letter from one of my clients abroad, in which he states that your quinine, which I bought from you lately, although it is pure and a good quality, but the price is so high as he cannot sell it ; but you must bear in mind that by saying high price I do not mean it is dear, but the article is too good for the market. There is a French sulphate of quinine which goes largely to our market and sells from 30 per cent. to 35 per cent. cheaper, and the secret of this being sold so cheap is this, that each vial contains a trifle more than half ounce, and 60 per cent. is pure quinine and 40 per cent. is magnesia, and it is mixed in such a manner as no one can tell that it is adulterated except by a chemist analysing it. In our country round the year, especially in summer, a large quantity is consumed, and I can buy continually from you largely if you will consent to make this alteration on purpose for me—viz., half ounce vials containing 65 per cent. pure quinine and 35 per cent. magnesia, and what will be your lowest quotation on the base, and if possible please send me two or three vials of half ounce each, two mixed as above and two pure, as I want to forward them to two clients of mine as samples, and if they meet their approval they are sure to place me a large order. Hoping you will attend to this request and favour me with an early reply, I remain, etc.

"Dec. 30, 1875."

It is evident that Messrs. Howards' correspondent did not know who they were dealing with, the character of that firm being entirely above suspicion ; but it is equally evident that such a proposition would not be made if he who made it had not good reason to know that there are drug manufacturers who would entertain it and pharmaceutists who would purchase the false quinine.

A Medical Lord Mayor.

The Lord Mayor of Dublin, Dr. G. B. Owens, entertained his Grace the Duke of Abercorn, as her Majesty's representative, as well as the leading citizens of Dublin, at a banquet in the Mansion House on Thursday last.

In the dispensing of the civic hospitalities the Lord Mayor took care to recognise especially the claims of his medical brethren to his consideration, and the compliment he paid his profession in this way was acknowledged by the presence of all the leading representatives of medicine and surgery in Dublin. The toast of "the Medical Profession" was advanced to an earlier period of the entertainment than it has usually occupied, and was responded to by Dr. Gordon and Dr. Edward Hamilton, the Presidents of the Colleges of Physicians and Surgeons. In ascending the Mayoral chair Dr. Owens has shown a beneficial example both to his metropolitan brethren and the citizens of Dublin, for he has proved that active medical practice is no bar to the praiseworthy discharge of public duty, and that the claim of a physician or surgeon to civic honour will be recognised by the citizens whenever high social qualities accompany administrative ability.

The Queen's University in Extremis.

Our readers know already enough of the administration of the institution which claims to be *the* National University of Ireland—the Queen's—to be aware that its executive body are not either in matters of medical education, or of public business, the largest minded conclave to which such a trust could be confided. Its acts and views have always, indeed, borne a greater resemblance to those of a petty huxter than to the proceedings of a liberally-minded and progressive executive aid. It has seemed impossible for the managers of the University to see beyond the narrowest wants of the little oligarchy which they administer. We have—as we think, in the fairest and most candid spirit—entered lately into the merits and demerits of the course of study accepted by the Senate for the University Degrees, and have been obliged—as any unprejudiced journalist who desires to maintain a high standard of education in the profession must—to condemn the extreme meagreness of that curriculum. We did not writ for the object

stroking down the graduates of the University, but to tell the honest truth; and the result of our remarks upon the executive of the University, and upon a few of the less liberal-minded of its graduates goes far to justify our apprehension that the educational level of the University was not such as to develope large-mindedness amongst its *alumni*. The managers of the University have found no better reply to our remarks than to transfer their occasional advertisements to the columns of periodicals which are seldom seen in Ireland, and a few of the graduates follow the admirable example set them by their superiors by "stopping their journal,"—bah! Is it the Queen's University idea of independent journalism that its tongue can be silenced in proclaiming the truth by the withdrawal of a subsidy of a pound or two per year? We are conscious that the mention of such petty irritability of temper is hardly fit for our pages, but the facts are not without their use in illustrating the intellectual position of the University which clamours so loudly for the public confidence. We feel complimented by this display of irritation on the part of the University, because it makes us aware that our strictures upon its educational management hit the mark and produced an effect upon the medical public. We would feel greater regret for the necessity which obliged us to speak upon the subject if we saw that the representatives of the University had sense and temper to hear the truth about themselves.

The Effects of Indulging in the Subcutaneous Injection of Large Quantities of Morphia.

In a recent issue of the *Allgemeine Wiener Medizinische Zeitung* a case is related which shows in a striking manner the remarkable and disastrous effects that may arise from the frequent use of large morphine injections.

The patient, who was himself a medical man, was under the care of Professor Weinlechner, of Vienna. In consequence of the great pain which continued long after an attack of traumatic periostitis of the left shin-bone, he had recourse to the daily subcutaneous injection of morphia. In July, 1867, he used a syringeful of the injection daily, and owing to the frequency and severity of the paroxysms of pain he increased this quantity until by the end of the first year from commencing the injections he used every day as much as ten grains of morphia. At first the injections were followed by sleep, but afterwards by only a feeling of repose. In the beginning of the second year the pains in the shin disappeared, but were followed by great irritability and muscular tremors, especially in the lower extremities. In consequence of the numerous injections that had been used, a number of abscesses made their appearance in various parts of the body, and the suffering arising from these was a fresh pretext for renewing the injections. To such an extent was this practice indulged in that the daily quantity of morphia now amounted, in the third year, to twenty grains, in the fourth year to thirty grains, and in the year 1873 to as much as forty grains! Since the latter period the patient has been confined to his bed. When visited by Professor Weinlechner he was so covered with abscesses that there was scarcely a sound portion of skin. He was, moreover, reduced to a skeleton, and the skin was so tightly contracted over his emaciated extremities that it could not be raised into folds for the purpose of injection, and both knees were bent at right angles, in consequence of the contraction of the flexor muscles.

With respect to the treatment, the morphia injections were at once given up, a little morphia given internally, or the inhalation of chloroform being occasionally resorted to for the sake of producing sleep. The abscesses were opened, and healed under very simple treatment. The contracted legs were stretched while the patient was under the influence of chloroform, but without any permanent success; nor was a resort to mechanical means at first attended with any better result. At last, and although there was not the slightest reason for suspecting that there was any syphilis in the case, large doses of iodide of potassium were prescribed, and with astonishing results. The painful spasms of the lower extremities completely ceased, sleep and appetite returned, the patient gained flesh and strength every day, and nothing remained but to overcome the contraction of the limbs by persevering in the use of mechanical extension.

Certificate Reform in Dublin.

The University Council of Trinity College, Dublin confirmed last week the resolutions of the Board to enforce a full attendance upon hospital and clinical lectures on the part of candidates for University degrees, and this resolution having been adopted in principle by the Irish College of Physicians, needs now only the assent of the Irish College of Surgeons to make it medico-educational law. The Queen's University will probably continue to take any certificates, *nulla fide* or *bonâ fide*, which are offered to it, for, strange to say, the *soi-disant* national University, which is supported by the State, is on all occasions the last institution either to initiate reforms or to yield to the pressure of public opinion on any point which would interfere with the profits of the diploma market. The next step which the University of Dublin must take for its own protection and that of the colleges which follow its example in requiring *bonâ fide* attendence will be to bring the subject under the notice of the General Medical Council in June, and enlist their authority in putting a stop to the sham certificate system in Ireland. Doubtless the representatives of the Scotch corporations and the Queen's University will contest, *dentibus et unguis*, any effort to reform the present lecture certificate system, but it is not likely that they will succeed in maintaining it under the heavy blow which it has sustained from the University of Dublin and College of Physicians, and which will, we anticipate, be followed up by the Irish College of Surgeons before long.

The Council of the University of Dublin has referred to the Professors the resolutions adopted by the Board of Trinity College in reference to the appointment of "extern" examiners and the creation of a new degree in midwifery, and as the Professors will in all probability report in favour of these resolutions, they may now be accepted almost as law. The following are the resolutions on which the Professors are asked to give their opinion:—

I. Two extern examiners shall be selected by the senior

lecturer and the medical registrar, to take part in the examination for the M.B. degree.

II. That in due course of time surgery and midwifery should be removed from the M.B. examination altogether.

III. That a licence should be conferred in midwifery as well as in surgery, the examination for such licence to be of a high scientific order, including embryology and physiology, as well as the practice of midwifery.

IV. That the senior lecturer, in conjunction with the medical registrar, be directed to recommend examiners to assist the professors in the medical school at the examinations in botany, physics, chemistry, and materia medica.

The Hospital Saturday Fund.

THE first meeting of the board of delegates for carrying out the Hospital Saturday Fund for the current year was held by permission of the governors, on Saturday last, in the Board Room of King's College Hospital, and was very largely attended by representatives of trade and benevolent societies of the *employés* of large metropolitan firms. Several treasurers of hospitals were also present. Captain Mercier was, in the first instance, elected chairman of the meeting, and subsequently re-elected as chairman of the fund for the present year. Mr. N. H. Hoare was re-elected treasurer, Mr. C. O. Humphreys as honorary solicitor, Messrs. Hoare and Co., of Fleet Street, bankers, and Dr. Vincent Ambler and Mr. Henry Johnston as honorary secretaries. The trustees and council for the year were also chosen, and a discussion arose as to the day which should be fixed upon for this year's "Hospital Saturday." It was ultimately resolved to fix that day fortnight for the settlement of the question.

THERE will be no Hunterian Oration this year at the College of Surgeons, where it is now delivered biennially. Sir James Paget will give it in 1877.

THE Report of the Royal Commission on Vivisection was presented on Tuesday week to the House of Commons, and ordered to lie on the table.

MR. MELDON has obtained leave of the House of Commons to introduce a bill to alter the constitution and government of county infirmaries in Ireland.

LEAVE has been given to Sir H. Johnstone to bring in a bill in the House of Commons to repeal the Contagious Diseases Acts, 1864, 1866, and 1869.

THE Board of Trade have ordered an inquiry to be held into the existence of scurvy on board Mr. Bates's ship *Royal Sovereign*, which recently arrived at Falmouth with a number of the crew suffering from that complaint.

DURING the month of January the water supplied by the Chelsea, Grand Junction, and Lambeth Water Companies was turbid, and contained living organisms and fungoid growths.

HER Majesty the Queen has signified her intention of opening in person the new wing of the London Hospital on the 7th March. The wing has been built mainly by the munificence of the Grocers' Company, at a cost of about £20,000.

LAST week the wife of a carpenter living at Hastings was delivered of twin girls united together at the chest. The infants, which were of full period, and well developed, did not survive their birth. A photograph of the children has been taken.

A LADY has offered to contribute £1000 towards laying down wood pavement along the frontage of Middlesex Hospital. It would require 1,740 superficial yards, and would cost £1,423. The offer was accepted by the Marylebone Vestry, and the work will be carried out forthwith.

BY the will of Miss Cort, who died some few weeks since at Kirkby, the Liverpool charities are the recipients of another large bequest, the total amount of which is £25,500, and the sum is to be divided among twenty-four institutions, eleven of which receive each £2,000, two others £1,000, and the balance is apportioned in small amounts among thirteen others.

THE subject selected for competition for the Hastings Gold Medal, value twenty guineas, offered by the British Medical Association, for 1876, is "Diphtheria, its Pathology, Diagnosis, and Treatment," and the award will be made at the annual meeting of the Association in that year. The sum of £25 has also been presented to the Association to be offered for the best essay on "Pyæmia."

DR. MINTER, whose term of office at the Naval Hospital at Stonehouse was unexpectedly brought to a close by the issue of new regulations, is (says the *Western Morning News*) to receive some compensation for the loss of his appointment. It was at first refused by the Treasury, but the Admiralty having again represented the case, £100 has been awarded.

ON Saturday last the Lord Mayor of London presided at the reopening of the Royal Infirmary for Children and Women, in the Waterloo Bridge Road. The institution has long since become too small for the demands of a densely-populated district, and the committee of management have now increased its capacity to fifty beds, converting the roof of the new building into a playground for the little patients. This has involved an outlay of £3,700, of which nearly the whole has been subscribed.

DR. WILSON, the medical officer for Warwick, in his report upon the sanitary condition of the town, refers to the excessive infant mortality, which last year equalled 176 per 1,000 births, and he states that many deaths attributed to the wasting diseases of childhood were really due to starvation and neglect—or, in other words, to culpable homicide. He adds that Warwick was open to the stigma of being a "Herodian borough."

BRIGHTON maintains its pre-eminence as being the most healthy of the twenty English towns of which the Registrar-General now takes cognisance in his returns.

Last week the rate in Brighton was 14, whilst at Manchester and Bradford it was as high as 34 per 1,000. In London the rate was 26·5, the number of deaths 1,771, being 134 above the average. This excess is chiefly attributed to the prevalence of whooping-cough and diseases of the respiratory organs.

NOTICE has been given that the University of Glasgow will, in March next, appoint additional examiners in medicine under the system introduced by an alteration of the regulations for degrees in medicine contained in ordnance approved of by Her Majesty in Council. The divisions and subjects of examination are—1. Anatomy; 2. Chemistry and Materia Medica; 3. Botany and Zoology; 4. Physiology and Pathology; 5. Practice of Medicine and Clinical Medicine; 6. Surgery and Clinical Surgery; 7. Midwifery and Medical Jurisprudence—so that seven examiners will be appointed. Of those first appointed, two shall be appointed for the term of three years, two for four years, and the remaining examiners for the term of five years.

The annual fee of each examiner is £40.

A FEAT almost parallel with that of Captain Webb has been performed by an American pedestrian named Weston, at the Agricultural Hall, last week. He undertook to walk 115 miles in 24 hours, *i.e.*, very nearly five miles an hour for one whole day and night, and only failed by six miles, having kept going for the 24 hours, and accomplished 109 miles. He would have won his laurels only that after 15 hours' unremitting walking he was obliged to take a rest for nearly an hour in consequence of vertigo and internal pain. How he kept up afterwards was a marvel; he was at times evidently much distressed; his face was intensely cadaverous, and towards the end of his task he looked fully ten years older than when he commenced. The whole time of the walk he was kept up by constant refreshment. An Englishman named Perkins attempted the same task, but broke down utterly beaten at the 65th mile.

Correspondence.

INDIAN MEDICAL SERVICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The time is again almost at hand when the youth of the profession will rush in numbers to the India Office in order to ascertain if they have obtained places for the above service, and those who do so will consider themselves very fortunate; but they will find on coming out here that they have been misled and completely sold, and that there is great discontent in all grades of the service. They will expect to draw 450 rupees a month on passing the required examination in Hindustani, and getting charge of a native regiment, as stated in the India Office memorandum, but they do not as a rule draw this amount before three, four, or more years' service.

On coming out here the young surgeon gets knocked about all over the country, doing what is called "general duty"—viz., taking charge of a cholera camp in the jungle or bazaar, doing the work of a dispensary or hospital, where there is an epidemic of some sort. For this he must keep a horse or hire a vehicle; he must rent and furnish a house, get a retinue of servants. He is often at work the whole day, is frequently called up at night, and for all this he draws only 282 rupees 10 annas a month, which is insufficient to cover his expenses, so it is very common to find even an unmarried surgeon of several years' service in the hands of the soucars or money-lenders of the country. When one of these epidemics ceases in one place, he finds himself ordered off to the seat of another; so he has to sell his furniture, &c., at a great loss, and buy another lot when he arrives at his destination. After a variable time he gets an acting appointment, for which he draws half allowances—viz., 100 rupees for a native regiment or dispensary, or 75 rupees for a wing. In order to take up this sham appointment he has often to pay his fare by rail or road for hundreds of miles; and it is only in the Indian service that this customs exists. When he holds this acting charge for a few weeks or months, he again finds himself on general duty, in order to necessitate his paying his fare to take up another of the same kind. In this unsettled state he remains for years, often having spent hundreds of rupees in travelling on duty. He is obliged to keep a horse for parade, to provide himself with tents, and to march with troops, for which he gets no allowances now. Even when he becomes a surgeon-major he is still a slave; as there is only one medical officer with a native regiment or at a station, he cannot take his privilege leave unless he provide a substitute, and this is impossible in out-stations, even if he offered more than his actual pay; so he is obliged to work year after year in a lonely and very often unhealthy place. The common drudgery of the poorest Irish dispensary is nothing compared with doctoring the natives of this country, who are subject to so many deadly maladies.

The relative rank of Indian medical officers is very poor indeed. A surgeon-major of twenty-five or more years' service has generally three senior to him of the five or six officers in a native regiment. In civil employ he is subjected to snubbing from "local fund boards" (principally composed of natives), he is worried by civil servants and officials of different kinds. A deputy surgeon-general does not get higher relative rank than a lieut.-colonel while on the active list; this is a very low grade in the native army; and as there are only a few in each presidency, but a very small proportion of the medical officers in the service have a chance of obtaing even that rank.

The pensions average less than half what they were when supplemented by the old fund, tentage allowance, head money, and horse allowance have been stopped, except in cavalry regiments, where horse allowance alone is given.

The other day the Madras Government threatened their medical officers because a few in the presidency town drew up a very moderate scale of fees to be paid by those able; but this was quite unnecessary, as nearly all the Europeans in the country are entitled to gratuitous medical attendance, and the natives get treated at the dispensaries or at their own houses, if necessary. There are a few men in the three presidency towns who occasionally get fees, but these are men who have been more than thirty years in the service, and have never received a fee, so private practice as a means of augmenting the miserable pay of a medical officer under the new system need not be taken into account.

The market value of the rupee has gone down from 2s. 3d. to very little more than 1s. 9d., and everything has become so expensive lately that it does not represent in this country more than a shilling does at home.

I am afraid I have already trespassed on your space too far, otherwise there are many things I could bring forward to show that the service exists on the good name it acquired in the East India Company's time.

Your obedient servant,

POVERTY IN THE GORGEOUS EAST.

THE DENTAL PROFESSION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is satisfactory to find that at least one of the medical papers is possessed of accurate knowledge respecting the politics of the dental branch of the profession, and is capable of clearly and fearlessly expressing itself on the different aspects of the subject. In the first place, with regard to the rampant quackery which as you have shown is able often to purchase the editorial endorsement (so to speak) of the leading newspapers as a voucher to its false statements.

The MEDICAL PRESS is the sole paper that has dared to denounce in plain language iniquities of this kind. A newspaper of the present day sets itself up always as a preacher of political and social morality; and surely no such preacher can consistently support himself by gains derived from the practice of fraud and cruelty. What would be said of a public preacher of religion who, whilst inculcating obedience to the fundamental principles of morality, was himself living upon rent knowingly obtained from receivers of stolen goods or keepers of infamous houses? And what must be said of those organs which support themselves by lending their columns to the vile purposes which you have denounced. With regard to quack dentists, it is well known that many of these are engaged in a system of extortion and terrorism exactly the same as that carried on by quack doctors; this system has been exposed in your columns recently by the report of cases from the law-courts. Such cases are, however, rarely published; nor do they, in fact, often come to trial. The quack almost invariably withdraws if the victim resist, and he offers compensation when attacked for his malpractice. I enclose a subpæna and correspondence between myself and the attorney in a recent case, in which a dental quack paid heavy damages and the costs of action rather than let the case go into court: and such cases are not uncommon. I have, however, little doubt (such is the boldness of these gentry) that ere long one of them will go a step too far, and will either find himself pilloried in the witness-box or in the dock, and give rise to an exposure which will do much to enlighten the public.

The dental profession must also thank you for your early recognition of the mistake which certain members are making in endeavouring to establish a new society. It is rather rich that these gentlemen should find the Odontological Society not good enough for them, seeing that that Society comprises many eminent men, and some (and these the most active among the members) whose scientific reputation is, in the broadest sense, world-wide. The Odontological Society has consistently worked wisely, liberally, and successfully in the directions in which the new society purpose moving. The new society, I venture to predict, will not withstand the good sense of the majority of educated dentists, and if it come to anything, will form merely an insignificant clique capable of doing little harm and no good.

I am, Sir, your obedient servant,

M.R.C.S., L.D.S.

"HASTINGS WATER SUPPLY."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As one of those who have taken an active part in urging a good supply of water for Hastings and St. Leonard's, permit me space for a few words on your last week's note.

It is evident, from the observations recently made in your own and other medical journals, that the facts relative to the water supply here are very imperfectly known. An agitation was commenced two years ago to obtain a better supply. In the interval, some of the surface sources have been given up; three new wells—each yielding a large quantity of pure water from the sandstone have been sunk; and new springs have been appropriated in the Fairlight district. The Water Committee of the Council has been constantly engaged in making improvements, and it met the public agitation raised by calling in Mr. Topley, to report upon the geological probabilities as to other sources. That gentleman produced a most valuable report, and his recommendations are, as far as practicable, being acted upon. To show that the rates and ratepayers have not been spared, it may be mentioned that £31,000 have actually been borrowed within twelve months for water purposes; and an application is now before the Local Government Board for £10,500 more, to carry out further improvements. Knowing these things, I have felt myself justified in withdrawing all opposition; and I also think I am only acting in fairness to the Water Committee in addressing you in its defence.

Your "Note" says, "The imperfect water supply of Hastings is producing a good deal of dissatisfaction among the ratepayers." That opinion was probably founded on statements made at the late proceedings before Mr. Morgan, who came down to make the usual inquiry before the Local Government Board gave sanction to borrow the money. Three or four gentlemen did complain of inadequate supply. But it was also stated that they lived on a high hill, above the level of any reservoir, and that one of the purposes of the loan was to erect new steam engines to pump a daily supply to those high levels. Apart from this complaint, the "dissatisfaction" rests with something under half-a-dozen persons—as small a number as is likely to be found in any population of 30,000 or 40,000.

I cannot let go, without some explanation, the statement that "the Town Council holds out against the constant water service." Both publicly and privately, the mouthpieces of the Council have stated a desire and a willingness to give the "constant service" system a trial. Until the new works now in course of construction are completed there is neither pumping power nor water enough to do so. It is intended to make a partial trial of the system as soon as the means to do so exist.

I have already extended my letter too far, or other points in the water question might be taken up. "The medical men of the neighbourhood" can do a great deal of good, in forming public opinion; but harm may be done if that opinion be formed on preconceived notions, without due inquiry and thought. That "the health of Hastings at the present time is not up to the standard" cannot arise from anything connected with the water, because there has been an undisputed improvement in quality and quantity for some time past. My own inquiries in vital statistics point to a very different origin, upon which I must not here enter.

I am, Sir, obediently yours,

Hastings, Feb. 3, 1876. J. COGSWELL.

[It is not for us to advise the Town Council of Hastings whence or how to obtain water of good quality and sufficient in quantity for the maintenance of cleanliness and health. We shall, however, consider it our duty to criticise any shortcomings on the part of the Council in regard to sanitation, and should the health returns be not up to the standard, we shall not fail to make it known to the members of the medical profession, who in turn will advise their patients to seek a more healthful resort.]

DOCTORS' FEES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I expected long since to have seen through the columns of your journal some practical expression of thanks to Surgeon H. G. Croly from his metropolitan medical *confrères* for his pluck and determination to uphold the dignity of our profession in compelling by legal means one of his patients to pay him ample fees for ample services. I consider that the most eminent in our profession would, I fear, clutch at the two hundred guineas which Dr. Croly's patient offered, and cry "*satis est*," rather than risk the result of legal measures by proving to the world that the doctor is not to be humbugged. For my part, Sir, I find that since Dr. Croly succeeded in compelling his patient to pay him the full amount of three hundred guineas that a valuable lesson—a lesson of great importance—has been taught to my clients in the country. Now-a-days the humblest cottager or farmer makes himself thoroughly acquainted with the news of the day, and has at his fireside every week a weekly newspaper. There they learned that a patient had to pay three hundred guineas to his doctor, though the latter was not obliged to ride "o'er hill or dale," or wade through sludge or mire to earn them. I, as well as every other doctor in the country to whom I have been speaking on the subject, can *now* evidently see a greater willingness on the part of our patients to pay substantial fees; and I would strongly urge every medical man, those in the remote country parts as well as those in the metropolis, to supply himself with a report of the law proceedings; and if the patient from whom he demands a sum of money as fees shakes his shoulder and says the amount is too much, to at once invite him to see if the jury considered Dr. Croly's demand was too much. The doctors in the country feel thankful to Dr. Croly, and we consider he deserves the same from the profession *in globo*.

I am, dear Sir, yours truly,

MEDICUS IN RURE.

TESTIMONIAL TO STROMEYER, OF HANOVER.

A PRIVATE meeting of distinguished hospital surgeons was held on Monday last, at 18 Park Street, Grosvenor Square, W., to consider the propriety of joining in the movement now going on in Germany to celebrate, on April 6th next, the fiftieth anniversary of Dr. Stromeyer taking his degree in Göttingen. The following gentlemen were present: Sir James Paget, Messrs. Prescott Hewett, Hilton, Curling, White Cooper, Spencer Wells, W. Hulke, J. E. Erichsen, R. Liebreich, John Gay, T. Holmes, W. Adams, and W. MacCormac. Dr. Little in the chair.

An explanation of the preliminary steps taken having been made by Mr. MacCormac, and letters from several gentlemen very cordially supporting the movement having been read,

It was moved by Sir James Paget, and seconded by Mr. Erichsen, and unanimously resolved:—

1. That an address be presented to Dr. Stromeyer, expressing the congratulations of the signatories to it on his long, active, useful and honourable professional career, as shewn by the results of his discovery of the value and safety of sub-cutaneous surgery, by the high tone of his surgical writings, and by his persistent efforts to improve the principles and details of surgery, especially as applied to gun-shot and other wounds received in war, as well as of military hygiene.

2. That Dr. Stromeyer be requested to sit for his bust, to be executed in marble by the most able German sculptor he may select.

3. That a subscription list be opened to defray the expense of carrying out the above objects; that no single subscription shall exceed two guineas; and that subscriptions be not received from persons who are not members of the medical profession.

4. That the substance of the proceedings and of the resolutions which may be adopted on February 14th be announced to the profession at large, by advertisement in the Medical Journals, and that the support and contributions of the profession be solicited.

5. That W. J. Little, M.D., and William MacCormac, Esq., F.R.C.S., be requested to act as joint Treasurers and Secretaries.

It was further moved by Mr. Prescott Hewett, and seconded by Mr. Curling, and unanimously carried—

That the gentlemen present be requested to act as a committee together with Sir William Fergusson, Messrs. Bowman, Erasmus Wilson, Baker of Birmingham, C. Bader, and Dr. Hermann Weber, who had previously signified their desire to co-operate.

Dr. Little, Mr. Spencer Wells, and Mr. MacCormac were requested to act as an Executive Committee, to give effect to the resolutions agreed to, and to receive the subscriptions of those desirous to contribute.

THE MEDICAL INSPECTORSHIP OF THE IRISH LOCAL GOVERNMENT BOARD.

DR. CROKER KING having been appointed to the office of Medical Commissioner, the Inspectorship thus becomes vacant, for which several names are already mentioned; amongst others, those of Dr. Whistler, of Bray, and Dr. Kerans, of Ahascragh, in the co. Galway, both of them well-known and experienced Poor-law medical officers, and in this capacity alone possessing strong claims. We hope that no Inspector will be appointed, no matter what his other qualification may be, who has not followed the plough in the work of the Poor-law Service. Of such men perfectly qualified for the position there is no lack, and it would be intolerable if their claims to promotion were ignored in favour of a *protégé*, however high his family qualifications may be.

Royal College of Surgeons of England—The following gentlemen passed the required examination, and received the diploma in Dental Surgery at a meeting of the Board of Examiners on the 8th inst., viz.:—Messrs. Frank O. Adams, Budleigh Salterton, Devon; Walter S. Burrows, New Road; John Alexander Gartley, Sackville Street, Piccadilly; Middleton W. Halliday, Nottingham; Ernest Edwin Jewers, Plymouth; Francis Austin Sayles, Margaret Street, W.; Frank Strickland, Boundary Road; and William H. Woodruff, Leamington.

List of Army Medical Candidates who were successful at both the London and Netley Examinations, having passed through a course of instruction at the Army Medical School, Netley, arranged according to merit:—

	Marks.		Marks.
Hewett, F. C. C.,	... 5,012	Fleming, H. B.,	... 3,520
Le Grand, W. J.,	... 4,592	Daubeny, C. A.,	... 3,433
Taaffe, R.,	... 4,275	Burges, W. A.,	... 3,356
Findlay, J.,	... 3,894	Ievers, P. G.,	... 3,030
Briggs, W. H.,	... 3,818	Hayes, P. A.,	... 2,995
Thompson, T. W.,	... 3,771	James, W. M.,	... 2,933
Fenn, E. H.,	... 3,537	Kirkwood, K. D. L.,	... 2,565

Army Medical Department, February, 1876.

List of Indian Medical Candidates who were successful at both the London and Netley Examinations, having passed through a course of instruction at the Army Medical School, Netley, February, 1876:—

	Marks.		Marks.
Weir, P. A., (*Herbert Prize*)	5,536	Pedroza, F. H.,	... 4,681
Freyer, P. J.,	... 5,508	O'Neill, J.,	... 4,675
Haig, P. de H.,	... 4,826	Clarkson, J. W.,	... 4,472
Lewtas, J.,	... 4,729	Parker, Jos.,	... 4,188
Ferrand, E.,	... 4,708	Day, C. H.,	... 4,096

Army Medical Department.—A fortnight since we referred to the postponement of the examination of candidates for the Department, asking at the same time the question whether the step was not owing to a paucity of candidates owing to the unsatisfactory way the profession was treated. It appears that we exactly hit the nail, for on Monday evening in the House of Commons, replying to Dr. Lush, Mr. Hardy said it was true that for forty vacancies in the Army Medical Department there had been only twelve candidates, and in consequence the examination, which should have taken place to-day, had been deferred. He had laid before the Department which must be consulted before he could bring any measure under the consideration of the House a proposal which he believed would remedy a great many, if not all, the present difficulties in connection with the Army Medical Department.

Royal National Hospital for Consumption, Ventnor.—The annual meeting of the governors of this hospital was held on Friday last, the Right Hon. Viscount Eversley, in the chair. Mr. Ernest Morgan, secretary, read the report and the yearly statement of accounts, which were satisfactory. The committee stated that all the houses contemplated in the original design had now been erected, and that they only await the receipt of sufficient funds to furnish and open the last four houses built. The hospital had been always fully occupied, and there were at the present time over 50 applicantson the register who could not be accommodated for want of room. The medical report, read by Dr. Arthur Hill Hassall, stated that the improvement in the health of the inmates had been very great. Out of 415 patients only 18 had died, or 4 per cent. The committee appealed for a continuance of public support, to enable them to open the remainder of the houses, and for the maintenance of the large establishment at Ventnor, comprising more than 100 inmates.

The London Fever Hospital—At the annual meeting of this charity, held on Friday last, the report of the committee showed that the year had been marked by a very severe attack of scarlet fever, and that the institution had had 710 cases of persons attacked with that disease, besides 68 cases of enteric fever, typhus, and other diseases of a fever character. The committee drew attention to the fact that the institution afforded means of isolating from the family circle those members of the upper and middle classes who might be attacked with diseases of this nature, by giving private rooms, and it opened its doors to the gratuitous admission of persons of the trading and working classes who were naturally averse to being classed as paupers, and sent to the metropolitan asylum. The Earl of Devon, as president, spoke warmly of the services of the institution, and expressed his deep regret at seeing that this year it had had to exceed its income, in providing for the public welfare, to the extent of £4000.

Vital Statistics.—From the Registrar-General's returns we learn that during last week 6,014 births and 4,080 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 27 deaths annually in every 1,000 persons living. The annual death-rate was 26 per 1,000 in London, 24 per 1,000 in Edinburgh, 26 in Glasgow, and 27 in Dublin. The annual rates of mortality per 1,000 during the same period

in the other large towns were—Brighton 14, Sunderland 19, Plymouth 22, Norwich 24, Nottingham 27, Bradford 34, Hull 23, Leicester 20, Bristol 24, Portsmouth 19, Sheffield 25, Birmingham 26, Wolverhampton 19, Leeds 25, Newcastle-on-Tyne 29, Oldham 29, Liverpool 31, Manchester 34, and Salford 30. The annual death-rate from the seven principal zymotic diseases averaged 3·7 per 1000 in these towns, and ranged from 0·5 and 0 7 in Brighton and Wolverhampton, to 5·7 and 6·0 in Liverpool and Bradford. The fatal cases of scarlet fever were again numerous in Bradford and Bristol, and 7 more deaths were referred to small-pox in Manchester and Salford, exclusive of 4 which occurred in the Monsall Hospital. In London the 1,771 deaths included one from scarlet fever, 22 from different forms of fever, and 21 from diarrhœa. Whooping-cough was particularly fatal last week, the deaths being 109, exceeding by 38 the corrected average number in the corresponding week of the last ten years. The 48 deaths from scarlet fever were below the number returned in any week since May last. The 22 deaths referred to fever were 19 below the corrected average weekly number, and included one certified as typhus, 15 as enteric or typhoid, and 6 as simple continued fever.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Dr. Dolan Halifax.—Received: will appear in an early number.

Prof. Flower will continue his course of lectures at the Royal College of Surgeons of England "On the Relation of Extinct to Existing Mammalia" this afternoon and on Friday next, at 4 p.m.

Dr. W. H. Day will read a paper at the Harveian Society on Thursday evening "On Tuberculosis in Children, and the conditions which resemble it."

Dr. Thin will communicate his views of "The Formation of New Blood-vessels" to the Medical Microscopical Society on Friday evening next.

Physiologist.—You will find the subject ably referred to in *Land and Water* of January 19th.

A Country Doctor.—The article appeared in the *World* newspaper last week.

Pyrosis, or Water-brash.—A correspondent writes us that he has a most troublesome case under treatment, which up to the present has defied every remedy. He solicits the experience of his fellow-practitioners through the columns of the Medical Press and Circular.

Dr. Byrd, Illinois.—Mr. Rivington's "Lectures on Anatomy" will be continued in this journal shortly.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Overwork and Premature Mental Decay. By C. H. F. Routh, M.D. London: Baillière, Tindall, and Cox.

Medicinal Plants. By Messrs. Bentley and Trimen. Part V.

Atlas of Skin Diseases. By Dr. T. Fox. Part V.

On Stethometry. By A. Ransome, M.D. London: Macmillan and Co.

Vital Motion as a Mode of Physical Motion. By C. B. Radcliffe, M.D. London: Macmillan and Co.

The Medical Report of the late Outbreak of Fever at Uppingham. By Alfred Haviland, F.R.C.S.

Clinical Lectures on Diseases of the Heart and Aorta. By G. W. Balfour, M.D. London: J. and A. Churchill.

The Registrar-General's Quarterly Return.

Diseases of Modern Life. By B. W. Richardson, M.D., F.R.S. London: Macmillan and Co.

Burdwan Fever. By Gopaul Chunder Roy, M.D. London: J. and A. Churchill.

VACANCIES.

North London Consumption Hospital.—Physician. Honorary. (See Advt.)

Northampton County Lunatic Asylum.—Medical Superintendent. Salary, £500, with residence, &c. Applications to the Clerk of the Peace, County Hall, Northampton.

Lisnaskea Union.—Medical Officer Brookeborough Dispensary District. Salary, £115, with £15 extra as Sanitary Officer. (See Advt.)

Manchester Clinical Hospital for Children.—House Surgeon. Salary, £80 per annum. Address the Secretary of the Medical Board.

University of Glasgow.—Examiners in Medicine. Applications to be lodged with Mr. Kirkwood, 166 West George Street, Glasgow.

Bristol General Hospital.—Assistant House Surgeon. Salary, £50, with board and lodging. Address the Secretary.

Sheffield Hospital.—Assistant House Surgeon. Salary, £65, with board and lodging. Applications to Dr. Hall, at the Hospital.

Macclesfield General Infirmary.—House Surgeon. Salary. £120, with board and apartments. Applications to the Clerk at the Infirmary.

Birkenhead Borough Hospital.—House Surgeon. Salary, £60, with board and apartments. Address, Mr. Mengens, 24 Park Road.

St. George's Hospital, London.—Assistant Dispenser. Salary, £90. Applications to the Secretary, at the Hospital.

Lewes Dispensary.—Resident Medical Officer. Salary, £100. Applications, with testimonials, to Mr. M. S. Baker, Lewes, Sussex.

Birmingham General Hospital.—Resident Surgical Officer. Salary, £130, with board. Testimonials, &c., to the House Governor.

APPOINTMENTS.

Barnes, Dr. F., Obstetric Physician to the St. George's and St. James's Dispensary, London, W.

Browne, T. J., M.B., L.R.C.S.Ed., L.M., Assistant Resident House Surgeon to the North Dispensary, Liverpool.

Cane, L., M.D., B.S., M.R.C.S.E., Consulting Surgeon to the Peterborough General Infirmary.

Coxwell, J. E. G., L.K.Q.C.P.I., M.R.C.S.E., Medical Officer for the No. 2. District of the East Preston Union, Sussex.

Crocker, H. R., M.B., B.S., L.R.C.P.L., M.R.C.S.E., Assistan Medical Officer in the Skin Department of University College Hospital.

Flood, J. C., M.D., C.M., Medical Officer, &c., for the Headford Dispensary District of the Tuam Union, and Medical Attendant to the Royal Irish Constabulary, Headford.

Goodall, J., L.R.C.P.L., M.R.C.S.E., Medical Officer for No. 3 District of the Lincoln Union.

Heath, H. T., L.R.C.P.Ed., House Surgeon to the Ripon Dispensary and House of Recovery.

Hutchison, R., M.B., C.M., Assistant to the Extra Physicians, Royal Hospital for Sick Children, Edinburgh.

Jefferies, W. C., L.R.C.P.Ed., L.R.C.S.Ed., a Junior Resident Medical Officer to the Royal Free Hospital.

Jones, T. E., M.D., F.R.C.S.Ed., Consulting Surgeon to the Wrexham Infirmary, on resigning as Surgeon.

Jones, W. M., M.R.C.S., Resident House Surgeon to the Rotherham Hospital.

Leach, Harry, M.R.C.P.L., a Physician to the *Dreadnought* Seamen's Hospital, Greenwich.

M'Carthy, G., L.K.Q.C.P.I., L.M., L.R.C.S.I., Medical Officer, &c. for the Sneem Dispensary District of the Kenmare Union, co. Kerry, also Sanitary Officer.

Macready, J. F. C. H., M.R.C.S.E., Surgical Registrar and Assistant Chloroformist at St. Bartholomew's Hospital.

Major, H. C., M.D., Medical Superintendent of the West Riding of Yorkshire Lunatic Asylum, Wakefield, vice Dr. Crichton Browne, appointed a Chancery Visitor of Lunatics.

Morgan, J. H., M.R.C.S.E., Surgical Registrar and Chloroformist to St George's Hospital.

Morison, J., M.D., M.R.C.S.E., Honorary Medical Officer to the Jersey General Dispensary.

Palmer, J. C., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Durrow Dispensary District of the Abbeyleix Union, Queen's County.

Pickup, W. J., M.R.C.S.E., a Junior Resident Medical Officer to the Royal Free Hospital.

Quirk, J., L.A.H.Dub., L.M., Apothecary to the Workhouse, Tullamore Union, King's County.

Ravenhill, T. H., M.R.C.S.E., an Hon. Surgeon to the Birmingham Lying-in Charity.

Squire, W., M.R.C.S.E., Assistant Medical Officer to the Fisherton House Lunatic Asylum, Salisbury.

Stewart, W., M.B., Resident Medical Officer to the Royal Hospital for Sick Children, Edinburgh.

Street, A. W. F., M.R.C.S.E., a Junior Resident Medical Officer to the Royal Free Hospital.

West, S., M.A., M.B., House Surgeon to St. Bartholomew's Hospital.

White, G. B., M.R.C.S., Resident Medical Officer to the Nottingham Dispensary.

Winstanley, C., M.R.C.S.E., Medical Officer for No. 6 District of the Chelmsford Union.

Births.

Beatty.—On the 10th inst., at 62 Lower Mount Street, Dublin, the wife of Dr. J. Guinness Beatty, of a son.

Lichtenberg.—On the 10th inst., at 47 Finsbury Square, London, the wife of Geo. Lichtenberg, M.D., of a son.

Tate.—On the 8th inst., at the Royal Barracks, Dublin, the wife of R. Tate, M.D., Surgeon-Major 2nd Queen's Royal Regiment, of a daughter.

Marriages.

Furse—Hosegood.—On the 10th inst., at the Parish Church, Thelbridge, South Molton, Devon, Edwin Furse, M.R.C.S., to Betsy Spencer, only daughter of the Rev. Samuel Hosegood, rector of Thelbridge, N. Devon.

McCarthy—O'Reilly.—On the 8th inst., at St. John's Cathedral, Limerick, John P. McCarthy, M.D., Abbeyfeale, co. Limerick, to Mary Cristina, eldest daughter of the late Dr. Philip O'Reilly, same place.

Deaths.

Bennett.—On the 1st Feb., at Huntington, Yorkshire, James Bennett, Surgeon, aged 84.

Budd.—On the 4th Feb., at Worcester, Herbert Walker Budd, F.R.C.S.E., aged 62.

King.—On the 4th Feb., at King Edward Road, Hackney, Wm. Grimwood King, L.R.C.P.Ed., aged 72.

Mitchell.—On the 5th Feb., at Clapham Road, Joseph Thos. Mitchell, F.R.C.S.E., aged 77.

Taylor.—On the 8th Feb., at 15 St. James's Terrace, Regent's Park, N.W., Caroline, the wife of Dr. Alfred Swaine Taylor, F.R.S., aged 66.

GENERAL NURSING INSTITUTE for TRAINED HOSPITAL NURSES.

5 Henrietta Street, Covent Garden, W.C.

A. EBSWORTH, F.R.C.S., Director.

SURGICAL SOCIETY OF IRELAND.—The next meeting of the Society for the present Session will take place on FRIDAY evening next, the 18th day of February, 1876. Chair will be taken at half-past eight o'clock, precisely.

By Order,
B. WILLS RICHARDSON, F.R.C.S.I., }
JOLLIFFE TUFNELL, F.R.C.S.I., } Hon. Secs.

Royal College of Surgeons, January, 1876.

TO SURGEON-DENTISTS.—TO BE LET, a First-class HOUSE, in the best part of DUBLIN, in which a large PRACTICE has been carried on for the last forty years, and until the last few days. For particulars address A. B., Dublin Office of this Journal, 23 Ely Place.

A VACANCY has occurred in the office of PHYSICIAN to the North London Consumption Hospital, London and Hampstead, by the resignation of Dr. W. Lomas. Candidates (who must be Members or Fellows of the College of Physicians, and Graduates in Medicine of a University) are requested to send their testimonials to the SECRETARY, on or before 1st March.

Office, 216 Tottenham Court Road, W.

LISNASKEA UNION.

BROOKEBOROUGH DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.—In consequence of the lamented death of their Medical Officer, Dr. Wilson, the Committee of Management of the above Dispensary District will, at their Meeting to be held on TUESDAY, 21st MARCH, 18 6, at the hour of 12 o'Clock noon, proceed to elect a duly-qualified Medical and Sanitary Officer for the District, at a salary of £115 per annum as Medical Officer, and £15 per annum as Sanitary Officer, together with fees for Registration and Vaccination.

Applications for the Office, with Diplomas and Testimonials, will be received by the Assistant Honorary Secretary, "James Sproul, Esq., Skeage, Brookeborough"

Personal attendance of Candidates will be required on the day of Election.—By order,

J. O'R. HOEY, Clerk of Union.

25th January, 1876.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £40 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c., can be had at the office,

40 MOLESWORTH STREET, DUBLIN,

W. O'NEILL, Secretary.

ROTUNDA LYING-IN HOSPITAL, DUBLIN.

Master:
LOMBE ATTHILL, M.D.

Assistant-Physicians:
ARTHUR V. MACAN, M.B. RICHARD D. PUREFOY, M.B.

This Hospital (the largest Chartered Clinical School of Midwifery in the British dominions) contains Wards for the treatment of Diseases of Females, in addition to the Wards appropriated to Lying-in cases.

A large Dispensary for the Diseases peculiar to Women is connected with the Hospital.

Clinical Instruction in Midwifery and the Diseases of Women is given daily.

The pupils are privileged to attend the Cow-Pock Institution, Sackville Street and York Street.

The Lectures are recognised by the Royal College of Surgeons in Ireland, London, and Edinburgh; the King and Queen's College of Physicians; the Apothecaries' Hall of Dublin and of London; the Army and Navy Medical Boards; and all other Licensing Bodies.

The Diploma from this Hospital is recognised by the Poor-law Commissioners as a qualification in Midwifery for all Hospitals and Dispensaries under their control in Ireland.

Accommodation is provided for a limited number of Intern Pupils.

Pupils can enter at any time.

Applications to be made to Master or Assistant-Physicians, at the Hospital, Rutland Square.

Established 1848.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE,

50 LINCOLN'S INN FIELDS, W.C.

J. BAXTER LANGLEY, LL.D., M.R.C.S., F.L.S., &c. (KING'S COLL.), and Author of VIA MEDICA.

Has always upon his books a large number of desirable Investments and available Appointments for negociation.

The business of the Professional Agency is based upon the general principle, that no charge is made unless work has been done and services rendered.

No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application.

Office hours, from 11 till 4; Saturdays excepted.

COMPETENT ASSISTANTS provided without expense to principals. No Gentlemen recommended whose antecedents have not been inquired into.

PRACTICES AND PARTNERSHIPS NOW OPEN for Negociation (in addition to those advertised in Dr. Langley's List, which is sent post free on application).

A 39. Surgeon's Retail with scope for almost unlimited private practice. The death of the Incumbent has caused a great falling off in the receipts, but cash is at present taken amounting to about £11 a month. The house contains 7 rooms, with private door. Rent, £32. A personal introduction can be given to about 50 respectable patients, and it is believed that an income of £300 a year could be at once secured. Premium £100.

A 38. DEATH VACANCY. Receipts, over £700 a year. Appointments, £400. Great scope for increase. The practice is situate near a manufacturing town. The house with good stabling and land is held at a low rent. An efficient locum tenens prohibited from practice is in charge.

A 37. On the banks of the Severn an Unopposed Practice of a good class, realising £500 a year, including appointments bringing in £140. The house is convenient, close to a railway station, with stabling, orchard, &c. Rent, £42. An efficient introduction can be given.

A 36. NORTH OF ENGLAND. Transferable Practice realising £800 a year. Appointments, £350. Population about 5000; only 2 opponents. One horse sufficient. 12-roomed house, with stabling, &c., which can be let or sold, being the property of the Incumbent. Part of the premium may be paid by instalments properly secured.

A 34. Old established General Family Practice in a market town in YORKSHIRE. Population of the district, 8000. Receipts, £500 with appointments. Declining health the cause of retirement. Residence contains 12 rooms, surgery, and consulting-room, with garden, stabling, &c. Rent, £27. Premium, £400, of which the greater part may be paid by instalments. Furniture, &c., at valuation if desired.

A 33. In consequence of serious illness it is necessary to secure a suitable Successor to a FAMILY PRACTICE in a pleasant district of the Home Counties. The connection has been held by Vendor 11 years, and can be greatly increased. There are 3 resident medical men to a population of 8000. Receipts about £550 a year, including transferable appointments producing £330. These can be practically guaranteed. Convenient house with 13 rooms, stabling, &c. A thoroughly efficient introduction can be given. No gentleman without £150 at immediate command need apply.

A 31. MIDLAND. In a picturesque agricultural district. Receipts, £500 a year. Appointments, £80. One horse does the work. Patients good middle class. House well situate, containing 11 rooms, with stabling, garden, &c. Rent, £40. The Incumbent having the opportunity of entering upon Town Practice desires to make an immediate arrangement, but will give 6 months' active introduction. Premium, £350.

IRISH POOR-LAW INTELLIGENCE.

ATHY UNION.

A NEW ITEM OF EXPENDITURE.

Dr. O'Neill said there was one other matter that he would trouble the board with before leaving. A practice existed in the house which had now assumed such proportions that he felt it his duty to bring it before the guardians, with a view of their suggesting some remedy. The inmates of the body of the hall were in the habit of coming to him whenever he was in the house, and complaining of coughs and colds, and he was obliged to give cough mixtures ; the medicine thus supplied he was almost certain was never taken, and the bottles were never returned. The only conclusion he could come to was that the object of coming for the medicine was that the bottles might be concealed until there was an opportunity of taking them out of the house for the purpose of disposing of them. He was of opinion he was under the mark when he stated that from £25 to £30 worth of bottles were made away with in some way since he came to the house.

The master having been sent for and the matter explained to him by the chairman, he was asked if he could suggest a remedy.

Master—There appears to me a great difficulty in the way of remedying the evil, for these people can keep the medicine as long as they like. If I go to them and demand the bottles they have only to say that they are not done with the medicine yet, and I of course have no power to take them from them.

Dr. O'Neill—That of course is a fact.

Mr. Walsh said that if the master put his shoulder to the wheel he might devise some means of checking this evil, for it was no joke to have £25 or £30 worth of bottles made away with.

It was ordered that the master should take down the names of those supplied with bottles from the doctor's book, and that he use his best endeavours to see that they are returned.

COURT OF QUEEN'S BENCH—Jan. 29.

(Before Mr. Justice Fitzgerald.)

CERTIORARI.

In re the Queen's County Infirmary.

Mr. Walker, Q.C., on the part of Mr. Roe, one of the governors of the Queen's County Infirmary, and a cess-payer, moved for a writ of *certiorari*, to bring up two orders which had been made by the governors of that infirmary, for the purpose of having them quashed, on the ground that they had granted illegal payments of salary to the surgeon of that institution. By the 85th and 86th sections of the Grand Jury Act, the grand jury were empowered to present each half year a sum not exceeding £700, for the benefit of the infirmary, and to present each half year a sum of £47 for the salary of the surgeon. There was no question as to that item. The governors of infirmaries were constituted corporations under the 5th George III., chapter 20. Under the 6th section of the 54th George III, chapter 62, it was made lawful for the governors of an infirmary to pay out of the funds under their control a sum not exceeding £30 Irish a year, for the salary of an apothecary ; competent to compound medicines. This sum was paid tothe surgeon of the infirmary in question as if he were an apothecary,and also a further salary of £92 6s. 2d. The object of the *certiorari* was to take the opinion of the court as to the legality of these two last payments, for which the learned counsel stated that he had been unable to find any warrant.

Mr. Justice Fitzgerald granted a conditional order.

A.B. inquires—Can the magistrates in the case of a dangerous lunatic call to their assistance any medical man—say a workhouse medical officer—to examine and certify to the lunatic, thereby ignoring the dispensary medical officer ? I, as dispensary medical officer, have been obliged up to the present to certify without fee or reward. A case has occurred lately where the magistrates called to their assistance the workhouse medical officer and certified to him for £2 under the amendment to the Act (Section 14). On a former occasion they sent me into the workhouse under Section 10 of the Act, which compelled me to certify without fee or reward. Has the Act been repealed ? Does an amendment repeal an Act ? What redress have I to get, if any, and how, or where ? I fear a repetition of the same course should a case occur, unless some legal proceedings be taken to prevent it, if the Act be not in accordance with the statute.

Reply.—In our opinion the guardians have no power to pay anyone except a dispensary medical officer for certifying a dangerous lunatic. The Act 30 and 31 Vict. cap. 118, sec. 10 (see I. M. D., page 460) provides that—

10. Whenever any person shall be brought before any two justices and it shall be proved to their satisfaction that such person was discovered and apprehended under circumstances denoting a derangement of mind, and a purpose of committing some crime, for which if committed, such person would be liable to be indicted, the said justices shall call to their assistance the medical officer, or, if there be more than one, *the nearest available medical officer of the dispensary district in which they shall be at the time, and if there shall not be any such medical officer available, then the nearest available medical officer of any neighbouring dispensary district,* who shall examine such person without fee or reward.

The Act of last year does not repeal this clause, but simply adds to the foregoing clause, and amends it as follows :—

14. Notwithstanding anything in 30 and 31 Vict., cap. 118, sec. 10, it shall be lawful for any two justices causing any person to be examined *by any medical officer as therein mentioned,* if they think fit so to do, to make an order under their hands and seals upon the guardians of the union to which such person belongs, for the reasonable remuneration to such medical officer and for the payment of all other reasonable expenses in or about the examination of such person, not exceeding in the whole the sum of two pounds.

With reference to our correspondent's other queries :—

1. The Act has not been repealed.

2. An amendment does not repeal an Act unless the repeal of the clause is specifically stated.
3. Dr. M'Craith's redress is to call the attention of the Local Government Board to the matter, and the auditor will probably disallow the fee paid to medical officer who certified. It is a question whether this informality would not invalidate the certificate and render it necessary to get another, in which case Dr. M'Craith would get his fee for the new one. A letter to the Inspectors of Lunatic Asylums at the Castle would raise this question. The Inspectors could only entertain the question of legality of certificate, and the Local Government Board only the question of disallowing the fee.

Since the foregoing reply was penned our attention has been attracted to the following reply of the Local Government Board to the same question communicated to the Boyle Guardians at their last meeting :—

Local Government Board,
Dublin, 31st January, 1876.

SIR,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 21st instant, in which you request to be informed whether the medical officer of workhouses come under the provisions of section 14 of the Lunatic Asylum Act, 1875, in regard to remuneration for their services in the examination of workhouse inmates alleged to be lunatics, if the justices should make an order upon the guardians of the union for their remuneration, and in reply the Local Government Board have to state that there is not apparently any reference to the medical officers of workhouses either in the Act of last year (38 and 39 Vict. cap. 67, section 14) or in the 10th section of the Act 30 and 31 Vict. cap. 118 therein referred to. But the Local Government Board do not undertake to explain their opinion on the subject in the anticipation of a possible decision of the justices,

By order of the Board,
B. BANKS, Secretary.

It will be observed that the Local Government Board concur in the view which we have expressed above, but naturally decline to take the legal decision of the question out of the hands of the magistrates. Although we fail to see why a workhouse medical officer should be disentitled to certify a dangerous lunatic, if his attendance can be had as readily as that of the dispensary officer, yet it is obviously the law that he is so. Probably the dispensary surgeon was selected by the authors of the Act because he is more likely to be at hand when required.—ED.

RED TICKETS.

TO THE EDITOR.

SIR,—Your columns have often and ably advocated the cause of the Irish dispensary doctor. In the manly and fearless language which characterises your pages you have denounced the persecution to which the Poor-law officer is often subject by the unnecessary issue of red tickets. You have several times shown that in no way can an enemy of the doctor so successfully assail him, and that the parish doctor has no way of defending himself except by submission. Well does the assailed know that he has no redress. He may be engaged at another case : he is immediately pounced upon by his enemy for non-attendance. He attends as often as he thinks requisite : he is brought up on the charge of neglect. I do not for a moment say that dispensary doctors are not sometimes at fault, nay, I admit they often *are at fault*, but I think that no man, professional or lay, can read the accounts of the proceedings of some dispensary committees recorded in your Supplement without acknowledging that private quarrel and private spite are often at work, and that the doctor is often sacrificed, not to the public good, but to private enmity. I propose to show some of the causes of abuse in the issue of red tickets, the impossibility often of obtaining redress, and lastly, as far as I can judge, the remedy for the evil.

Before I enter into the causes of abuse, I think it necessary to inquire into the meaning of the word *pauper*. In the original acceptation of the term it meant a person absolutely destitute of means, or incapacitated by old age, infirmity, or illness, from supporting himself. By degrees it was *justly* extended to the artisan who was incapacitated by illness from earning it might be good wages. It has now come to include small farmers and persons of both sexes who have saved or inherited money, head artisans in small towns, and such like, who were at first never intended to be the recipients of Poor-law relief. The repeal of the Quarter Acre Section paved the way for many abuses, for though it expressly enacts that such a person is to be relieved in the *workhouse only*, still the latter part of the section is forgotten or overlooked, and the fact is only remembered that any poor farmer (for no limit is put to the amount of land he holds) may be relieved, and in my experience, and in my district, it has come to include farmers holding 6 and 8 acres.

Now Sir, I come to the causes of abuse of red tickets. The *pons et origo malorum* lies, of course, with those who issue them. I think I may divide the persons authorised to issue red tickets (excluding clergy of both denominations) into three classes :—

1. The nobility and gentry.
2. The farmers and shopkeepers.
3. The relieving officers.

As far as my experience goes, Class No. 1 err only in issuing tickets for their servants, stewards, gardeners, &c.

When we look into the subject, can anything be more unfair, or at variance with the object of the Poor Law, than to issue tickets for such persons? Let us take the case of a cook in a gentleman's family of fair means. She receives say £20 yearly ; she has house-rent free ; her living costs at a moderate computation £30 per annum ; *i. e.*, she has the equivalent of £50 a year and free lodgings. How unfair to charge her on the Poor Laws, and tax the ratepayers with the price of her medicines! Besides, it is contrary to the laws, for a master is bound to give medical attendance and afford medicine to his servants. The master can afterwards deduct the expenses from the servant's wages. Surely the British law cannot contradict itself, by laying down the rule in one place that masters are liable for the medical attendance of their servants, and in another place enact that servants are fit subjects for out-door relief and gratuitous medical attendance. As for classing stewards with paupers, it is ridiculous on the very face of it, for they are often paid more than the medical officer who is obliged to attend them.

We now, Sir, come to Class No. 2. I unhesitatingly state that the farmers are the prime offenders. Not so much the guardians (though they are bad enough) as the wardens, who are usually farmers and shopkeepers. The wardens are often of inferior grade, irresponsible (virtually) to any one. They have no fear of the censures of the chairman or their fellow-guardians before their eyes. What do they care about dismissal ? They are not elected by the votes of the people. They have to maintain no respectability before the eyes of fellow-committee men ; and even if their red ticket work is taken away from them it involves no disgrace. The guardians are to blame in their indiscriminate appointments. Every new guardian asks for a couple of the men who voted for him to be put on the list of wardens, and the result is that the number sometimess swell to the extent they have done in my district, where there are six men authorised to issue red tickets, in a circle the diameter of which is two miles or thereabouts. When small shopkeepers are appointed the evil is still worse. Such men often seek the appointment for the *prestige* it gives them ; and it is hardly to be expected that they will often refuse a ticket to a good customer because he happens not to be deserving of it, especially when the opposition shop of the village sells

groceries, spirits, and beer, and also has the power of giving red tickets.

The relieving officer forms the third of the trio into which I have divided red ticket givers. As they are the last, so are they the least liable to offend, for the reason that they are the only men who can be properly checked in the issue of visiting tickets. They are liable to be dismissed for giving tickets to persons not deserving of them. Still they do err, and sometimes grievously. For instance, I myself got a ticket from a relieving officer to visit the child of a farmer who possessed 20 acres of land. Moreover, the relieving officers are a very inferior class of men. They are not paid well enough—£25 to £30 per annum is not sufficient remuneration to induce a respectable man to accept the post. Hence the guardians often get a man who is utterly unfit for the post—drunken idle, and useless. But is will be urged you have your remedy—get the ticket cancelled. *Cui bono?* Certainly not to the dispensary doctors. In the first place, dispensary committees meet sometimes fortnightly, sometimes monthly, sometimes only on the day appointed for the re-election of the individual members. Let us take a case where they meet every fourteen days. The committee meets, say on the 1st of February: on the 2nd the doctor gets a ticket to visit a farmer's wife in labour; he goes, as in duty bound, and by the time the committee meet again the woman is up and nearly well. What redress has he to get the ticket cancelled—what then? He cannot claim a fee, even if such be the case, and he has *the solid satisfaction* of having the ticket cancelled, and knows hereby that it was no fit case; and that he had given his skill and time for nothing where the husband was able to pay!

In black tickets the abuse is still more glaring. Many is the time I have treated cases knowing them to be the children of farmers, brought by poor persons—skin diseases, worms, &c., are almost always treated at the dispensary. I need not say they are as deserving of a fee as a pleuriy or a fever. But the man who would look to have a black ticket cancelled must be very foolish indeed, for he would be looked upon as cantankerous and quarrelsome, and he would find the committee he had summoned from their hunting, farming, and shopkeeping very unwilling to cancel a ticket which in their eyes gave the doctor no further trouble than a few words, or the compounding of some medicine.

I have mentioned some of the evils and their causes; now for a few words as to the proposed remedies.

Imprimis, the more careful definition of the term *pauper*—the clear statement by the Local Government Board that none are to receive Poor-law aid except those who *are destitute*. The clear understanding that none who are receiving more than so much a week are to be relieved. The recognition of the unfitness of master shoemakers, tailors, &c., who employ hands. This would exclude tradesmen in small towns and villages who employ sometimes as many as six hands, yet who get ticket when ill on the plea that they are unable to work.

2. The total repeal of the order which allows small farmers at the discretion of the issuer to receive red tickets. It is a very poor farmer who cannot afford some small fee to a medical man; he always has fowl, &c., to nourish him, and it is very unfair to allow such men to add to the taxes by receiving out-door relief if they are unable to be removed to hospital.

3. Strict exclusion from the benefit of the Act of the servants of men who pay a certain amount of poor-rates; or, better still, an exclusion of servants, outdoor or indoor who receive a certain amount of wages.

4. The more careful appointment of wardens, and the limitation of their number. It is monstrous to have 12 or 15 wardens in a district. The best check would be to have such men appointed by the majority of votes of the committee, who, as local men best know their character, rather than by the board, who are often influenced by the recommendation of an individual member.

5. A strict clause against the appointment of publicans shopkeepers, &c., as wardens. It is too much, as I before, to expect such men not to be influenced by e r customers.

6. The appointment universally of the parish priest and his curates as wardens, and of the protestant or Presbyterian clergy and their curates; such menare the best judges of those deserving aid, and besides could save many a life. Some men are of opinion that clergy of all denominations are not fit persons to have as red ticket issuers. I can see no ground for such reasoning; on the contrary priests and clergymen from their frequent contact with death and disease, are generally very fair judges of bad cases, and could send for the doctor often at times when no other ticket giver could be got at.

7. The appointment of responsible persons with respectable salaries as relieving officers. Who can expect to get a really good man for £27, or even, where he has much to do, £40 per annum? I think that two men with £80 salaries, and fees as subsanitary officers, would do more efficient work than three men at £27 or £30, and one man at £40. The two men at £80 salaries and sanitary officers' fees could keep some sort of conveyance, and do twice the work of four men jaded by long journeys on foot and halft starved into the bargain. Such men would be above taking bribes in the shape of drink, and would save the ratepayers a round sum in the year in medicines, outdoor relief, &c.

Lrstly. What remedy has the doctor in the event of a ticket being cancelled? None that I know of. The only way that I can see of preventing such tickets being issued is the immediate dismissal of the issuer by the Local Government Board on receipt of the red ticket and the minutes of the committee cancelling it. Or the liability of the issuer to pay the doctor his fee on the ticket being cancelled, in default of which his dismissal under sealed order.

I have been, I am afraid, rather prolix, but, Sir, I feel that the dispensary doctors require some protection not now afforded them, and the ratepayers some such changes to prevent the already high rates from rising still higher.

I am, Sir, yours, &c.,

A Dispensary Doctor.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING FEB. 5, 1876.

Total registered deaths in Dublin and suburbs *	...	163
Ten years average of same week	...	202
Decrease of mortality below average	...	39
Ratio of deaths, suburb of Rathmines ...	30	per 1,000
" " " Donnybrook †	26	"
" " " Blackrock ...	14	"
" " " Kingstown ...	14	"
" " Entire Dublin district ...	27	"
Comparative Ratios—London	26	"
" " Glasgow... ...	26	"
" " Edinburgh ...	24	"

* District extends over 10,050 acres, and contains 314,666 persons.

† Th strict includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases registered during the week, was 24, viz., 2 from fever (1 typhus and 1 typhoid), 8 from whooping-cough, 4 from measles, 3 each from scarlet fever and croup, 1 each from erysipelas, diarrhœa, &c.

Seventeen children died from convulsions.

Bronchitis caused 33 deaths (against an average of 41 for the fifth week of the years 1866-75), and pneumonia 4.

Three deaths were ascribed to paralysis, one each to apoplexy and insanity, and 2 each to epilepsy and brain disease unspecified.

Phthisis caused 16 deaths, mesenteric disease and 5, hydrocephalus, or water on the brain, 3.

ELECTION OF MEDICAL OFFICER FOR BAGENALSTOWN DISTRICT.

A MEETING of the committee of the Bagenalstown Dispensary was held for the purpose of appointing a successor to Dr. Trayer, recently retired owing to ill health. Of the several candidates for the appointment, Dr. Charles Scott, who had been acting as *locum tenens*, was all but unanimously elected.

NORTH DUBLIN UNION.

A LETTER was received from the Local Government Board, informing the board that they had received from Drs. Nolan and Ferguson return forms relating to No. 1 North City Dispensary District, in which the medical officers refer to the large and increasing number of visiting tickets presented to them. The total number of visiting tickets received in No. 1 district during the year 1875 was 4,562, as compared with 4,098 in the year 1874. The number of cases in each of the districts Nos. 2 and 3 during the quarter referred to was considerably less than the number in district No. 1, and with reference to the former correspondence which has taken place on the subject, the board request that the guardians would have the goodness to take the matter again into their consideration.

Dr. Nolan stated that during the last three months the visiting of external patients had been very heavy, and on January 3rd, 1876, he had 20 new visiting tickets presented to him for his part of the district alone.

The matter was referred to the dispensary committee for consideration after some conversation.

Ephemerides Medicales.

UNDER this heading some interesting notes appear in *l'Union Médicale*. Amongst them are the following:—

"On the 15th June, 1784, 'le R. P. Gerrard,' Superior of the Order of Charity of Rochelle, announces that he has worked in that town a miracle with animal magnetism: A poor devil of a soldier, dropsical from head to foot, suffering agony, and almost moribund, on being submitted to some simple passes, commenced to urinate abundantly, and to go to stool. He was cured. 'This cure,' adds le P. Gerrard, 'has drawn to me so many patients that I am obliged to shut myself up.'"

"On the 17th June, 1644, Anne of Montagré, wife of Charles of Bourbon, Duke of Soissons, died. The Faculty of Medicine in Paris attributed her death to an emetic given by Vautier and De Zorme, 'médecins étrangers' at the School of Paris."

In the *Union Médicale* two cases are noted by Dr. A. Mattel of children born with teeth; in the cases noted those present were the central incisors of the lower jaw. In his comments upon the occurrence he takes note of the popular superstition that such children are the offspring of peculiarly healthy and vigorous parents, and makes mention of the fact that such was not the case in the instances that came under his notice.

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Population of District	Acreage of District 640 Acres to the square Mile	Date of Election	Distance of Dispensary from Railway Station.
Ballieborough ...	Kingscourt ...	£90	£3 5 0	323	139	5,151	13,103	Feb. 16	Kilmainham, 5 m.
Inishowen... ...	Clonmany	£120	£3 11 0	48	92	5,780	23,375	Mar. 2	
Lisnaskea	Brookborough ...	£115	£10 5 0	343	151	8,750	35,193	Mar. 21	Maguiresbridge, 3 m.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, February 5th,* 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	Area in Statute Acres.	Population in 1871.	WEEK ENDING SATURDAY, FEBRUARY 5TH, 1876.															
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . . .	10,050	314,666	27	200	163	30	40	...	4	3	...	8	2	1	4	...	40
BELFAST . . .	20,687	182,082	30	131	106	24	16	...	1	3	...	2	2	3	1	...	15
CORK . . .	13,816	91,965		65	57	11	7	...	2	...	...	1	3	...	..	1	20
LIMERICK . . .	8,509	44,209	29		25	2	8	...	...	...	...	2	...	...	...	...	12
LONDONDERRY . .	21,865	30,884	13	13	8	1	1	...	1	...	...	...	...	1	...	...	...
WATERFORD . .	17,209	30,626	17	17	10	1	...	...	...	...	...	...	...	...	...	...	...
GALWAY . . .	21,338	19,692	16	4	6	2	1	...	...	...	...	...	...	1	...	...	...
SLIGO . . .	30,835	17,285	36	7	12	...	3	...	...	...	...	..	...	...	...	...	2

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 23, 1876.

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LECTURES ON DISEASES OF THE EAR.

By Geo. P. Field, M.R.C.S.,

Aural Surgeon, and Lecturer on Aural Surgery at St. Mary's Hospital.

Gentlemen,—We now come to some of the more severe forms of chronic aural catarrh. In my last lecture I endeavoured to point out the great benefit derived from the use of Politzer's air-bag in the milder forms of this disease, and to-day I shall take cases of a more serious character, where the use of the Eustachian catheter is necessary.

Not only in severe cases of chronic aural catarrh, however, is this instrument of the greatest service—but occasionally we meet with patients with impervious Eustachian tubes (and deafness more or less will continue as long as they remain closed), where Politzer's process fails altogether to overcome the obstruction, but where, on the other hand, immediate relief is afforded by passing the Eustachian catheter. When the tube is again pervious, air is admitted into the tympanic cavity, and at the same time any abnormal secretion that may have been pent up by the complete closure is allowed to escape. If mucus, pus, &c., be permitted to remain undisturbed in the tympanum, you can easily understand what vicious results are likely to take place, eventually leading to permanent deafness.

You see, then, how important it is to be able to pass the Eustachian catheter, and it is remarkable how few medical men are able to do so satisfactorily. By far the easiest and best way of learning to use this instument is, I believe to pass it in the manner first suggested by Dr. Löwenberg. He recommended that the instrument, after it had reached the pharynx, should be turned inwards (instead of outwards) till it hooked itself behind the vomer, and as it could then be withdrawn no further, to turn it completely round at right angles and the point of the catheter would be placed in the exact position sought for—viz., in the mouth of the Eustachian tube.

If the instrument, after reaching the pharynx, is withdrawn in the ordinary way, with the point turned outwards until the orifice of the Eustachian tube is found, great difficulty is frequently experienced. The instrument is not withdrawn far enough (or may be too far), or perhaps the point is inserted into the fossa situated behind the Eustachian tube.

You must remember also that the mucous membrane in nearly all catheter cases is in a delicate state, oftentimes highly sensitive, so you can imagine that constantly moving the instrument backwards and forwards adds considerably to your difficulty.

Warm the catheter in hot water and introduce it into the inferior meatus of the nose (and this is best done by depressing the patient's lip), pass it along the floor of the nares until it reaches the posterior wall of the pharynx, taking care to keep the instrument at right angles with the plane of the face, withdraw it until the septum nasi is felt; if it is then rotated with the point downwards to the opposite side—that is, turn it outwards and a little upwards (and this position will be shown by the ring at the other end of the catheter), the mouth of the Eustachian tube will be easily found.

I have passed the Eustachian catheter several thousands of times in this manner with the greatest ease. I am confident it is by far the better plan, for in the out-patient department I have taught gentlemen readily enough in this way; whereas by the other mode they always experience difficulty in learning. I should not forget to mention that the patient should be placed facing the light, in a chair with a high back, against which the head can be firmly rested. The Eustachian catheter should never be passed on young children—it is unnecessary, very difficult, and moreover dangerous, for you can never by any means induce them to keep still. I very rarely use it for any patient under 15 years of age.

What are the difficulties and dangers that arise from the introduction of this instrument?

Excessive narrowness of the nasal fossa. Extreme sensibility of the pituitary membrane, and the pain produced by the least touch. From using a too large or too curved an instrument, or giving it a wrong direction, are some of the difficulties given by M. Triquet, and the accidents arising from the operation he divides into local and general.

The local accidents are :—

1. Laceration of the inferior part of the nasal canal: it causes only slight pain and one or two drops of blood.

2. Extraordinary sensibility of the pituitary membrane, which may bring on sneezing, or may render the contact of the catheter very painful.

3. Excessive lachrymation.

4. A few drops of blood often flow during the operation, probably from the Schneiderian membrane being lacerated, or in some subjects where the mucous membrane is red and inflated the simple contact of the instrument may give rise to a true epistaxis, which may always be promptly arrested by the inspiration of a little cold water.

5. Nervous cough.

6. As a result of simple or granular chronic pharyngitis the tonsils may have remained hypertrophied, and it is not uncommon to meet with a spasmodic contraction of the pavilion of the Eustachian tube, when the catheter is about to enter the orifice. In nervous subjects, as soon as the catheter touches the pituitary membrane, the velum palati is convulsively drawn upwards. During these violent contractions, whatever be the cause, the peristaphyline muscles, inserted near the mouth of the Eustachian tube, completely effuse the opening, so that an instrument cannot pass it without effort.

7. If the surgeon employ too much force to overcome the contraction of the muscles, the mucous membrane may be torn, so as to give rise to the production of emphysema at the first attempt at deglutition or at inspiration. The symptoms resemble œdema of the glottis in its last stage. On forcibly drawing down the tongue with the finger, there is perceived to be considerable emphysema, raising the whole of the mucous membrane of the pharynx, and even invading the larynx, especially the arytæno-epiglottic folds. It is requisite only to tear with the nail of the finger which holds down the tongue one of the emphysematous projections of the mucous membrane—the air escapes and the patient recovers.

8. Rupture of the membrana tympani.

The general accidents are : Rigors and fever ; facial neuralgia ; obstinate headache ; and an increase of the deafness, &c. Suspension of the treatment is generally sufficient to arrest these accidents.

Having now given you what I consider the best means of passing the Eustachian catheter, and some of the difficulties that may be met with in the operation, I pass on to the various forms of Chronic Aural Catarrh where the use of this instrument is appropriate. We will, however, first begin with a case of obstruction of the Eustachian tube, on which we are unable to make any impression by Valsalva's or Politzer's process, but which yields readily enough to the catheter. It is well to remember that where you meet with patients whose hearing varies from time to time, we may be almost certain that the mischief is to be found in the Eustachian tube and not in the tympanum. The congested state of the mucous membrane of the tubes being increased (especially in damp weather), extra secretion is poured out, and the mucous surfaces meet and thus exclude the air.

A. D., æt. 69, has been deaf four months. Came on first from taking cold from sitting at an open window. Both tubes closed. Politzer's process of no effect. Cannot hear watch on contact right ear. Hears one inch left. Catheter passed, and repeated twice a week for three weeks. She rapidly recovered her hearing, and the last time I saw her says "she can hear as well as ever."

J. F., a painter, æt. 40, had attended at St. Mary's for a great many years, formerly under Toynbee and Allen, and latterly under my care. His hearing varies from time to time, but suddenly, about every six months or so, he gets very deaf, and comes to the hospital to get relief from the catheter. The Politzer bag does not make the slightest impression on him, but directly the catheter is passed and the air-douche used, he says "he hears a bang," and his hearing comes back. He is ordered a strong astringent application for the throat (argenti nitratis, gr. x. to ℥i.) and he gets almost well again. He is able to keep the tubes open by Valsalva's process with comparative ease for some months, until damp or foggy weather again brings on a total obstruction of the tubes.

In these cases there is always great concavity of the tympanic membranes, the centre part especially being sunken inwards, and in the upper portion the short process of the malleus shows out like a pin's head.

I could repeat numerous cases of the same kind where the greatest benefit has been derived from the air-douche regularly used through the catheter.

More powerful remedies, however, are often necessary. Fluids or vapours can be blown in like manner through the Eustachian tubes.

Thus, as Von Tröltsch remarks, "In moist swelling, and where increased secretion of the mucous membrane is present, vapours of chloride of ammonium are most useful, best evolved in a nascent state, whilst in a dry and thickened condition of parts, tepid or warm water vapours, alone or with iodine, introduced with a certain degree of pressure into the tympanum, most speedily promote reabsorption. Injections of astringent or slightly stimulating fluids (solutions of zinc, iodine, &c.) often produce the same effect, and are preferable in the case of a narrow Eustachian tube, and when a too extensive irritation of the nasal mucous membrane would be produced by warm vapours.

A. G., æt. 64, came to the hospital March 31st, suffering from deafness, brought on from cold five years ago. Both tympanic membranes concave, and of dark yellow colour. Eustachian tubes completely closed. The Politzer bag was used without any benefit. Catheter passed. Moist sounds heard in tympanum. A solution of sulphate of zinc (gr. v. to ℥i.) was injected into the tympanic cavities regularly twice a week, and after every application the hearing distance improved. On April 14 says "she can now hear the ticking of her clock," which she has not heard before for five years. On June 2nd she left the hospital with very fair hearing power.

According to Politzer, if there is little or no increase in the hearing distance, after repeated employment of the air-douche, we may infer that the deafness is caused by the sequelæ of the catarrhal affection, viz., thickening of the mucous membrane and of the coverings of the ossicula, with rigidity and diminished mobility of them, we can only expect improvement from the use of moderately stimulating injections, together with the use of the air-douche. In this state of things I have found great benefit derived from an often-repeated injection of a solution of iodide of potassium (gr. x. to ℥i.). For example, in a lady (sent to consult me by Mr. Spencer Smith) who had been deaf for two years, the hearing improved very satisfactorily from this treatment. The tympanic membranes were of a very dark colour, and sunken inwards. Hearing distance, when I first saw her, was 12 inches right, 9 inches left. Feb. 28th : 12 right, 15 left. March 4th : 15 both. 9th : 16 right, 19 left. 16th : 19 both. April 1st : 18 right, 24 left. 15th : 20 right, 24 left. The hearing distance varied after this from time to time ; the best was 26 right, 25 left. In very deaf people, one inch gained makes a very considerable difference. In more recent cases the recovery from this mode of treatment is sometimes much more rapid, and where the benefit derived may be counted in feet instead of inches.

In some cases of a thickened condition of parts the injection of a weak solution of iodine is of the greatest service. Thus, in E. R., Esq., who came to consult me for his deafness. He heard my watch one inch in the right ear, but was unable to hear a sound in the left. He gradually improved by this means after everything else had

failed, and when I last saw him he heard 6 inches right, 4 inches left, and I hope to get still better results by further treatment. Weak solutions of sulphate of copper, liquor potassæ, nitrate of silver, hydrate of chloral, &c., &c., are often useful. Of course it is of the utmost importance to select your remedies suitable to the condition of the patient, to the state of things observable when looking at the membrana tympani, and to the diagnosis arrived at from the various sounds heard through the otoscope, or psophometer, as some prefer to call the diagnostic tube.

In the treatment of these cases of chronic aural catarrh it is, I consider, always best to begin with the air-douche, and see if any good result can be obtained, before we go on with the injection of fluids. I think very often this is neglected. A lady, a short time ago (the Hon. Mrs. C.), came to consult me for deafness. She said she had seen numerous aurists in France and Germany, and that they injected all kinds of fluids through the catheter, and instead of getting better she got worse. I treated her simply by the air-douche, and she regained her hearing in a remarkable way, and lost entirely the pain and noises in her head she had previously suffered from.

There are other cases, of course, of disease of long-standing where we fail altogether to make any impression by means of the Eustachian catheter. In some of these patients puncture of the membrana tympani is said to have proved of service.

Mr. Hinton thus describes the operation: "Whatever instrument is used, it should be introduced into the meatus through the speculum with a good light falling on the membrane, which should be punctured in its inferior portion, either in front of or behind the termination of the handle of the malleus. A small amount of bleeding follows the incision, and if the case be a favourable one, an immediate improvement of hearing occurs." He recommends a syringe fitting hermetically into the external meatus for washing out the cavity of the tympanum. Dried mucus which has collected behind the membrana tympani can by this means be forced out into the Eustachian tubes or pharynx. It is very difficult to keep open an aperture made in the membrana tympani; in most cases the puncture rapidly closes up, so that unless (before the closure) you have been able to get rid of some of the inspissated mucus little good has been done.

This operation should only be attempted where other less hazardous means have been previously employed without avail, and in such cases where we are quite certain that the deafness can be relieved by the removal of the abnormal secretion which is interfering with the proper function of the membrana tympani.

A gentleman came to consult me a short time ago with facial paralysis, together with almost total deafness on one side, which came on after this operation had been performed by a surgeon in the north of England. Another patient told me that he had had both membranes punctured by an aurist every week for a period of two months; he said "it always healed up the next day, and I am worse than I was before." Several deaths have been recorded from inflammation of the brain resulting from this operation. I agree with Allen when he says, "We must not attempt by the venturous operative surgery of laying open the tympanum to relieve the patient before we have exhausted every other possible means of treatment." We can, I am certain, do an immense amount of good in long-standing cases of chronic aural catarrh by the use of the Eustachian catheter and the injection of carefully selected fluids into the tympanum, together with constitutional treatment suitable to the case.

In conclusion, to use the words of the author I have just mentioned, "whenever you see a patient dull of hearing, vacant in look, and only when he listens attentively capable of entering into conversation and distinguishing what is said (that is only when he exercises the stapedius muscle by an effort of the will), it may confidently be assumed that the accommodating power of the ear is defective, or lost, in consequence of congestion and thickening of the lining membrane, plastic exudations, or adhesions in the cavity of the tympanum. The description of these symptoms and states of the middle ear, and of their liability to recurrence, will impress on your minds the necessity of preventing by timely treatment their becoming the source of permanent deafness."

TORSION OF ARTERIES. (a)

By Robert M'Donnell, M.D., F.R.S.
Surgeon to Dr. Steevens' Hospital, Dublin.

Mr. President and Gentlemen,—As the paper which I am about to communicate to the Society consists chiefly of a series of demonstrations as to the best mode of securing arteries by torsion, it is necessary for me not to make a written communication, as I should only have frequent interruptions in order to show the instruments, &c. It is unnecessary for me to enter at any length into the history of torsion. It is enough to remind this Society that in the year 1829 M. Amussat made his well-known communication on the subject to the Académie Royale de Médecine. The practice which he recommended was adopted by some of the leading French and German surgeons of the day (Boyer, Dupuytren, Velpeau, Lieber, Fricke, Shrader, &c.). British surgeons did not for some years take any notice of the subject. In 1834 Mr. W. B. Costello published a paper in the *Lancet*, "On the Torsion of Arteries for the purpose of arresting Hæmorrhage," but the practice was not followed. It was only a few years since, after Sir James Simpson had written extolling acupressure as a means of arresting hæmorrhage, that in a short note in the *Lancet* Professor Syme brought back the attention of the profession to the subject of torsion. It is probable, therefore, that the revival of this practice was really due to the rivalry existing between these two distinguished professors of Edinburgh. It is, however, unquestionably to the exertions of Mr. Thomas Bryant, of Guy's Hospital, and Professor Humphrey, of Cambridge, that torsion is now becoming an established practice. Since the appearance of Mr. Bryant's memoir on the subject in the "Medico-Chirurgical Transactions," 1868, it has been practised by my colleagues and myself in Dr. Steevens' Hospital, Dublin. We are, therefore, after so many years experience, entitled to speak with some authority on the subject. I quote, therefore, with great satisfaction the words of Mr. Colles, Regius Professor of Surgery in Trinity College, and Surgeon to the Queen, as expressing our joint experience: "For the last six or seven years," he says, writing on the subject in the *Irish Hospital Gazette*, "in Steevens' Hospital my colleagues and I have seldom resorted to any other means of arresting hæmorrhage even from the largest vessels, and we have never had reason to regret the adoption of the practice." Any one desirous of making himself expert in the art of arresting bleeding by torsion should begin by making a few experimental trials on vessels taken from the subject. One or two simple principles are thus learned. Suppose we take a few inches of the femoral or brachial artery cleanly dissected out from a recently dead subject, such as I have here. The end of the vessel is caught hold of by a pair of forceps (closing with a spring-catch or bolt) broad enough to catch the entire mouth of the vessel. By means of a second pair of forceps, such as these *(forceps exhibited)*, the vessel is seized at right angles. This second pair of forceps consists of two blades; a projecting ridge on one blade fits into an indentation on the other. Seized transversely in this second pair of forceps, the vessel is squeezed tightly, and thus its internal tunics are nipped across, while its outer coat, which is much tougher, is not. The second pair of forceps have now done all that is required of them, and the twisting is accomplished by the first pair, the vessel being overlaid and twisted at the point where the inner tunics have been nipped through.

(a) Communicated to the Surgical Society of Ireland, Feb. 4. The discussion will be found at page 157.

It is curious and indeed interesting to observe what happens as the twisting is continued. The inner tunics actually peel off and double up, becoming invaginated in the vessel; the external tunic twists into a firm cord with little or no tendency to untwist. The appearance of this invagination of the inner tunics is well represented by Mr. Bryant in the illustrations accompanying his paper already alluded to. It was, however, admirably figured long before by P. J. Manec in his works, "De la Ligature des Artères," 1832 (plate xi., figs. 2, 3, 4, and 5). A few trials, however, on the arteries of the dead subject, and a careful inspection of the result will do more than any illustration to satisfy the surgeon of the security which arises from the peculiar mode in which torsion obstructs the end of an artery. I would venture to assert that no surgeon who will take the trouble of investigating the matter by a few experiments of this kind will long resist the practice. It is obvious that torsion is not to be applied to all kinds of vessels in exactly the same manner. Experience teaches that we must adopt somewhat different expedients in securing by torsion vessels differing in size and position; the greater or less laxity of the tissue which surrounds the vessel, the character of its sheath, &c., all make it necessary to modify somewhat the mode of procedure. The surgeon should have at hand, therefore, several varieties of torsion forceps, since a pair well suited to twist one vessel may not answer so well for another. Perhaps the simplest and most practical mode in which I can hope to convey to those who have not as yet learnt the mode of torsion for themselves some idea of the details of the practice is by describing as accurately as I can how it may be done on different vessels. *First*, then, vessels met with in amputations of about the size of the radial or ulnar are easily secured. They are best twisted by the aid of toothed forceps, such as I have here. These forceps are, I believe, generally known as "Syme's torsion forceps." The vessel is to be seized right across its open mouth and drawn out a little; it is then caught just beyond the forceps, between the thumb and forefinger of the left hand, so that the nail of the thumb may give it a good pinch, and nip through the internal tunics; then twist and all is secure. The end may in the case of such vessels be twisted off or not, as the operator pleases. If the forceps catch the vessel by the lip only, or at the side, it will of course continue to bleed. In order to be successful the vessel must be caught entirely across the mouth, and the outer tunic must be twisted, as seen diagrammatically represented on the board. *Secondly*, if the vessel be surrounded by a large quantity of lax areolar tissue, as in the scrotum, prepuce, around the eyelids, or in the loose tissue forming the bed from which a fibrous tumour has been removed, the forceps last mentioned do not answer well. The teeth project too much. When twisted they catch in the loose areolar tissue, as a corkscrew would if twisted in tow; this prevents the proper twisting of the vessel itself at one point, viz., where the inner tunics are divided by being nipped. For vessels of this sort such forceps as are here (*forceps exhibited*) are very good. As before, the vessel is to be caught across the mouth, if possible, nipped by the nail of the thumb of the left hand, and twisted so that the external tunic is overlaid at the point where the nip has been made. *Thirdly*. Vessels lying in muscular tissue are sometimes troublesome to secure by twisting. This is not so when, as on the face of a stump, the vessel can be fairly and completely caught by the mouth. Here muscular branches of an artery are as readily secured as other vessels. But suppose, for example, that a breast has been removed, and the great pectoral exposed; a bleeding point on the muscle is seized and twisted; the part seized tears away readily and leaves a little pit bleeding more than before. The vessel has in truth been caught sideways and a piece torn out of it, all the more readily because the muscular tissue in which it is imbedded is friable. The difficulty in these cases arises from the fact that where we have to deal with a longitudinal and not a transverse section of a muscle there is more trouble in making sure that we catch the vessel right across the mouth. If it be scraped with the handle of a scalpel, perhaps, if need be, rather roughly, so as to let the vessel be distinctly seen, and caught, not longitudinally, but transversely across the mouth, the twisting maybe performed as readily as on any other vessel. *Fourthly*. Some special difficulty may be experienced in securing by torsion vessels which lie deeply between bones and in the close vicinity of a dense membrane,—as the interosseus arteries in the forearm and leg. In this case the vessel must be detached carefully, either by the handle of the scalpel or by dissection from its surroundings. Obviously if, in seizing such a vessel, the interosseous membrane is also taken hold of by the forceps, a successful twisting would be impossible. From this membrane the vessel must be entirely separated. *Fifthly*. Such vessels as the brachial, femoral, or popliteal, are in general very readily secured by torsion; in the great majority of instances it is only necessary to attend to the principles already laid down, viz.: 1st, to catch the vessel clean across the mouth; and 2nd, to divide by some means the inner tunics and twist the outer coat at that point. In all cases of amputation for injuries, where the tissue round the vessel is healthy, it is usually quite an easy matter so far to detach from the adjacent parts as to accomplish in a few seconds all that is necessary. If, however, we are amputating in the neighbourhood of diseased structures, sinuses, &c., where the parts are matted together, it is necessary by some touches of the point of a scalpel to free the vessel from the surrounding parts. Even then it cannot be drawn out as in the former case. The parts around are unyielding, and it is by no means easy to get space enough beyond the ends of the first or grasping forceps to apply the second or nipping forceps. Under these circumstances I adopt the following expedient. I place a silk ligature round the vessel immediately beyond the ends of the grasping forceps (which for large vessels are to be made big enough to catch the entire mouth of the artery). This ligature I pull home until it snaps across. To make sure of accomplishing this with some facility I have the silk fixed on wooden cylinders, so that it can without hurting one's fingers be pulled home until it snaps across. It invariably snaps at the knot, and is to be pulled off and cast aside. We thus accomplish, by a snapped ligature, what is done in other cases by the nipping forceps, and then proceed to twist; three or more half-turns are sufficient for the femoral, and I always in this case leave the end still adhering. If the wound is washed with chloride of zinc solution or otherwise properly antisepticized with carbolic acid water, &c., these portions do not act as foreign bodies, but are absorbed as Lister's catgut ligature is.

[Dr. M'Donnell then exhibited the brachial artery of a man who had died five days after an amputation of the arm, in which the brachial artery had been twisted. He said the vessel was perfectly secured, and that the extreme and which had not been twisted off showed no disposition to slough. This case was sufficient to prove that the objection raised as to torsion—that the extremity of the vessel was likely to slough and act as a foreign body—was groundless. There was in truth no more likelihood of this occurring after torsion than after the application of an ordinary ligature, as in this case also the extremity of the vessel had the same risk of sloughing.]

Dr. M'Donnell then proceeded:—The mode which I now propose, and which I have over and over again put in practice, of using a silk ligature, not too strong, pulled home until it breaks, for the purpose of dividing the inner tunics of the vessel previous to twisting, is very simple, and, I may add, very effectual. It supplies the place of the nipping forceps or the thumb-nail, and is applicable to vessels of all sizes which are unmanageable in other ways. In fact, no readier way of securing ordinary sized arteries can be suggested than to put on, first, a silk ligature, and then seize the knot in a pair of torsion forceps and twist it off; the vessel is perfectly secured, and there is no foreign body left behind in the wound. Large wounds are often then found healed on the twelfth to the fourteenth day; that is about the time that, in cases where a bundle of ligatures have been left in a wound, these are beginning

to separate. Some ingenious instruments have been devised for performing with a single instrument the double manœuvre of nipping the coats and grasping the vessel to twist it. Among these I would mention a kind of forceps invented by Dr. Addinell Hewson, surgeon to the Pennsylvania Hospital in Philadelphia. Dr. Hewson was good enough to present me with a pair of these forceps last year, when I had the pleasure of visiting his city. I have since then had several opportunities of using them, and found them do their work satisfactorily on vessels not surrounded with brawny, tough, infiltrated structure. Where, however, this condition exists, or, in fact, wherever there is any difficulty in drawing the vessels out a little from the surrounding structures, Dr. Hewson's forceps are open to the same objection as arises in attempting to use the cross-nipping forceps. There is not space enough to apply them, and to nip properly beyond the ends of the grasping forceps. The advantage of the ligature pulled until it snaps and comes away is simply that we can in this way accomplish all we wish to do as regards dividing the inner coats upon a very limited piece of the artery.

[Dr. M'Donnell also exhibited a pair of forceps devised by himself, and made by Messrs. Weiss and Co., of London, and designed also by a double manœuvre to nip through the inner coats and seize the mouth of the vessel so as to twist it; but he said he had not found the instrument successful in actual practice.]

It will be admitted that experience alone can give one confidence in this mode of arresting bleeding from large vessels. Practice can only make one expert in the performance of torsion. But it will, we feel confident, repay those who bear the first anxiety and take the trouble. There can be no more gratifying spectacle for a surgeon than to see a large wound (as after extirpation of a breast or amputation of a thigh) closed up without a single ligature remaining to interfere with primary union. Anæsthesia, torsion, and antiseptics, with catgut sutures, &c., seem to render almost perfect the healing of wounds after operations.

NERVOUS DIARRHŒA IN FEMALES. (a)

By Robert Lafayette Swan, F.R.C.S.,
Lecturer on Anatomy in Dr. Steevens' Hospital School.

I am desirous of bringing under notice a certain condition in which the rectum may be found, in the hope that information which may guide the practitioner in one of the most troublesome affections he is called upon to treat may be gained from some of the experienced surgeons present.

The condition to which I allude presents features both local and general which differ from those of ordinary anal fissure, usually readily amenable to treatment. On examining the part, the mucous membrane at its junction with the integument appears red and irritable, and small patches of excoriation are discovered. These occupy no definite situation, and are usually elongated in the axis of the intestine, at the posterior margin of the anus; one of these may present the ordinary appearance of an anal fissure, and may in the progress of the case be successfully treated by incision, without modifying the general state alluded to. This condition may or may not be associated with hæmorrhoids. The sphincter is usually tightly closed against the entrance of the finger, and the patient complains of considerable pain during and after its introduction. On withdrawing the finger it is found to be covered either by mucus or the contents of the bowels in a fluid state, but wholly unstained by blood or by any discharge resembling pus. After each examination a mucous discharge from the bowels or some fæces follows the finger or speculum through the sphincter and appears externally. The persons in whom I have observed this condition to exist were females between thirty and forty years of age, of indolent habits, and at the same time excitable temperament. On eliciting the subjective symptoms of each case, I found that a form of diarrhœa existed, to which the term nervous or emotional, in the absence of a better, might be applied. This we know under exceptional circumstances—such as great fear, or horror, is not an uncommon occurrence, even in health. It not unfrequently happens to the culprit as he is being prepared for the fatal drop; and history records that the great Dr. Johnson, under the influence of dread, met with a similar catastrophe. An exaggeration of this tendency can certainly exist, and trifling causes of anxiety which daily befall most people rendered for a time the existence of two individuals whom I have known wholly miserable by producing this diarrhœa at inconvenient periods. The persistency of this symptom led me to consider, might it not have an intimate influence on the condition of the anus? I concluded that it might be regarded in a great degree as the cause of the affection. In illustration, I shall briefly refer to two cases.

Mrs. R., aged 32, had been married several years, had one child, now nine years old. Had been suffering for the past two years from pain in the back and thighs, and soreness in the anal region. Received a shock some years ago, and states that she has since been extremely nervous, and any trifling fright has constantly produced diarrhœa, or a watery discharge from the rectum. She has had on many occasions to empty the bowels nine or ten times, in the morning especially, on the eve of any unusual undertaking. On my first interview this lady had to leave the room a couple of times for that purpose. After making a careful examination of the rectum by means of the speculum, no abnormal appearance could be discerned. The mucous membrane of the anus was as before described. The treatment at first consisted of topical applications—oxide of zinc, logwood, calomel ointment, &c. But seeing that the continued action of the bowels maintained the irritation, I directed attention to the means of arresting it. I adopted the plan of emptying the bowel by an enema early in the morning, and then introducing a sedative suppository, in the meantime using local remedies, and keeping the patient free from all exciting influences. These measures, followed by a tonic line of treatment, cold shower baths, and plently of exercise resulted satisfactorily.

In the second instance the association of the diarrhœa with the local state was still more manifest. Mrs. J., aged 38, had been many years before operated on for a very extensive fistula in ano; in consequence of its almost complete division, a considerable loss of power in the sphincter had resulted. On examination in her case, the muscle presented very little resistance to the introduction of the finger, and could but feebly grasp it when introduced. This produced a difficulty in retention, which increased her discomfort. A small pedunculated polypoid growth was seen immediately above the anal opening. This was removed by ligature: a well-marked fissure in addition to the general excoriation of the surface was present; this was incised, and soon healed. A similar plan was then adopted as in the former case, with the addition of blistering the sacrum and the administration of large doses of the brom. potass., which certainly was of benefit. Unfortunately for herself, this lady, expressing herself in the enjoyment of great and unaccustomed comfort, went last summer to Scarborough. While there a sad calamity, consisting of the drowning of two near relatives by the influx of the tide on the semi-circular coast between Filey and Scarborough, befel her. The consequent anxiety and grief produced an instant relapse of the old condition, and I regret to say that since her return to Dublin she has not benefited from treatment as much as might be desired.

(a) Communicated to the Surgical Society of Ireland' Feb. 4. The discussion will be found on page 158.

Clinical Records.

CASE OF SEVERE ORCHITIS FOLLOWING PARACENTESIS.

By C. P. Coombs, M.D. Lond.

The subject of treating orchitis by puncture of the testicle is now before the profession; the possible results of a slight wound of the organ, as occurring in a recent case, are therefore now given.

A. B., aged 58, labourer, has generally been healthy, but suffered about three years ago from a bad carbuncle on one knee. He applied to me on October 7th, 1875, on account of a boil on the lower part of the right inguinal region in such a situation that the paid of his truss rubbed it. The sore was not much inflamed, but caused him discomfort. As the same side of the scrotum was very largely distended with serum, I told him it ought to be tapped when the sore had healed. Accordingly, on the 21st he came for the operation to be done. The right inguinal canal was very large, and the hernia came down directly the truss was moved away; I told the patient to keep the bowel up with his hand. The small exploring trocar was then passed into the sac of the tunica vaginalis, not so vertically as usual, for fear of wounding the sac of the hernia. Not much serum escaped, and the testicle certainly was large. The man complained of pain, but not much, and walked home (nearly two miles) directly after the operation. Next day he walked for many hours, being very wet part of the time.

On October 23rd, two days after the tapping, he sent for me, and I found his testicle was much swollen, and very painful. Opium was given internally (it was continued for some weeks), and hot fomentations applied to the part, but the testicle continued to swell, and the pain increased.

On the 30th a trocar was passed into the tunica vaginalis and some serum removed, with slight relief. At this period the patient had rigors, a brown tongue, small and rapid pulse, and some broncho-pneumonia. Tincture of bark with nitric acid was therefore given him.

On Nov. 2nd the testicle measured about six inches vertically, with a circumference of about twelve inches. A trocar passed into the body of the organ withdrew about three ounces of bloody pus, and slight reduction of tension was manifest. But this loss of size was soon made up, and another trocar incision was made to the depth of 1½ inch into the lowest point, where was a fluctuating point, but no matter issued.

This was on or about Nov. 8; and from this date the treatment consisted of linseed poultices to the swelling, while the internal use of cinchona, with a nourishing diet and porter, were continued.

A few days later the *skin* and cellular tissue of the lower part of the lower part of the scrotum were swollen, tender, and red, the skin of the upper part being tense and shining, but with no disposition to a point; no discharge had occurred from the trocar wound.

On the 25th Nov. a large escape of matter took place from the back and lower part of the scrotum, near the middle line, and the testicle began to diminish in size. The pus was apparently escaping from the gland into the cellular tissue, and thence through the skin. By means of carefully adjusted pads, bagging was prevented.

When seen for the last time, on Dec. 11th, the convalescent testicle was only about three times the size of the other, and the scrotum looked healthy, the wound having healed.

Remarks.—The case passed out of my hands in the middle of November; but at the patient's request I saw him occasionally with his new attendant, and from that time my notes of the case are only fragmentary. As the testicle was large, the quantity of fluid small, and the trocar directed backwards, it is fair to conclude that the testicle was wounded in tapping, but probably the injury was a mere scratch. The sore on the scrotum points to an unhealthy state of the system; the testicle itself cannot have been in a perfectly normal condition. Anyhow, some or all of these factors sufficed to bring the man into a most critical state. Of course it is possible that the testicle was in a state of subacute orchitis, and that the exposure to wet and extra exertion of the day after the tapping stirred up the more urgent inflammation. At the time of greatest swelling I was much tempted to make a free incision into the organ, but there was some uncertainty as to the position of the hernia, and whether the testicle was not the subject of some morbid process other than simple suppuration.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

The fifth meeting of the Society was held on Friday, February 4th, 1876, Mr. E. Hamilton President of the College of Surgeons, in the chair.

EXTENSIVE DISEASE OF THE BONES OF THE FOOT.

Mr. W. J. Wheeler exhibited the foot of a child 7 years of age, who was admitted under his care, to the City of Dublin Hospital on the 16th November last year. The history of the case was briefly as follows:—On the 5th November, 11 days before admission, she strained her foot or hurt it in some way, so that on the day of the 6th, when asked, she was only able to place the heel and the ball of the great toe alternately on the ground. On admission, the foot was merely swollen and somewhat clubbed in appearance. There was a ganglion in the extensor longus pollicis tendon, which disappeared under treatment. On the 4th December an abscess pointed to the direction of the base of the second metatarsal bone, which he opened, and on passing a probe down he came on diseased bone. The incision partially closed, a small opening only remaining. At a little distance from this there came a second opening, and the foot presented the appearance which it now did with the two papillæ which the Society now saw. Having made an incision and on examining the diseased structures they found an erosion on the base of the second metatarsal bone, and the three cuneiform bones were carious on their anterior, posterior, and lateral surfaces. The cuboid bone was also diseased on its internal surface, the scaphoid bone on its anterior surface, and there was likewise disease in the astragalo-scaphoid articulation. On the articular surface of the bones there were pits or depressions with well-defined edges. That had been stated to be diagnostic of scrofulous disease, but it was doubtful with what truth. There were also present annular ulcers, as described by Paget, or spots of ulceration with circular trenches round a worm-eaten surface. He thought the specimen possessed some points of interest, verifying Mr. Syme's observation, that disease of the ankle-joint (commonly so-called) was more frequently between the astragalus and the os calcis, and not between the tibia and the astragalus; and further corroborating the experience of writers on conservative surgery, and diseases of the foot, that when the disease commenced in the situation which it did in the case now before the Society, it was almost useles to attempt to remove any portion of the bone, the disease being so extensive; there being one synovial membrane common to the three cuneiforms—the scaphoid, the cuboid, the three cuneiform bones themselves, and between the two outer cuneiforms and the bases of the second and third metatarsal bones, and also between the external cuneiform and the cuboid. He operated on the child on Tuesday morning last, according to Mr. Syme's method, having first applied Esmarch's bandage, and the case had since been progressing most satisfactorily.

EXCISION OF THE BONE OF THE FOOT.

Mr. Croly exhibited a foot which he had removed on Tuesday morning last from a young man in the City of Dublin Hospital by Mr. Syme's method at the ankle-joint. The history of the case was briefly this:—About 8 months ago the wheel of a cart went over this young man's foot, and he was

placed under the care of his (Mr. Croly's) brother, Dr. Albert Croly, at Stillorgan, and he tried all the usual remedies to reduce the inflammation; but the boy being of a strumous habit, the inflammation resulted in the formation of a large abscess on the dorsum of the foot. He became a patient of the City of Dublin Hospital, and on a probe being passed down, it went into the sac of a large abscess corresponding with the cuboid and the three cuneiform bones. After consultation with his colleagues, Mr. Croly decided on trying the preservative operation, and he removed the cuboid and the three cuneiform bones, Esmarch's bandage having previously been applied, and seeing the cartilage sound on the rest of the bones, he determined to try and save the patient's foot. It was really very interesting to watch the case afterwards, because the granulations formed, and having removed these three bones, the foot seemed to be getting well. He was very glad to see such an improvement in the foot, and he thought the case likely to end well without any further operation. However, fresh abscesses formed, not only at the site where the bones were removed, but also over the scaphoid bone, and then the boy got symptoms of hectic fever, and was running down with it when he (Mr. Croly) removed the foot by Syme's method. He thought the interesting point in the case was the disease coming on, not from any constitutional cause, but from direct injury; then, the three cuneiform bones and the cuboid having been removed, the disease set up so actively afterwards as to necessitate the removal of the entire foot.

Dr. ROBERT M'DONNELL then made a communication on

TORSION OF ARTERIES,

which will be found on page 153. In the discussion which followed,

The PRESIDENT said the communication made by Dr. M'Donnell was one of great importance to the Irish School of Surgery, and, he thought, one they ought not to pass over without discussion. He might mention that very lately they had experience of the benefit of this mode of dealing with arteries in a case of amputation of the arm in a machinery accident. It might occur to some persons that torsion would not possibly stand the force of the circulation; but in the case he had referred to it was satisfactorily illustrated, inasmuch as after torsion the brachial artery used to protrude from the surface of the wound with immense force, and retract like the movements of the piston of a steam-engine, and there was not the least discharge of blood from it. In that case the wound was contused a good deal, but still, by the use of torsion and antiseptic surgery, the wound united without the formation of a single drop of matter. In that case he was at one time himself inclined to adopt the plan of the antiseptic ligature of catgut, but he had lost all faith in that treatment after a case of secondary hæmorrhage from a catgut ligature. He was therefore in favour of torsion as contrasted with catgut ligature.

Dr. BARTON said that for some years in the Adelaide Hospital he and Mr. Richardson had adopted torsion, and had every reason to be very well satisfied with the results. There were one or two points, however, that from time to time engaged their attention that he might refer to. In some of the very small vessels close to the periosteum, to which he (Dr. M'Donnell) had alluded, he found it impossible to secure them very satisfactorily by torsion. It might have occurred from their not being provided with forceps with a sufficiently narrow beak, and at the same time provided with teeth, but it certainly did occur with ordinary forceps that in those small vessels bound down by the periosteum, or by firm fascia, the operation was not so readily accomplished as to induce the surgeon to waste time over them. They had, however, invariably found in large wounds that the larger arteries did remarkably well. They had frequently held the femoral artery with the catgut ligature. Mr. Richardson's *presse artère* answered the purpose very well, and was allowed to remain on an artery the size of the femoral for about four days, and it did not interfere with the healing of the wound. But for years Mr. Richardson and himself (Dr. Barton) had adopted torsion, and had found it answer in every way, and he believed it had materially aided in the successful treatment of wounds, inasmuch as it avoided the presence of any foreign substance in the wound. He would like Dr. M'Donnell in his reply to state specially how he used the ligature so as always to break it off in the proper spot, for that did not turn out very successful in his hands, and he gave it up for the torsion forceps.

Mr. CROLY said he might mention that when torsion was re-introduced by Professor Syme he got a pair of his torsion forceps, but having found them not so satisfactory in practice as he desired, he gave them up. He confessed that he did not probably take time enough with those forceps, and occasionally he found the teeth of the forceps entangled. He would then throw the forceps aside and ask for the ligature, especially as at that time Professor Hargrave was in the habit of saying "Throw aside your torsion and put a good ligature on." Sometimes he (Mr. Croly) twisted arteries, and sometimes he tied them. Lately he happened to pay a visit to London—the week after Christmas—and he was certainly greatly struck with the way in which torsion was performed in the London hospitals. Amongst these institutions he went to Guy's, where he saw Mr. Bryant use a torsion forceps which he (Mr. Croly) now had the pleasure of exhibiting to the Society. (*Forceps exhibited.*) He (Mr. Croly) was greatly struck with the facility with which Mr. Bryant and others twisted all the arteries. Mr. Bryant mentioned one case to him which he (Mr. Bryant) considered to be a very instructive one. A lady had an aneurism of the facial artery: he cut down over the facial artery to divide the artery across with a scalpel, twisted both the ends, closed the wound by the antiseptic method of carbolised gut, and it united by the first intention, and the aneurism was there and then cured. He saw Mr. Durham and Mr. Bryant operating, and he saw them slipping the little forceps (just now exhibited) on the arteries and twisting them with considerable facility. He (Mr. Croly) went at once to Mr. Millikin's and obtained a pair of those forceps. Mr. Bryant told him that this artery forceps was the one in which they had the greatest confidence in in Guy's Hospital. The other morning he (Mr. Croly) had a Syme's operation in which he twisted the anterior tibial and plantars, and the forceps answered admirably. He closed the wound by Lister's method, and twisted the arteries, and he had no trouble with them. As far as he was concerned, he was strongly in favour of torsion. At one time he was in favour of acupressure, but he thought that practice had been almost entirely given up. He thought they should all give torsion a good trial, and especially now that they were so much in favour of the antiseptic treatment of wounds. He was determined to give torsion a full trial.

Dr. SWAN remarked that while at Steevens' Hospital, when the ligature was used, he had seen a good many stumps opened for the purpose of arresting secondary hæmorrhage. Such a practice was now, however, unknown. The first habit of the surgeon used to be to multiply the number of ligatures, and some tried created irritation. More time was now taken in securing vesssels by torsion, and small vessels that would otherwise escape the application of the ligature were now secured.

Mr. B. WILLS RICHARDSON inquired what were the largest arteries that Dr. M'Donnell had twisted?

Mr. W. J. WHEELER said he had an opportunity of trying the plan that Dr. M'Donnell recommended with smaller arteries, and adopted the means described in his pamphlet, that of the silk ligature attached to two pieces of wood, and on the three occasions that he (Mr. Wheeler) used it he never found any difficulty. They all broke at the knot, as Dr. M'Donnell had described. On the other two occasions on which he (Mr. Wheeler) twisted arteries—one was the radial artery, and the other a small artery situated in the neck, and opened as the result of a wound—on both those occasions hæmorrhage followed. That might have been from the torsion not being sufficient. In the case in which he cut through the internal and middle coats of the artery with the silk attached to the wood, as suggested by Dr. M'Donnell—that case was perfectly successful, and no hæmorrhage followed.

Dr. M'DONNELL, in the course of his reply, said that, with regard to Dr. Barton's inquiry, he had merely stated that which was a matter of fact. The best way he could show that was by performing that part of the operation. There was no fear but that the silk broke at the knot. (Dr. M'Donnell then demonstrated this fact successfully by fastening a silk ligature around a portion of an artery, the silk breaking at the knot, and the artery being firmly caught.) The vessel was now perfectly secured by twisting it. Large vessels were the ones on which it was most convenient to use the ligatures. Mr. Richardson had asked what sized vessels he (Dr. M'Donnell) had twisted. He had twisted the radial, the brachial, the popliteal, and the femoral; the femoral was the largest. He would not, however, have the slightest hesitation, if it were needful to do so, to twist the external iliac and

nothing could possibly be more complete than the occlusion which such a vessel would give. It had been proposed by Mr. Colles that this mode of occluding vessels might be used in continuity. He (Dr. M'Donnell) knew that in torsion there was nothing new, nor did he claim anything new for it; he merely urged upon the members of the Society what he believed to be an admirable practice, and one which was of far greater moment now than formerly. Their object now was to have their convalescence as rapid as it could be, and it was in that view that he thought torsion had now a value far beyond what it had in former times. In torsion they had very much the choice between the catgut ligature and twisting, and of those two he could not help thinking that, from consideration and what they had seen, torsion was the best and most secure, because it gave complete and intact the vessel within itself, and they could hardly fancy that a vessel in such a position could ever burst or begin to bleed again; at all events, they knew that if the catgut ligature was used there was nothing to prevent the vessel being trumpet-mouthed and open; even in John Hunter's own case the vessels gave way, and were trumpet-mouthed, and the process had not gone on. He (Dr. M'Donnell) supposed they never would get a means absolutely certain, but as far as their knowledge went the method he had been describing made the occlusion of the vessels as complete as human skill could make it.

Mr. SWAN then read his paper on

NERVOUS DIARRHŒA IN FEMALES,

which will be found on page 155.

Mr. F. T. PORTER asked Mr. Swan whether he considered the affection peculiar to females. During the past month he had had two very troublesome cases in gentlemen—in both caused by anxiety of mind.

Mr. SWAN said he had never met the disease in men. No doubt the circumstances that Dr. Porter had alluded to were the fact, but he (Mr. Swan) had no knowledge of them, and therefore he could not furnish an answer to the question put.

The Society then adjourned.

PATHOLOGICAL SOCIETY OF DUBLIN.

AT the meeting held on Saturday, Dec. 11, 1875, Dr. HENRY KENNEDY, President, in the chair,

Dr. THOMSON said the specimens he exhibited were removed from the body of a man, aged 74, who died in the Richmond Hospital in the early part of last summer. He presented himself at the dispensary and complained of urgent urinary symptoms, and at the time presented many of the prominent points which led to the belief that he was suffering from urinary fever. He was at once admitted to hospital and placed under treatment. On examining the rectum, being guided to that by the symptoms which the patient had described, a very large tumour was found, caused by the enlarged prostate. He was suffering very great irritability of the bladder, and was unable thoroughly to empty it. He (Dr. Thomson) at that time thought he had simply to deal with a case of enlarged prostate, having regard to the fact of the man's age and the history of the case. He said he had never had any trouble with the urinary organs until three months previous to his admission to hospital; from that time up to about a week before admission he had simply suffered from occasional irritability of the bladder, and the need to pass water frequently during the night. The symptoms presented rather led to the belief that he was suffering from retention, caused by the enlarged prostate, and he was accordingly treated for that. He (Dr. Thomson) thought, however, that in addition to the large prostate it was quite possible that the patient might have a calculus, but in the condition in which he then was—a high state of fever—the cystitis that he was then suffering from he (Dr. Thomson) did not deem too excessive to do more than pass an ordinary elastic catheter and relieve the bladder of the urine. The symptoms got worse, and the patient died a fortnight after admission. At the post-mortem examination the bladder presented all the ordinary appearances which were found in cases of chronic cystitis. At the anterior portion of the bladder was found a small pouch, into which probably a mass about the size of a playing marble would fit, and the tissue was extremely thin. Upon further examination it was found that a quantity of pus had passed through a small frayed opening in the bottom of this pouch into the pelvic cavity. On examining the kidneys it was found that they were both the seat of very extensive disease. In the left kidney it was perceived—firstly, that the whole surface of it was thickly studded with a number of small abscesses, which looked at the time very like a number of pustules; they varied in size from a grain of wheat up to a fourpenny-piece; they were scattered closely all over the surface of the kidney. On the left side the covering of the kidney had been separated and formed into a large cavity which was filled with pus. The whole surface of the other kidney was covered with small pustules or abscesses, and in both cases the substance of the kidney was greatly disorganised. They found in addition to this that the suggestion which he (Dr. Thomson) made at the time the man was under treatment, as to the possibility of a calculus being in his bladder, was correct. Dr. Thomson then exhibited a beautiful specimen of oxalate of lime calculus, one which was sufficiently common, generally speaking, but in this country it was not so very often seen. It was otherwise known from its general character as the mulberry calculus. The points of interest in connection with the case were the fact of the calculus being found in the bladder, in which the symptoms certainly had not existed for many months, and the possibility of that might be accounted for by the presence of the pouch, of which there could be no doubt, and that possibly the calculus was for a certain time encysted in it, and finally made its way into the general cavity of the bladder and set up irritation. There was no peritonitis.

Dr. JAMES LITTLE said the specimen he wished to bring under the notice of the Society exhibited in a tolerably typical manner the usual characteristics of malignant disease of the liver—what was called Farr's tubercle of the liver; that was that they found on the surface of the liver in that position usually occupied by malignant disease a number of tubercles which stood out and were sharply defined from the surrounding liver structure. They varied in size from the circumference of a threepenny piece to one at least of that of half-a-crown, and they all presented very distinctly the depression in the centre. They were all in that condition which appeared to arise from destructive atrophic changes taking place in the centre of the malignant mass, while it was spreading in its circumference. The specimen also presented the usual features of malignant disease of the liver in the fact that it was secondary to malignant disease of the stomach. On laying open the stomach they perceived a mass which was much more fungoid when the specimen was fresh than now, and which the history of the case justified then in believing was the original disease. There were two features, however, in the case which were somewhat uncommon. One was that a large portion of the left lobe of the liver had undergone destruction. There was what might be called in a vague way an abscess formed in the left lobe of the liver. It was not a truly inflammatory abscess, such as was accompanied by the formation of matter—it was rather gangrenous, and he believed it was caused by malignant disease which destroyed the nutrition of the vessels that kept up the integrity of that portion of the liver. There was also matter formed between the upper surface of the liver and the diaphragm, and pleurisy existed at the lower part of the right lung. The clinical history was mainly interesting from the fact that, although for a short time before death it was tolerably apparent the nature of the disease from which the man was suffering, during the greater part of his residence in hospital the symptoms were not sufficiently distinct to lead to a direct diagnosis. The man was ill from January; the symptoms had been comparatively vague—loss of appetite, gradual loss of flesh and strength, some uneasiness in the epigastrium and right enchondroma. He complained of pain, and latterly of continuous pain, but it was of that dull, comparatively undistressing character, which they would hardly believe would indicate such a large amount of disease. However, one thing which he thought would often justify a belief in the existence of malignant disease was present in this case, and that was that the mental condition of the patient was one of peculiar apathy. The diagnosis he (Dr. Little) made in the early period of the case was that it was an example of abscess of the liver, due to residence in the tropics, and he believed the patient had simple disease of the liver. His symptoms pointed to hepatic disease, and while in hospital on three occasions he had three well-marked rigors. The interesting points in the case were—first

that it presented the typical appearances of Farr's tubercle of the liver; that it was secondary to malignant disease of the stomach, as was usually the case; thirdly, that a large portion of the left lobe of the liver had become destroyed, and was converted into a gangrenous mass; and lastly, the formation of pleurisy and the formation of purulent matter between the upper surface of the liver and the diaphragm. The clinical history of the case was marked by the comparative slightness and indistinctness of the symptoms. The loss of appetite was worth noticing. In the beginning of malignant disease of the stomach, he thought the first symptom was the persistent loss of appetite. The usual complaint of the patient had been that he felt as if he had always eaten something that was too rich for his stomach, and that he did not care for anything else.

Literature.

THE DISEASES OF THE HEART AND OF THE AORTA. (a)

[CONCLUDING NOTICE.]

THE seventh chapter is on "Disease of the Lining Membrane of the Heart," and is divided into endocarditis and structural disease of the valves. The author alludes to the great rarity with which endocarditis exhibits itself, except in union with the rheumatic diathesis. We agree with him in this. At the same time both endo- and pericarditis we know do occur *per se;* that is, not being attended with the special diathesis, nor any form of rheumatism being present. There is one form of pericarditis too which we rather think has not been as clearly recognised as it deserves to be. It might be called the strumous form. It is a disease *per se*, exhibits itself very usually in patients of both sexes from twelve to fifteen years of age, and is in every respect analogous to the disease which so frequently attacks the pleura. In these cases the contents of the pericardium when examined after death are those which would be called strumous, and tubercles frequently exist. We repeat, it seems to us important to recognise this form of disease. Amongst the causes of pericarditis the author speaks of cold, and quotes a case given by Stokes, in which this seemed to be the immediate cause. We have seen a similar case ourselves. An elderly female, who never had rheumatism, had occasion to get up during a cold night. She was seized with rigor while still up, and severe pain over the heart. All the symptoms of pericarditis developed themselves with extreme rapidity and violence, and she died on the third day. On examination the pericardium contained a quantity of a very dry lymph, presenting itself in masses as large as a walnut. On the question of the relative frequency of endo- and pericarditis we would agree with those who look upon the former as by much the most frequent affection, and of course attacking the left side of the heart. On this point our author holds that acute pericarditis is more common than acute affection of the valves. We are at a loss to explain this opinion. For all our experience goes the opposite way; and on the very next page (797) we read: "Hence it may be assumed that the mitral valve is, *par excellence*, the seat of acute endocardial inflammation." The author notices the interesting fact that before birth the right side of the heart is the part which commonly exhibits disease. We must say this is new to us, and is certainly of importance. He attributes it to the oxidised blood from the placenta going directly to the right cavities of the heart: and this would seem to be a rational explanation of the fact Into the causes of the valves being attacked we need not enter, further than to say that the opinion which makes lactic acid a cause of acute rheumatism, as shown by Foster, seems to us absolutely proved. This was first shown by Richardson in animals, and then confirmed in the human subject by Foster. The question may, we think, be asked here, Is lactic acid the only cause? May not other agents effect the same end?

After a very full account of acute endocarditis the author enters into the question of the treatment of such cases; and we are very glad to observe that he advises the adoption of a cautious antiphlogistic plan. With the writer, we entirely ignore the scepticism which is so widely diffused at present, and which it appears has been advocated by Niemeyer, who was quite sceptical of all modes of treatment. We would even go further than our author, for he seems to think that a complete cure is not to be expected. We believe it may; and can see no reason why what we see occurring in the eye may not also occur in the heart. There is one point on which our author dwells which does not exactly square with what we have seen; we mean the frequency with which the walls of the ventricle are affected at the same time with the valves. The writer speaks of it as being common at first. With ourselves this has not been so; we mean in first or second attacks. Subsequently it is to be observed, and then has a most important bearing on the future of the case. Some of the returns given by the author as to the frequency of special valve disease are worthy of notice here. He takes them from post-mortem examinations made by himself in 44 cases. Thus, he states aortic valve disease is essentially a disease of advanced life, and of the male sex; whilst its cause, amongst the working classes, is the abuse of strong drink, and amongst the wealthier classes is gout, or the lithic acid diathesis. And again, out of 26 cases of disease of the aortic valves only 2 were associated with rheumatism. The author thinks that sudden death in aortic valve is very exceptional, and in this we agree with him; and further, that when it does occur degeneration of the heart's structure exists. In the treatment of the affection the author alludes to the importance of the views put forward so far back as 1832 by Sir D. Corrigan, who, at that period, not only deprecated the use of digitalis, but recommended a tonic line of treatment, in which he has been fully borne out by all subsequent writers. It is right to observe, however, that our author states this drug may be given provided its depressing effects are guarded against by combining it with such a tonic as iron or ether. Several cases, some illustrated by tracings of the pulse in this peculiar form of valve disease, are very fully given by the author. (a)

A large part of this same chapter is devoted to the consideration of disease of the left auriculo-ventricular opening. On this subject a considerable difference of opinion exists as to whether narrowing of the opening, stenosis as it is now called, can be diagnosed. Our author states that it can, and he founds his opinion mainly on the presence of two symptoms, which are, first, a presystolic murmur, and secondly, fremitus. We do not profess to give an opinion on the exact time the murmur is heard in these cases, and it is on this, the author states, the exact diagnosis depends. For ourselves, the place where the murmur is heard loudest and the circumscribed area it occupies have been the grounds for making our diagnosis; and we believe this means will very seldom deceive us. Still we admit we have been mistaken, and have looked for disease of the opening where examination after death proved none existed—either stenosis or dilatation. What did exist was fatty degeneration of the wall of the ventricle, especially close to the opening, and slight dilatation of the ventricular cavity. The mitral valves were healthy, and there had been no fremitus.

(a) "The Diseases of the Heart and of the Aorta." By Thomas Hayden, Fellow of the King and Queen's College of Physicians; Physician to the Mater Misericordiæ Hospital; Professor of Anatomy and Physiology in the Catholic University of Ireland; Member of the Royal Irish Academy; Corresponding Member of the Accademia Fisio-Medico Statistica of Milan, &c., &c. Illustrated. Dublin: Fannin and Co., 41 Grafton Street. London: J. and A. Churchill. 1875. Pp. 1232.

(a) The author expresses his thanks to Drs. Nixon and Grimshaw for these tracings.

The murmur which occupied the first sound was not constant, and was distinctly louder on some days than others. Whether our author would have made a correct diagnosis of such a case we will not take on us to say. Speaking of fremitus in these cases, we must observe that it is in our experience rare, much more so than it was with our author. Whenever or wherever it exists, however, we have ever considered it a strong proof of the existence of organic disease. Besides the subjects we have noticed, the author has also treated in this chapter of disease of the pulmonary artery, narrowing of both auriculo-ventricular openings, and disease of the coronary arteries. Though much interest attaches to these affections, we do not feel it necessary to allude to them further here.

Chapter VIII. is on "Formation and Migration of Blood Clots." This, though a short, is a very interesting chapter, and includes the subject of embolism and phlebitis. According to our author, the right side of the heart is by many degrees more frequently the seat of thrombosis than the left, and this he attributes to the greater weakness of the right cavities, which is, of course, greater when disease, such as dilatation, exists. For ourselves, we are under the impression that these affections—embolism, thrombosis, &c.—are more common of late years than formerly; and if asked for an explanation of this, we would set it down to the tendency of the present day to feed, or, we should rather say, overfeed patients. The orders now so constantly given to keep up the strength are overdone, and, we believe, often lead to mischief, especially the affections treated of by our author in this chapter. But the point is too important and extensive to enter into further here. The author speaks of capillary embolism in the extreme vessels, and of the effects which result when the brain is the organ attacked. We do not, however, notice here any allusion to the opinion advanced recently by "A London Physician"—we forget his name—to the effect that chorea was caused by this state of the vessels in certain parts of the brain. To us this appears a very doubtful point, and is hardly to be reconciled with the fact that in the great majority of instances sleep puts an end to the choreic movements. The subject, however, seems worthy of further consideration.

Chapter IX. is on "The Neuroses of the Heart." This includes such affections as hysterical, dyspeptic, and gouty palpitation, and the same arising from anæmia, cardiac asthma, angina pectoris, and exophthalmic goître. The reader will find some interesting cases detailed of palpitation resulting from the over-use of tea, and this, though not a fatal disease, is one often of much consequence to recognise, and far more frequent than is usually thought. The account of angina pectoris is very concise and good. The author considers it essentially a neurosis, and we believe he is right. The several causes, however, which have been considered capable of inducing the affection are all given. Some of these, as our readers know, are organic, such as disease of the coronary arteries and fatty degeneration of the heart itself; and there can be little doubt that, when present, they give a strong tendency to the development of the symptoms known as angina pectoris. But it must not be overlooked that the two organic diseases named often exist, and yet no angina declares itself; and, again, angina may declare itself where there is no real disease. We believe spasm plays an important part in causing this grave affection.

The concluding part of this chapter is taken up with the remarkable disease known as exophthalmic goître. The account of the disease is very full, and the details of the examination after death of some cases are also given. Fatal cases of this disease are so rare that these details are the more valuable; but as our space is rapidly lessening we cannot enter further into this interesting subject here.

The tenth and concluding chapter is on "Diseases of the Aorta." This, of course, includes aneurism of both the thoracic and abdominal aorta. Need we add what an endless variety of forms and phases this disease exhibits? Every half-inch of the vessel, from its origin to its division into the iliacs, has its own story to tell; hence it scarcely comes within the reach of probability that any one writer can advance all that is known on the subject. Yet our author has managed to bring into this chapter a great mass of interesting and practical matter—more, indeed, than exists anywhere else on this disease. It was right, too, that, in a medical aspect, aneurism should have been treated in a masterly way, for Irish surgeons—and foremost amongst them the late Dr. Billingham—have brought the treatmsnt of external aneurism to a great state of perfection, and gained the most important step since the days of John Hunter; and now, again, the Irish School, in the person of Mr. Tufnell, have gained a most important step in the treatment of internal aneurisms, and proved, as it appears to us, that this terrible disease can be deprived, in part at least, of its terrors. How far the plan may become general and applicable to the majority of cases remains yet to be proved; but that it can effect a cure in some instances seems certain. For the details, however, of the plan, we must refer our readers to the work before us; and, indeed, we find we must now bring to an end our notice of this work. In doing so we would venture to suggest to the author the prudence of dividing his next edition into two volumes. The cases, too, we think, might be printed in smaller type, if, indeed, he would consider it advisable to give them all again in detail. The divisions, too, of the chapters, and the several forms of the diseases of the heart, might, we think, be more distinctly divided than they are; it is quite true there is a very elaborate index, but readers like to see these matters in the table of contents, and so we suggest them to be placed there. With these few suggestions we take our leave of this work, and in doing so feel that our notice of it has been meagre in the extreme. It has not reached even to a sketch, but is a mere etching, for in truth the work is a great one, and, considered as the result of the labours of one man, a vast undertaking. In the preface the author returns his thanks specially to Drs. Duffy and Nixon for their valuable help, but, great as it was, it must have constituted a very small portion of the labour spent on the work. That it will be the standard volume on diseases of the heart, and for a long period to come, we cannot doubt. The research displayed in it is of the most extended kind, and the anatomy and physiology of the organ most elaborate, and up to the very latest knowledge of the day. The engravings, too, and tracings are very well executed. But above all, the personal experience of the author seems to have been very extensive, and has thrown over the entire work a practical aspect which must commend it to the approval of the profession at large. For ourselves, we cannot speak too favourably of it.

THE YEAR-BOOK OF PHARMACY. (a)

THE Year-book of Pharmacy for 1875 recently published contrasts favourably with any of its predecessors. There can hardly be a question as to the value of these periodical retrospects of science; were it only as a means of facilitating reference, they must prove an incalculable benefit to those for whom they are compiled.

It is of the utmost consequence that the editing of such publications should be undertaken in a spirit of rigid impartiality, and in such a spirit we are satisfied Mr. Siebold has approached his task. Great care seems to have been expended in the selection of papers, and we are especially pleased to see that foreign pharmaceutical literature has not been slighted.

The plan of the book is similar to that hitherto adopted. It opens with an admirably written introduction, from the pen of the editor, in which he summarizes the chief papers of interest which are given in the body of the volume. The first 400 pages constitute the "Year-book" proper; the following 250 pages being devoted to the

(a) "The Year-book of Pharmacy for 1875." London: J. and A. Churchill. 1875.

Transactions of the British Pharmaceutical Conference. When we mention that under the headings "Pharmaceutical Chemistry," "Materia Medica," and "Pharmacy," abstracts are given of no less than 270 papers, and that these are followed by copious "Notes and Formulæ," we shall have given some idea as to the extent of ground gone over. Some extremely valuable papers are given in full as having been read at the British Pharmaceutical Conference. We regard the work as being a careful as well as a copious record of the progress of pharmacy at home and abroad, and as being highly creditable to all concerned in its publication.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 23, 1876.

ZOOLOGY IN IRELAND.

ALTHOUGH it is not strictly our function to review the management of scientific societies, one cannot allow the annual report of the Irish Zoological Society to pass *sub silentio*, inasmuch as it seems to us to embody one of the most flagrant manifestations of incompetency of administration and misuse of public money which a public society has ever been guilty of. The Royal Zoological Society of Ireland does not conduct its operations under any difficulty except that of its own creation. It possesses the only zoological collection in Ireland—is one of the very few places of amusement which strangers can visit in the daytime—is seated rent-free in a beautiful part of the Phœnix Park—is subsidised by Government with a yearly grant of £500—and has received large additional sums for purposes of improvement. Despite these advantages, of which a private speculator would have made a fortune, the society has dragged out its scientific existence for years under the pressure of unremitting impecuniosity, and has lived rather by begging for subscriptions and mulcting the working classes than by offering an attraction to visitors. Every effort to stimulate the society into efficiency has been futile, and even three yearly grants of £2,000, made to it some few years ago, proved inefficacious to excite any interest in the Gardens, having been mostly spent on comforts and decorations for which the public or the animals cared nothing.

Three years ago the usual state of semi-bankruptcy of the society having become unusually inconvenient, and the subscribing public of Dublin having been thoroughly begged out, the managing Council fixed upon the ruinous idea of increasing the income, not by improving the attractions of the Garden or reducing the expenditure, but by doubling the price of admission and keeping the stock of animals at a minimum, of which more. The present annual report gives the natural result. In the year 1873 the cost of admission on week-days was sixpence, and for the working classes on Sundays one penny. In that year nearly 148,000 persons visited the Gardens, and the gate income was £1,450. The next year, 1874, when the Council had raised the admission fees to one shilling for week-days and twopence for Sundays, the attendance fell to 109,000, and the income was less than before by a few pounds; and in the year 1875 the attendance has again gone down to 104,000, and the income stands about the same. It thus appears the society has sacrificed 42,000 visitors, has shut out nearly one-third of its patrons for a nominal money gain, or no gain at all, and the working and middle classes have been excluded in great numbers from the Gardens in a useless and prejudicial attempt to make good by a forced income the long-continued shortcomings of administration.

But a further perusal of the report illustrates still more forcibly the miserable condition into which the present practically self-elective Council has brought the Royal Zoological Society. As a scientific body, it is and has always been a nonentity; as a place of popular amusement, the attractions of its gardens have dwindled to the most contemptible meanness. Its subscription income of 1875 is barely more than two-thirds of the amount at which it stood in 1874, and is (with one exception) less than it has been for any year since 1870. Its stock of animals is less in number than it has been for seven years, and the void created by the death of handsome and interesting carnivora and reptiles has been filled up by the addition of dickey-birds to the collection, every one of which is taken credit for as an "animal" in the report. This dearth of zoological attractions is accounted for on an examination of the sums spent in purchase for the last ten years, which shows that the Council could in the past year afford to spend only £107 in keeping up their collection, the most pitiful outlay of the last nine years. Lastly, the report records the death of the old lioness, the principal attraction of the Gardens, and the mother of successive broods of young lions, the sale of which brought no less a sum than £1,400 to the income of the society.

In view of all these facts, and of the further circumstance that the society's over-draft at their bankers has nearly trebled since last year, we are astonished to observe that the Council consider the state of the Society as "satisfactory." So far from concurring in this view, we regard the Society as bankrupt alike in purse and public interest. It has within the year lost one-third of its subscribers and nearly one-third of its visitors, its stock-in-trade has run down to the lowest ebb, and it has no money to buy more. The most interesting and most money-making animal in its collection has died, and its coffers are tenantless, and all this is what the Council

calls "satisfactory." If the Gardens were a private speculation we might be content to take no notice of these facts, but as the society claims to be regarded as a scientific and educational institution, and receives a considerable sum from the public funds each year on the faith of this character, we hold ourselves entitled to protest against the system of management which has brought a prosperous and useful society to such a melancholy decadence.

THE MEDICAL INSPECTORSHIP OF THE IRISH LOCAL GOVERNMENT BOARD.

THE appointment of Dr. Croker King to the office of Medical Commissioner of the Irish Local Government Board, in the room of Dr. John MacDonnell, being a settled affair, the profession in Ireland is concerned about the succession to his office of Medical Inspector. The selection of Dr. Croker King can give no occasion for cavil, for, though we do not regard his fitness for the post as equivalent to that of the other leading competitor, Dr. Rawdon Macnamara, nevertheless Dr. King has proved himself an excellent public officer and a man of intelligence and independence of mind, and his advancement would deserve approval on the principle of promotion within the service if he possessed no merits of his own. It has long been felt that the Medical Commissioner has not exercised his full influence in the deliberations of the Local Government Board, and that the acts and policy of the Board have thus been allowed to lapse into the hands of the Vice-President, who has shown himself before the Parliamentary Committees and on other public occasions by no means a partisan of the medical profession. Dr. Croker King's public career shows him to be a man who can form a strong judgment, and, if necessary, defend his opinion and maintain his authority, and, in this sense, he is distinctly the right man in the right place. The apprehension of an abolition job felt by the profession in the case of the Medical Commissionership is now shifted to the Inspectorship, and a strong fear exists lest an attempt may be made to get rid of another doctor and fill his place by some relative or friend of those in authority. A few years ago the number of medical inspectors was fixed by the Poor Relief Acts, and it would not then have been possible to occupy Dr. Croker King's place with any but a medical man; but since then, on the reorganisation of the Local Government Board, powers were taken to substitute lay inspectors. We have good warrant for the belief that there is at present no intention on the part of the Local Government Board to appoint any but a medical man, and that the reports as to the advancement of a lay *protégé* are without foundation. It by no means follows that the importunities of hungry candidates with parliamentary and personal influence to aid them may not induce the commissioners and higher authorities to waver in this resolve, and we therefore take leave to say, on behalf of the profession, that, so far as it has power to offer resistance to the substitution of a layman for the medical inspector, it will contest the point. Looking at the matter from its narrowest point of view, we observe that the medical inspectorship is a part of the already infinitesimal patronage which Irish medical men have a chance of enjoying, and a large class of useful public servants ought not wantonly to be deprived of one of the very few inducements to industry and activity which are within their reach. But to take a wider view, we would point out the indiscretion of taking the immense Poor-law medical organisation of Ireland altogether out of medical hands and entrusting it to lay inspectors, who *cannot* be capable of working it satisfactorily. Within the limits of the Poor-law Medical Service, or of those who have held office under that service, there is no lack of competent candidates, and we have already recorded the names of Dr. Whistler and Dr. Kerans as possessing claims to consideration. We hope that no inspector will be appointed, no matter what his other qualification may be, who has not followed the plough in the work of the Poor-law service. Of such men perfectly qualified for the position there is no lack, and it would be intolerable if their claims to promotion were ignored in favour of a *protégé*, however high his family qualifications may be.

"SOCIETY FOR THE ABOLITION OF VIVISECTION."

How much longer will humanitarian enthusiasts indulge their passionate indignation at the "horrors" of vivisection? How long will this "Society" mania of our times last? No sooner does any subject attract more than usual attention, or become the pet nurseling of some small and insignificant clique, than a society is at once started to ventilate its merits, to claim for it an importance to which it has no title, and by all kinds of exaggerated statements or misrepresentations to force public opinion to endorse views which, owing to their extravagant nature, are shared only by a few. That some of the societies are really useful institutions, have undoubtedly a *raison d'être*, and supply a public want, we will not hesitate to admit. But good, bad, or indifferent, there is no denying the fact of their rapid multiplication within the last few years, and of the frequency with which men on the slightest provocation rush together to form themselves into a "society." It would be tedious to name one half of these institutions, or to think of how many more are looming in the future. But the latest and most remarkable novelty of all is the "Society for the Abolition of Vivisection." We really wonder what next! Surely nothing less than a "Society for the Abolition of Fox-hunting, Coursing, &c.," a "Society for the Protection of Animal Life and Abolition of Animal Food," and other like institutions, whose object would not be much more questionable than that of the society on which we are now commenting.

It is not so much our intention to find fault with the object which the anti-vivisectionists have in view as the way they set to work in order to attain that object. Their case against the practices of certain scientific men may or may not be a good one, but, good or bad, we have a right to expect that it should be conducted in an impartial spirit, with a due regard to truth and justice, and with some degree of courtesy towards gentlemen whose profession has generally secured for them the good opinion and gratitude of the public. To write long letters or advertisements in the newspapers misrepresent-

ing the motives and the practices of a few medical or scientific men, and to charge them with being dead to the common feelings of humanity, is certainly not the way to obtain the sympathy and respect to which in some measure the promoters of the society in question may justly lay claim. And the steps which they have taken are the less defensible considering there is already an old and excellent society, which would have been perfectly competent to attain, as far as can be attained, the object which this new society has in view, and considering that a Government Commission has been thoroughly sifting the whole matter, pending whose report a respectful silence would have been more commendable.

The advent of this newly-fledged society has been announced by the insertion in the public newspapers of a long and inflammatory advertisement, in which, by means of a little sensational language, and copious extracts from a recent work on physiology, the anti-vivisectionists endeavour to arouse the indignation of the public at the fearful atrocities committed by such callous and hard-hearted individuals as Drs. Klein, Burdon Sanderson, and Brunton. The animus of this advertisement, which occupies nearly a column of the *Times*, is shown by the motto with which they have headed it—"O that mine adversary had written a book." A more appropriate motto could not have been chosen. It is so consonant with the party spirit by which the promoters of the movement have been influenced throughout, and with the unfounded aspersions that have been cast upon the motives, the objects, and the moral feelings of men of science. Equally significant with the above motto is the tail of this "Appeal to the Men and Women of England," in which we are informed that "the Society for the Abolition of Vivisection has no connection with any other society." We should think it had not. But the information was scarcely necessary, for we were not likely to suppose that any other society would be ambitious enough to claim any relationship with it. No, it stands alone—a striking manifestation of the humanitarian revivalism of the nineteenth century, and of the alacrity with which a few benevolent people, forgetful of the adage that "charity begins at home," rush from the pain and misery which afflict their own species in order to soothe the dying moments of guinea-pigs and rabbits.

But let us for a moment turn to the "abhorrent volume" which our censors hope "will ere long be committed to the flames." The number of extracts paraded in the advertisement is about fifteen, and as the object of this Society is to make the public believe that they are not overstating their case, and to lead the public to entertain the same false impressions of vivisection which they themselves entertain, we may presume that these extracts are the most "sensational" they could find. And what does their exposure amount to after all? Space will not allow us to go through them *seriatim*, but with one or two exceptions, which we will notice presently, there is not one of these extracts which shows that the mode of dying or the pain preceding death is one whit worse than the animal would have experienced when hunted in the field, killed by the sportsman, or allowed to die a natural death. In order to make vivisection appear particularly repulsive in the eyes of the public, the Society lays great stress upon this "abhorrent" volume being entirely for the use of students and an educational work. But this way of putting it is only calculated to grossly mislead the "men and women of England" who are asked to "force" themselves to read the extracts that have been chosen. We all know that the gentlemen who, from a love of scientific research, are induced to work in the physiological laboratory will form but a very small percentage of the whole number of hospital students. As it is it is difficult to get men to work in the dissecting-room as they ought to do; and the amount of time, labour, and perseverance required for experimental research, to say nothing of want of inclination, would always restrict the number of students in practical physiology.

In fact, the whole movement—the attempt to excite the indignation of the public by misrepresentations and sensational appeals, the impeachment of the humanity of a few gentlemen devoted to the advancement of science, and the establishment of a society for the express purpose of forcing the Legislature to pass a "law for the total suppression of vivisection under any scientific pretext whatever"—is, we do not hesitate to say, a mistake. We can no more make people humane by Act of Parliament than we can make them moral. If the few gentlemen who now and then perform vivisection were let alone, it is not at all probable they would abuse the liberty vouchsafed to them. Men who practise such a profession as that of the art of healing are the last men in the world to be dead to feelings of ordinary humanity. As every schoolboy has been taught—

> "Scilicet ingenuas didicisse fideliter artes,
> Emollit mores, nec sinit esse feros."

We will not deny that occasional instances might occur in which physiological investigations might be attended by an unnecessary amount of pain, or even cruelty; but these exceptional cases would not be of frequent occurrence. Government might exercise some control over the manner in which the experiments were performed; and even were this not done, wanton acts of cruelty are so inconsistent with the spirit of the times we live in, that, under whatever pretext they were committed, they would not be allowed to go long unpunished.

Even while we are penning these remarks the Royal Commission have issued their Report on Vivisection, and we are glad to see that, although recommending some such Government control as we have just suggested, they wholly repudiate the extravagant views and aims of the anti-vivisectionists. This precious society may therefore soon die a natural death, along with a petition to Parliament which is now going round for signature in various parts of London.

Notes on Current Topics.

Action of the Salts of Quinine.

THE action of the salts of quinine on the circulation has been the subject of many researches. In some these salts produce anæmia of the brain; in others merely diminution

of the reflex excitability of the vaso-motor system. Hammond distinguishes two periods in the action of sulphate of quinine; in the first, or period of active congestion, the arteries of the brain are hyperæmic; in the second, the period of passive congestion, there is eugorgement of the vessels. Hammond, after having had the state of his retina determined by the ophthalmoscope, took fifty grains of sulphate of quinine, and it was then found rhat his retina was more congested than before.

In three cases of photopsy from neuro-paralytic aperæmia M. Secondi obtained a complete and rapid cure by sulphate of quinine, and it is difficult to reconcile the cure in these cases with the facts of physiology. In fact one teaches that the disease is due to a lesion of the vaso-motor system, and the other indicates that quinine ought to produce a similar lesion, and nevertheless the disease is cured. There exist, then, on this question several obscure points to be cleared up. Either physiology must bring new facts to bear, or clinical study must modify the interpretation of symptoms.

"Patent Medicines."

THE death of a child from the effects of a "patent medicine" is by no means an unusual occurrence, yet, notwithstanding the frequently repeated warnings of coroners' juries, mothers still continue to dose their children with poisonous drugs, and scarcely a week passes without some case being recorded of a hapless baby falling a victim to this dangerous practice. An inquest has been held in Marylebone on the remains of a little girl aged six months, who, being ill from bronchitis, was given by its mother five doses of a patent medicine called "Infants' Preservative." As the child, instead of getting better, got worse, it was taken to a doctor, who pronounced it to have been poisoned, and it died the same afternoon. In giving his evidence to the jury the doctor complained of the protection afforded to vendors of quack medicines. "Had he" said the witness, "or any practitioner administered such medicine (as that given to the deceased child) they would have been held responsible. Yet under a patent and a Government stamp the vendor escaped." The medicine on being analysed was found to contain opium, and the jury returned a verdict that the deceased died from congestion of the lungs, accelerated by narcotic poisoning, the said narcotic being contained in a bottle of the "Infants' Preservative" administered to it.

Sanitary Condition of Hastings.

THE letter which we publish from a resident in Hastings is one which the Town Council may study with advantage, and looking to the commercial interests of the town, and the health of its inhabitants, they will do well to have the matter referred to by our correspondent thoroughly investigated. The inhabitants and the visitors of Hastings are indebted to anyone who will expose its imperfections, for not until they are made public will any attempt be made to remove them. On the best authority we have ascertained that sewage-polluted wells abound, and that the drainage of private houses is imperfect, whilst additional proof is added of the very imperfect water-supply. The story of bad drainage and the effect of sewer-gases is so well known, and is so often discussed, that we need scarcely now enter upon it, but the existence in the town of dangerous forms of drainage will be now made known to the authorities of Hastings, and they are bound to have them sought out and at once removed. It would be unnecessary to look further for a cause of the epidemics of diphtheria which Hastings has undergone, but we will again turn for a moment to the water.

On all sides it is acknowledged that the water-supply is insufficient, in fact, that the supply is not on long enough to fill the cisterns. What can the people do when they have no water in their cisterns? Their only resource is the nearest well. We are informed that sewage-polluted wells abound, and lodging-house keepers are not likely to know or care about the composition of the water so long as they can supply their visitors with water without much trouble. Unless water is supplied in sufficient quantity, sewage-polluted well-water will continue to be made use of both for drinking purposes and for the *adulteration of milk* (*a*), and we shall continually hear, as we do at the present time, of people who have returned from a visit to Hastings in ill health, and who have consequently decided never to go there again.

He who points out a fault is no enemy, and we can assure the authorities of Hastings that grave defects in the sanitation of the town having been made known, will now have to be rectified, and if they would desire to gain the confidence of the public in the healthful condition of the town they will the more readily do so by acknowledging the existence of those defects and straightway having them removed.

Criminal Lunatics in Ireland.

AT the monthly meeting of the Board of Governors of Ballinasloe Lunatic Asylum the following resolution was carried:—"That the resident physician having reported that many cases sent into the asylum under criminal committal appearing to him by no means dangerous, and likely to yield to treatment, the governors call the attention of the magistrates of the county to the number of these cases sent in as dangerous committal lunatics. They impress upon the magistrates what has, perhaps, escaped their notice, that many of these cases could have been sent in under the ordinary form of admission, which would enable the governors to make the relations of such patients contribute to their support, which they cannot do in cases sent in under warrant for criminal lunatics, and would enable them also to discharge such cases as have yielded to treatment without the difficulty that is very properly imposed in criminal committals. Unless the magistrates assist the governors in this, the governors cannot keep down the ever-increasing burden on the rate payers."

London Water Supply.

PROFESSOR FRANKLAND reports that the water supplied to the metropolis, drawn from the Thames during the past month, was inferior in quality to that delivered in the preceding month. The water of the Chelsea, Grand Junction, and Lambeth Companies was slightly

(*a*) We have good reason for advising that the water supply of the dairies should be at once inspected.

turbid from inefficient filtration, and contained moving organisms; the Chelsea Company's water also contained fungoid growths; while that supplied by the New River and East London Companies was of better quality, but only a degree or two above the freezing point. The Kent Company's water, drawn from deep wells, was of its usual good quality, and its temperature 18 degrees above freezing point. Major Bolton, the water examiner, warns householders against the condition of their cisterns which too frequently contaminate the water supply.

Meteorology in India in relation to Cholera.

At the meeting of the Meteorological Society of Great Britain, held on Wednesday last, a most interesting paper on the above important subject was read by Col. Puckle, M.S.C. In it the author mentioned certain facts in connection with several serious outbreaks of cholera in different parts of the Mysore country during the last fifteen years, and drew attention to the similarity of the abnormal meteorological conditions that existed on each occasion. Except in a few of the largest towns in India, there are no sewers, and no sewer-gas proper. Even in these exceptional towns the drainage is incomplete. The general sanitary arrangements are of the most primitive character. In the rural districts the inhabitants adhere to the Mosaic law in so far that they go forth to the fields, but they do not carry the "paddle" with them for the purpose that was the exponent of the "dry earth" system; *that* necessary portion of the work is left to the drying action of the powerful sun, to the kites and other carrion birds, and, *horribile dictu*, to the pigs and poultry that afterwards are doubtless turned into food. In this way it is not difficult to conceive that sewage of the direst and most unadulterated kind may possibly be taken into the system through poisoned meat, or during rainfall it may find its way to open reservoirs or wells, from which two sources the inhabitants depend for their water supply. At other times, during the hot, dry weather, when no rain falls, malaria may arise and be distributed through the agency of the atmosphere. Notwithstanding all that has been said and done, the clue to the mystery of the origin of the disease remains undiscovered. It is the same with the treatment; remedies that at one time appeared to be most effectual, at another most signally failed. Even during the same attack the same remedy that cured one person would fail in another, even when the same conditions apparently existed. Failure of the usual rainfall at the proper time, and abnormally high and harsh temperature, have been concurrent with several attacks in Mysore and Southern India. At such times the open reservoirs or lakes and wells are much below the usual spring level, and any contamination received at such a time is obviously much less diluted, and more harmful. Col. Puckle's account of several attacks that have come under his own personal knowledge coincides with that of other observers, shows beyond doubt that the disease has been arrested by change of air and surroundings, and that ordinary sanitary practice has prevented a possible outbreak. After referring to the recent outbreak at Bangalore and Madras, the author remarked that everywhere the same story is told of the occurrence of cholera coincident with long absence of rain and a temperature abnormally high.

Chloroforming an Insect.

In the *Archives Médicales Belges* is reported the case of a little girl who introduced an insect into her ear. As it was productive of the most intense pain, and even convulsive phenomena, it became necessary at once to remove it. Injections of water were made use of, but without result. Four drops of chloroform were then introduced into the ear upon a piece of cotton-wool, by which means the insect became asphyxiated, and was then readily washed out.

To Open an Abscess without Pain.

Dr. Bergonzini reports in the *Rivista Clin. di Bologna* that if the following solution be applied to the skin over an abscess for three to five minutes an incision may be made into it without pain: Carbolic acid, two parts; glycerine, one part.

The Origin of Syphilis.

The following quotation, sent us by Mr. Atcherley, is interesting, although not new. It will be found quoted in Lancereaux's great work, chap. ii. We do not think that syphilis was seen in Europe, as the paragraph might seem to suggest, before the discovery of America; and, although there is no time to go into the evidence, we hold that the disease was imported by the sailors of Columbus in 1493:—

Petri Martyris A.M. Epistolarum, Lib. I., Epis. LXVIII. —"In peculiarem te nostræ tempestatis morbum, qui appellatione Hispana Bubarum dicitur, ab Italis morbus Gallicus, medicorum Elephantiam alii, alii aliter appellant, incidisse præcipitem, libero ad me Scribis pede. Lugubri autem elogo calamitatem, ærumnasque gemis tuas, articulorum impedimentum, internodiorum hebetudinem, junctu-rarum omnium dolores intensos esse proclamas, ulcerum et oris fœditatem superadditam miseranda promis eloquentia, conquereris, lamentaris, deploras. . . . Vale. Giennio in nonis Aprilis, MCCCCLXXXVIII."

Admission of Women to the Medical Profession.

The date for the second reading of Mr. Cowper-Temple's Bill is fixed for the 5th of July. The object of the Bill is to gain the admission to the Register of women who may have taken certain foreign degrees. It is questionable whether Mr. Cowper-Temple has any expectation of his Bill being passed, but even if it should not be read it has served his purpose by keeping the matter before the House. We hear that the Duke of Richmond has expressed his willingness to receive a deputation from those who desire to see women occupy a position as members of the medical profession; so from the signs of the times we may expect the Government to take up the question, and in that case Mr. Cowper-Temple's Bill would probably be waived.

The Council of the College of Surgeons of England have sanctioned the admission of three ladies to the examination for the Licentiate in Midwifery, and doubtless the rules and regulations for the curriculum to be undergone by ladies desirous of presenting themselves for such examination will be shortly published.

Singing Bees.

A MOVEMENT is on foot in the metropolis to establish "Singing" as well as "Spelling" Bees, somewhat resembling the singing competition which has just taken place at Wellington Hall, Islington, where the members of the Barnsbury Literary Institute competed for prizes. On the occasion referred to a prize was awarded to the best male voice, and one to the best female voice. Some well-known professors of music are said to be arranging the preliminaries of the first "Singing" Bee in London.

Consumption of Horse Flesh.

THE horse-meat establishments in Paris delivered for consumption during the past year 6,865 horses, asses, or mules, which yielded 1,249,190 kilogrammes (2.2 lb. each)

Poisoning by Aconite.

THE *Echo* reports that on Tuesday last Dr. Turner, of Northampton, committed suicide by taking a dose of aconite. He had recently resigned the post of medical officer to the Friendly Societies' Institute, and had fallen intemperate habits. He had been in the habit of taking opium and other anodynes to induce sleep.

Toughened Glass.

WE some time ago noticed in these columns an invention, patented by M. Royer de la Bastie, by which the brittle nature of glass could be so changed that such ordinary articles as lamp glasses, watch glasses, glass plates and dishes, &c., would bear much rough usage and throwing about without breaking, and the patentee hoped to be able to apply his invention to glass goods of all kinds. The *Chemist and Druggist* says that the success which M. de la Bastie might have fairly anticipated has not run with him. Finding it difficult to induce glass manufacturers in this country to adopt his patent, he commenced in France in a small way the production, but by strange ill-fortune the premises he occupied were twice burnt down, and he is now in the third attempt, expecting in two or three months to supply the public. A London firm last year essayed to work the invention with an unsatisfactory result. The prices at which the firm could sell were prohibitory, and they have now relinquished any serious attempt to work the patent at all.

Irish Vaccination Grants.

WE print in another part of our issue an interesting, and to Irish readers an important, debate in the House of Commons, raised by Mr. Meldon, M.P., on the motion for supply. Mr. Meldon and many other Irish and Scotch members protested with earnestness and with good reason against the partial expenditure of the public money for purposes of vaccination., complaining that not only was the Chancellor of the Exchequer unable to afford more than £400 for vaccination service of Ireland while he granted £10,000 to England, but that Ireland was actually starved of her supply of lymph by the refusal of the English office to assist when urgently requested. The subject is one which cannot be dealt with in the limits which we are able to give it this week, but we shall return to it with our next issue, premising, meanwhile, that Mr. Meldon has good justification for his complaint, and deserves the best thanks of the profession for his action in the matter.

A Slight to Army Medical Officers.

NEARLY all the staff medical officers at present serving in Dublin, numbering about twenty, attended the levée of his Grace the Lord Lieutenant on the 1st inst. The first great Castle ball took place last week, and, as is usual, nearly every one of the landed, professional, and official classes who had been to the levée were invited to this entertainment. Of the Army Medical Department only the Surgeon-General and one other officer appeared to have received this usual courtesy. It may seem a small matter to Government officials to snub medical officers of the army in this way, but it will most assuredly produce most unpleasant consequences for the department. Last week we drew attention to the fact that for forty appointments only fourteen candidates presented themselves, and no competition was in consequence held. Do those who have the management of official receptions in our cities and garrison towns imagine that these continued slights are overlooked, or will be quietly submitted to? Their treatment in the past alone is the only cause of the paucity of men for the Army Medical Deparment, and we are proud to find that our young men have souls to resent in such a practical manner the insults officials are wont to heap on them.

Increase of Salaries to Resident Medical Superintendents of Irish District Asylums.

AT the meeting of the Omagh Governors last week, it was unanimously resolved that the salary of Dr. West, Resident Medical Superintendent of the co. Tyrone Asylum, be increased by the sum of 100*l.* per annum, under the 29th Privy Council Rule. This rule empowers the governors to add the above sum to the salaries of all such officers who have been eight years acting as Medical Superintendent, and should be invariably acted on where capital officers have given satisfaction to the local board. But we fail to see why the Privy Council should have restricted its just and wise provisions to the office of Resident Superintendent.

The Visiting Physician is as deserving of consideration for long and good service, and almost as essential to the good management of the asylum as the Resident, and yet we have heard that an increase of salary to one of their number, voted unanimously by the Board of Governors four or five times, was refused on each occasion by the authorities at Dublin Castle, and has only been recently conceded. Even when—as in the instance to which we allude—the duties of the Visiting Physician are doubled, the Castle authorities deny him any acknowledgment of his increased labours. By Rule 42 of the Privy Council Regulations (*see* Irish Med. Directory, page 268) the Visiting Physician who receives, say, 100*l.* a year for an attendance at the asylum three times a week is obliged, the moment that the number of patients passes 200, to attend every day, but there is no provision whatever—uch as is set down in the case of the Resident Officer—

for increased salary, and, as we have said, the voluntary vote of the Governors in his behalf is met with a veto when it reaches the inspectors. We are glad to see the Resident Medical Superintendent receive his just reward for long service, and only plead for "like cause like rule" in the case of the Visiting Physician.

Insurance Policies.

THE Whitechapel murder has given rise to a rather curious question of law. Henry Wainwright had insured his life, but had allowed the last annual payment due upon his policy to remain unpaid. After his conviction and sentence to death, his brother, who had paid the cost of his trial, went to the insurance office and demanded that the policy should be renewed upon the conditions for the renewal of lapsed policies named in the company's regulations. The brother produced a proper medical certificate declaring that Henry was in good health. The insurance officials were not a little puzzled, inasmuch as they had no provision, as some offices have, that policies are voided by suicide and by death at the hands of the executioner. So counsel's opinion was taken, and it was very decided that a man under sentence of death could not be considered an insurable life. Thus fortified, the company refused to renew the murderer's policy, and the 800*l.* was not forthcoming.

The Eagley Epidemic.

DURING the past week the officials of the Local Government Board have been actively employed in investigating the causes of this sad epidemic, so that we shall shortly be in possession of the actual facts. It appears, however, beyond doubt, that its origin was from the milk supplied at a neighbouring farm where the cows had drank water largely contaminated with sewage. Almost without exception the families attacked were supplied with this milk, and the result is obvious. The disease has unfortunately extended to Bolton from the same cause, over seventy having been attacked in that town, which, with the 120 in the village of Eagley, make nearly 200 at the time of going to press. Fortunately only seven or eight deaths have occurred; the remaining cases are doing favourably.

Advice to Mothers.

WHENEVER the daily papers announce the birth of an infant the mother is immediately informed where she can obtain the best and the cheapest baby-linen. But though the baby is the subject of consideration in the minds of so many philanthropic individuals, few people concern themselves about the mother.

Somebody—we don't know who, it may be a second-hand bookseller, or it may be Mr. Pye Chavasse—has determined that in future neither the mother nor the child shall be neglected; and accordingly a circular is now issued to the mothers of new-born babies, informing them that Mr. Pye Chavasse is the author of a work entitled "Advice to a Wife on the Management of her own Health," and of another work entitled "Advice to a Mother on the Management of her Children," and that a single copy of either book or of other works by the same author will be forwarded on the receipt of a post-office order.

Doubtless it is very kind and thoughtful of the writer of the circular to take so great an interest in lying-in women, but we would advise him that the ladies to whom it is sent have already medical advisers, and therefore do not require the work; but if any good is intended to be effected, a copy of the works should be sent gratuitously to the poorer class of people, who cannot afford to obtain the services of a medical man.

There is one other point that we must not omit to mention, namely, that the distribution of this circular will lower Mr. Pye Chavasse in the estimation of his professional brethren, and therefore, unless he wishes to be credited with its authorship and classed with the baby-linen advertisers, he had better prohibit its circulation.

Legislation on Irish County Infirmaries.

THE Bill of Mr. Edward Gibson, the Member for Dublin Universities, by which he intends to terminate the exclusive right of the Irish College of Surgeons to qualify surgeons for Irish County Infirmaries has not yet been laid onthe table of the House; it will be, we believe, straight to the point at which he aims. It will not, we imagine, be opposed by the Council of the College of Surgeons, who, we do them the credit to believe, have no desire to sustain a monopoly which could not be defended on legal ground, even although they may consider the right of the College to license surgeons still pre-eminent.

Mr. Meldon's Infirmary Bill is not yet printed, but its author, we believe, desires to remove the management of the infirmaries from the present Board of Governors, and to vest the same in a committee of Poor-law guardians, in addition to the life governors and annual subscribers. It is, we believe, also part of his programme to throw the public grants to these institutions upon the poor rates, and not, as heretofore, upon the grand jury cess. He will, we understand, ask Parliament to assent to the granting of superannuation allowances to infirmary surgeons. Until we see the Bill we must suspend our opinion, but, if we have judged accurately of its contents, we cannot be expected to express satisfaction at the proposal to "guardianize" the county infirmaries of Ireland. Heaven help them as surgical hospitals if they be placed under control of Poor-law guardians such as those whose doings and sayings we record every week!

THE *Chemist and Druggist* states that at St. Bartholomew's there is consumed during a year about seven hundred gallons of cod liver oil, eight hundred pounds of castor oil, and twelve hundred pounds of Epsom salts.

IT is announced that the Sultan has raised his medical attendant to a rank equivalent to that of a general of division, and has bestowed upon him a gift of 1,000 Turkish pounds as an acknowledgment of his services in successfully treating his Majesty for the carbuncle from which he was suffering.

AT the meeting of the Asylums Board on Saturday week it was reported that there had been an alarming in-

crease of typhus fever cases admitted to the Homerton Hospital during the past few days, the majority of them coming from the parish of Whitechapel. It was resolved to write to the Vestry of Whitechapel, drawing their attention to the matter, and asking that such steps shall be taken as shall tend to allay the danger.

THE next meeting of the Pharmaceutical Society of Great Britain will be held on next Wednesday evening, at eight o'clock. The following papers will be read :—"On the Preparation of Ferrous Phosphate of the British Pharmacopœia." By Mr. Rees Price. "Structure and Development of Pareira Stem (*Chondodendron tomentosum*, R. et P.)" By John Moss, F.C.S. "On the Degrees of Accuracy given by Druggists in the Dispensing of Physicians' Prescriptions in Different Towns in England and Scotland." By William Thomson, F.C.S.

Correspondence.

"HASTINGS WATER SUPPLY."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I read with great pleasure the outspoken remarks in the MEDICAL PRESS AND CIRCULAR on the Hastings water supply, and when Mr. Cogswell says that it is evident the facts relative to that supply are very imperfectly known to you, I must reply that in that case you only erred on the side of leniency.

I must confess that I am puzzled by hearing that £41,500 has been borrowed, or applied for, during the last twelve months for water purposes, and others to whom I have appealed for information are equally mystified.

However, the sum is not of much moment; what is of more importance is, how it is spent. If £41,500 really has been borrowed, it is a great pity that it should be expended on mere temporising schemes.

Mr. Cogswell states that the Town Council have expressed their desire to give us a constant service. I can only say that, on the contrary, their "mouthpieces" have of late told us positively that the expense is too great.

Mr. Cogswell knows too, as well as anybody, that the promises of Town Councils not unfrequently share the fate which is supposed to fall to the lot of other "good intentions"; but when we are informed that "it is intended to make a *partial trial* of the system *as soon as the means to do so exist*," it is impossible to avoid admiring the guarded nature of the expression conveyed by the words which I have italicised.

It is evident that just as a man who wishes to pay his creditors must first "raise the wind," so before the Council can supply us with a constant service they must raise the water. But I shall show that, as far as *water* is concerned, this town is in a state of bankruptcy.

Mr. Cogswell justly terms Mr. Topley's a valuable report, and I entirely agree with him; when, however, he says that his recommendations are "*as far as practicable*, being acted upon," I must differ, and suggest as a truer reading, "*as far as agreeable*"; for, to put another simile, our Council finds itself in the position of a man who consults his doctor, but finds his advice unpalatable.

Now, I find the total supply of Hastings and St. Leonard's in 1874 estimated at 578,000 gallons daily. The population in 1871 was 33,000. This gives us only 17·5 gallons per head daily—a most inadequate quantity. 1874 was a very dry year, but, just as the strength of a chain is that of its weakest link, so we must test a water-sourse by unfavourable years in order to discover its real value.

To return, of these 578,000 gallons, a large proportion proves to be surface-water of an objectionable kind; Mr. Topley therefore justly condemns at least 88,351 gallons—the old Roar and two other reservoirs. If we deduct these suspicious sources we find the supply in a bad year would sink to something like 13 gallons per head daily—an amount far short of what is necessary for cleanliness and health. Nor is it probable that augmentation of the supply from the present works, &c., will do much more than balance the loss of that which will have to be abandoned, if we are to be supplied with pure water.

Thus it appears that the present fund of water is insufficient to meet the wants of the *present* population. No wonder, then, that the water is laid on for such brief periods, that some houses are often supplied but three days in the week, that people, finding their cisterns empty, drink the water of the excrement-polluted wells that abound, and that scarcity every now and then becomes a famine.

But it has been estimated that Hastings is growing at the rate of 200 houses per annum. Next year, too, an aquarium will be opened, and probably increased railway accommodation will be afforded, which will certainly not check the influx of population.

Mr. Topley considers it wise to provide for 50,000 inhabitants at 30 gallons a head daily = 1,500,000 gallons.

It is ridiculous to think that a supply, which is by 400,000 gallons a day too small for the present, will suffice for the population of a few years to come.

The plain truth is that water must be brought from a distance, and the Town Council are afraid of the expense.

There is in every town a large body of ratepayers, ignorant of the laws of cleanliness and health, to whom the prime virtue in a councillor is to lower the rates, and, in places like Hastings, there is another body who are so jealous of the sanitary reputation of their town, that rather than create the noise which they fancy a reform would entail, they hush up nuisances and (metaphorically) stifle the would-be reformer.

I contend, then, that to argue with the Council for a constant service is waste of time, for they are not at present in a position to give us a proper supply of any sort.

The final sentence of your correspondent's letter is devoid of logical sequence, and not borne out by facts.

Apologising for trespassing so far upon your space, I enclose my card, and

Remain, Sir, your obedient servant,

St. Leonard's Club, M.D.
Feb. 17, 1876.

THE MEDICAL INSPECTORSHIP.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your surmise as to the probable appointment to be made to the now vacant Medical Inspectorship ought certainly to arouse the Medical Corporation to try and secure what ought to be recognised as a prize for dispensary medical officers. What is our representative body—the Council of the Irish Medical Association—now doing? Why not immediately send a deputation to the powers that be, and make known the wishes of the profession?

DISPENSARIUS.

P.S.—Is there not a second Inspectorship vacant, by the promotion of Captain Robinson, or has it been already disposed of?

[The Council of the Irish Medical Association is vigilant and prepared to act when they have reason to consider that circumstances require. Our correspondent will observe from our observations elsewhere that the emergency does not at present arise. Mr. Robinson's vacancy has been already filled by the appointment of Mr. Armstrong.—ED. M. P. & C.]

A BILL TO AMEND THE MEDICAL ACT, 1858,

SO FAR AS RELATES TO THE REGISTRATION OF WOMEN WHO HAVE TAKEN THE DEGREE OF DOCTOR OF MEDICINE IN A FOREIGN UNIVERSITY.

WHEREAS under the provisions of the Medical Act, 1858, a woman who had taken the degree of doctor of medicine in a foreign or colonial university, and had practised as a physician in the United Kingdom before the passing of the Act, was qualified to be registered:

And whereas it is expedient that any woman who possesses the degree of doctor of medicine of a foreign university may be entitled to be registered, although she has not practised as a physician in the United Kingdom before the first day of October, 1858.

Be it therefore enacted, &c., &c.

1. Every woman to whom the degree of doctor of medicine has been or may hereafter be granted, after regular examination, by any of the foreign universities mentioned in the schedule to this Act, shall, upon application to that effect, be entitled to be registered in the terms of section fifteen of the Medical Act, and on the same conditions as are laid down in sections twenty and twenty-one of the said Act, as applicable to degrees granted by the examining colleges and bodies of the United Kingdom.

2. It shall be lawful from time to time for the General Medical Council to add other foreign or colonial universities to those mentioned in the schedule to this Act, and whenever the said Council shall have determined and issued an order to that effect, the degree of doctor of medicine of such university or universities shall thereupon constitute a qualification entitling any woman holding the same to registration under the Medical Act, 1858, subject always to the conditions mentioned in the above-mentioned sections of the said Act.

3. This Act may be cited for all purposes as the Medical Act (Foreign Universities), 1876, and shall be construed as one with the Medical Acts.

SCHEDULE.

Universities of France, Berlin, Vienna, Leipsig, Berne, and Zurich.

WESTON'S FORTY-EIGHT HOURS' WALK.

Report by J. ASHBURTON THOMPSON, L.R.C.P., &c.

A DESCRIPTION of the physique of a man endowed with the extraordinary powers of endurance shown by Edward Payson Weston, the American long-distance pedestrian, offers many points of interest. He is a tall, slight, and very thin man. His head, hands, and feet are small; his limbs, though well-knit and shapely, are spare. He is remarkably wide in the hips, the pelvis somewhat resembling that of the female, and in consequence his thighs are widely separated. He is of a highly nervous temperament; his expression denotes the possession of that quality which is sometimes called firmness and sometimes obstinacy; but in conversation his expression is extremely pleasant and amiable. He is vivacious, but easily depressed; courteous, but (on these occasions at least) irritable. A man of education, and some time a writer for the press of his own country, an easy flow of words, felicity of expression, and a marked sense of humour, combine with his sincerity of manner to produce an effect which will ensure him something more than the passing popularity which his feats command. Nothing illustrates his nervous impressibility better than an observation of the marked effect produced by a cheerful word of encouragement offered at times when he is fatigued; his face, evidently unconsciously, improves at once. So, too, when the monotony of the walk became oppressive, he will call upon the band to play one of certain favourite tunes; and under its inspiring influence he saves a minute on the time of the mile. To the wideness of the hips is no doubt in part owing his peculiar gait. At each step the body receives a slight jerk, which at times of fatigue becomes almost a swagger. The knees are kept constantly flexed at a slight angle; very little movement of the joint can be observed; in consequence the foot is planted firmly and rather flat, and there is very little spring in his walk. But his progression is constant; there is none of the pause which may be observed between each step in ordinary walkers; and on getting a little accustomed to his appearance it becomes plain that his method is eminently serviceable in getting over the ground. The arms are allowed to swing and are unflexed, in this point differing from English fast walkers, who usually flex the forearm to a right angle; but he does not swing the arm more than they. He does not appear to fix the thorax, which moves freely; but he held it more steady, and in every respect walked in better form than upon the last occasion. His clothing calls for no particular notice; his boots being of the kind usually selected for walking tours by amateur pedestrians—viz., laced Balmorals, as wide at the toes as at the other parts of the sole.

During a walk he takes frequent rests, at first at short intervals, and then, as the period of exertion becomes longer, at longer intervals; and whereas in the earlier part of the journey his period of rest is governed chiefly by the time which he has to spare, later on he is careful not to prolong it, theoretically because the limbs are then liable to become stiff. Practically, upon this occasion, he made little difference in the length of his rest. At the end of each twenty-four hours he takes two hours of sleep, and it is only during this interval that he uses any solid food. He generally takes cold beef, not exceeding four ounces; but he does not appear certain that it is of benefit to him, and sometimes feels sick after it. He depends for support upon Liebig's extract and calves'-foot jelly, and he drinks a great deal of tea to keep off sleep, but which, no doubt, answers other purposes as well. To these he adds lemons, oranges, grapes, and occasionally ice. He takes his fluids cold, as a rule; but when he feels the need of a stimulant, he uses them very hot. He is not a total abstainer, but while training he abjures tobacco and alcohol (the quantities of which usually allowed are very small). During a journey he never takes any alcoholic drink, special reasons having led him to break through this custom on the last occasion.

Weston began his undertaking to cover 180 miles in 24 hours on the 15th inst., at 9.45 p.m. The following thermometrical observations were taken in the mouth, either while walking or resting as specified. The instrument was supplied by Messrs. Negretti and Zambra, and was duly certified. It was first of all ascertained that an exposure of one minute was sufficient to attain a maximum temperature. A much longer exposure was used, however, upon these occasions, and care was taken to avoid such errors as might arise from the temperaure of the fluid last taken. His temperature at starting was ascertained to be 99·2. At 3 a.m., 16th inst., he was doing the 26th mile. Time of last mile, 12m. 50s.; T. 98·1 (exposure, 1m. 50s.) His face was at this time rather pale, and his expression anxious. The track was in an abominable condition, the feet slipping at each step, and the work was evidently very hard. He complained of the right hip, which he said was strained in consequence, and he had lost his stomach, being unable to take his usual nourishment. He fought on with indomitable perseverance, however (for he was obliged to walk in as good time as he would have done had the track been perfect), until 7.30 a.m., when he repaired to a bed prepared by the course. It was so arranged that the feet and head were both raised. His legs and arms were uncovered, and the limbs rubbed upwards with bay-rum; his face, head, and hands were sponged with toilet vinegar. After brushing his hair and pouring whisky into his boots by means of a funnel he started off again, having rested 11m. 30s. At 9.8 a.m. he rested again. At 9.45 he was going well over the fifty-fifth mile; he appeared cheerful; T. 97.4 (exposure 1m. 45s.). He complained much of the state of the stomach. He was unwilling to talk much; but as far as I could understand, his discomfort arose from a sensation of emptiness. I, therefore, agreeing that solid food was undesirable, recommended him to take some thick oatmeal gruel made with milk. Accordingly at 11h. 30m. a.m. he rested again 14m. 45s. The same processes were gone through as before. After 5m. rest, T. 97 (exposure 2m.); P. 98, steady, and of fair quality. He took almost half-a-pint of the gruel with a few biscuits in it, and started again. At 1.44 p.m. he rested again. At 4 p.m. he was looking fagged, pale, and anxious, but was travelling well (83rd mile), T. 97·1 (exposure, 1m. 45s.) At 4.27 p.m. he stopped 17m. 45s.; at 6.58, 7m. 47s.; and at 8.34 p.m. he rested for 23m. 20s.; 9 p.m., 6m. 35s. respectively. He was much fatigued, attributing his distress entirely to the hard work which the state of the track had entailed upon him. At the end of twenty-four hours he had covered 100 miles and two laps. His

spirits appeared good. After walking two laps more he rested. He was suffering from shock. His face was quite pale, his pulse 90, large, compressible, and irregular; his voice weak, and the surface cold; his temperature after 3m. exposure appeared to be 96 only. This was so low that the observation was corrected with another thermometer, which only indicated about a fifth of a degree more. He again took about half-a-pint of gruel very hot, and after staying 10m. 38s. he resumed work, apparently quite recovered. He made his average time, and to relieve the exuberance of his spirits, at the end of the 103rd mile he took occasion to walk about 100 yards backwards. About 11.30 p.m. he retired for his usual sleep of two hours. Another hour was occupied in dressing, &c., and he did not appear until 3.40 a.m. 18th inst. During this interval he had taken about 4oz. of cold beef, which he said made him feel sick; he did not vomit. The track was now perfect, and at 4 a.m. he was making good time in excellent form. T. 97·8 (exposure 2m.) Towards 5 a.m. he began to feel sleepy, and soon took a bath, with the desired effect of resting himself. At 8.55 a.m. he rested again. At 9.45 a.m. he appeared perfectly fresh, and indeed looked much better than at any period of the previous twenty-four hours. He conversed freely, read his correspondence, cut jokes with the audience, and on the whole appeared to be rather enjoying himself than performing an unprecedented feat; at the same time he was making the mile in about 13m. 30sec. T. 97 (exposure 1.55m.). He was now perfectly easy as to performing his task, for he had reduced it to a "four-mile-an-hour job," as he said, excluding rests; and it then appeared that he had been much troubled at only making a little over a hundred miles in the first day. He thought he should have done a hundred and ten. He rested at 12.5 p.m. At 2 p.m. he was looking a little fagged, but still making his average time; T. 97.1 (exposure 2 m.). At 2.40 p.m. he rested 9m. 27s. His pulse was 80, full, firm, and regular. He objected to my taking his temperature at this time. He rested again at 4.45 p.m. and 7.40 p.m., and from that time to the end he continued without stopping, and completed the 180th mile with 5m. 42s. to spare. He looked actually as fresh as ever, and there appeared to be no reason why he should not have done as he proposes on the 22nd inst.—walk another 24 hours. On going to the scales he was found to have lost 4¾ lbs. He then retired to his rooms, where he reclined on a sofa. His feet were bathed in warm salt and water. At first his pulse was high—102; but it soon began to fall, and after fifty-five minutes stood at 80. At the same time, T. 97·6. He appeared not in the least exhausted, and was left sleeping. He always vomits after a walk, and the first stool is always black; but he was very much hurt at the suggestion made in a contemporary that the evacuated matters contained altered blood. He said that he always made himself vomit in order to relieve his stomach of the tea which he has taken; otherwise it would not be in good condition next morning.

The utility of such an exhibition has been questioned. It is the recollection of such feats—of such *possibilities*—which stimulates men to perform tasks in moments of emergency which they would otherwise fail in, or even regard as hopeless and not attempt.

Parliamentary Intelligence.

HOUSE OF COMMONS.

VACCINATION ESTIMATES FOR ENGLAND, IRELAND, AND SCOTLAND.

On the question that £693,287 be voted for the expenses of the Local Government Board, including a charge for pauper lunatics,

Mr. Meldon moved that the vote be reduced by £1000. For vaccination purposes, £10,000 was voted to England, while the only State grant of the kind given to Ireland was £400. But the smallness of the sum did not show the extent of the grievance. Up to 1871 Ireland was supplied to a great extent with lymph through a cow-pock institution in that country, and a greater supply could be obtained if thought desirable from England. In 1871, for some unexplained cause, it seemed good to the Privy Council to change the system in Ireland, and they stopped all supplies of vaccine lymph to Ireland. The cow-pock institution in Ireland could not supply the whole country, and the Government offered to supply vaccine lymph if the institution would reduce the charge from 2s. 6d. to 6d. The cow-pock institution complained of the conduct of the Privy Council. He did not grudge any necessary vote for England, but he was compelled by the forms of the house to resort to this expedient for justice.

Mr. M'Laren asked the Government to postpone the vote until after a Scotch deputation had waited upon the Chancellor of the Exchequer.

Mr. Sclater-Booth said that if the hon. gentleman (Mr. Meldon) would give him full information he (Mr. Sclater-Booth) would inquire into the case. He desired to inform the last speaker that any arrangements which the Chancellor of the Exchequer might make with reference to Scotland would not affect this vote.

Captain Nolan had no desire to diminish vaccination in England, and he should be very sorry to do so, but this seemed to be the only form in which the grievance could be brought forward. If £10,000 was voted to England, Ireland, where small-pox had been very rife, was surely entitled to a grant of more than £400.

Sir M. H. Beach said that he would inform himself more fully upon the matter, the importance of which he fully acknowledged, if the hon. gentleman would call attention to the subject again.

M. M'Laren complained that, in a vote of £24,900 for vaccination purposes, Scotland had an allowance of only £500, and under such circumstances he should object to the vote. There were other items also which needed explanation.

Dr. Ward suggested that the Government should do something to facilitate the supply of free vaccine lymph to Ireland. It was remarkable that in 1871, when the supply of free vaccine lymph was stopped, there should be immediately afterwards a most severe outbreak of small-pox in Ireland.

Mr. W. H. Smith said none of the charges in the vote were new, and to lessen the amount would not remedy any deficiency of lymph in Ireland.

Mr. Meldon rejoined that if the Government did not consent to postpone this vote he should divide the committee upon it.

Lord R. Montagu explained the system of premiums to the official vaccinators, under which vaccination was carried out in England.

Mr. Waddy could not understand how knocking off the lymph for England would get it for Ireland. (Hear.)

The Chancellor of the Exchequer said that what was proposed for England had always been done in England, and whether the Scotch vote should be brought up to that level was a different question.

Mr. Muntz denied that disease was propagated by vaccination, although that fact was insisted upon by a noisy faction all over the country. (Hear, hear.)

Mr. J. Barclay moved that the Chairman report progress.

The Chancellor of the Exchequer did not see how the postponement of this vote would assist the object of the Scotch members.

Captain Nolan said that the question was why there should be six times as much per head voted for vaccination in England as there was in Ireland.

Mr. Dillwyn would gladly support a motion for an increase of grant for Scotland or Ireland; but he could not consent to the reduction of this vote.

Mr. Sclater-Booth explained that the present vote had been really agreed to for years; the various items of it sprung out of acts of Parliament which were still in force.

Dr. Cameron hoped that the Government would accede to there being one uniform system for the three countries.

Mr. Sclater-Booth thought that this vote ought to be agreed to on its merits, and the other matters discussed on a subsequent occasion.

Mr. J. Barclay withdrew his amendment.

Mr. Whitwell asked whether £333,000 was about the amount likely to be required for the support of pauper lunatics.

Mr. Sclater-Booth said that the £330,000 voted last year had, with the exception of a very small fraction, been expended, and it was expected that somewhat more would be required for this year.

The amendment was then withdrawn, and the vote was agreed to.

CIVILIAN MEDICAL MEN.

Mr. Ward—I beg to ask the Secretary of State for War how many civilian medical men are at present employed in the United Kingdom doing duty with troops.

Mr. Hardy, in reply to the hon. member's question—I have to state that the number of civilian medical men at present employed in the army is 41, in addition to several who are employed temporarily during the absence on leave of the regular medical men. Several civilian medical men are also employed in the auxiliary forces on special occasions.

Obituary.

SIR DUNCAN GIBB, M.D.

We have to announce the death of this gentleman, at the early age of 54. He has been ailing for some time past, and had resigned the Physiciancy of the Westminster Hospital in consequence. Originally a St. Bartholomew's Hospital Student, he migrated to Canada, and graduated at McGill College, Montreal, in 1846. He was M.R.C.P. of London, L.R.C.S. Ireland, &c., and the author of "Diseases of the Throat and Windpipe," "The Laryngoscope in Throat Diseases," and other minor works and papers in the medical journals.

DOCTOR O'ROURKE, OF ENNISCORTHY.

We sincerely regret the demise of Dr. O'Rourke, which took place at his residence, Enniscorthy, on the 9th inst., at the patriarchal age of 80 years. Dr. O'Rourke was a native of Carrick-on-Suir, and in early life became a resident of Enniscorthy, where he enjoyed not only a very large practice in his profession, but the confidence and esteem of all classes of that community, more especially the poor, to whom he was a generous benefactor and friend. As a politician the learned doctor was an ardent lover of his country—a genuine Liberal of the O'Connell school, in which he held a foremost position for over half a century. He was medical officer of the Enniscorthy Union for several years, as also chairman of the Town Commissioners. Dr. O'Rourke was a staunch friend of his professional brethren, and by pen and voice never failed to aid them in any movement which deserved his support. For a great many years he was a friend and adviser of the Medical Press as to its Irish Poor-law medical function, but being an ardent Nationalist, withdrew his support upon the establishment of a large English connection for the journal. Nevertheless we have always known him as a man of considerable talent and of sterling principle, and the regret evinced in his own locality at his death shows that his social qualities were equally respected.

Death Certificates.—Yesterday in the House of Commons a question of considerable moment to the profession and the public was put by Mr. Waddy to the Government, in reply to which Mr. Sclater-Booth said that he had occasion to consider the question in 1874. According to the Registrar-General's report, many certificates were received from *unqualified* medical practitioners; but the Government were not prepared to say that certificates in cases of ordinary deaths from such persons should not be recognised. We are both surprised and shocked with the expression of such views by a cabinet minister; it is a matter of such vital importance that it cannot be allowed to rest there.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Several letters are unavoidably crowded out for want of space.

Mr. Atcherley is thanked; he will find the subject referred to in another column.

PYROSIS.

To the Editor of the Medical Press and Circular.

Sir,—If your correspondent has not already tried a mixture of the mineral and vegetable acids, I think he will find them useful in his case: hydrochloric and citric acids, pepsine wine and tincture of orange-peel, three times a day; or a mixture composed of hydrochloric acid, tincture ferri perchlor., and chloroform, has been very serviceable in the hands of

Yours, &c.,
J. H.

Dr. Greene.—Your "Contributions to the History of Puerperal Fever" will appear in an early number.

Royal College of Surgeons of England.—On Wednesday and Friday, at 4 p.m., Prof. Flower will continue his lectures "On the Relation of Extinct to Existing Mammalia."

Hunterian Society.—This evening, at 8 p.m., Dr. Langdon Downe, "On the Causes of Idiocy."

"OUR NEW NURSE."

To the Editor of the Medical Press and Circular.

"OUR NEW NURSE.—Should any of the children be unwell (symptoms, vomiting and diarrhœa), COMMUNICATE with —— and ——, Private Inquiry Office."

Sir,—The foregoing lately appeared in a contemporary, and appears to me to merit the designation of "scandalous."

It seems intended (I hope I am mistaken in so supposing) to suggest to anxious parents that the "new nurse," whose arrival has coincided with an attack of "vomiting and diarrhœa" on the part of her little charges, is possibly criminally responsible for the same! "Communicate with Messrs. ———, Private Inquiry Office," and let those worthies earn disreputable fees by putting on the rack the "new nurse" whose misfortune it has been to have to attend during her first week of service to a nursery of bilious children.

It is possible that a particular case only is here referred to. If so, it ought to have been indicated. As it appears, it is likely, whether intended or not, to sow in scores of families undeserved suspicion of the "new nurse."

T. B. G.

[We had observed the announcement referred to by our correspondent on its first appearance, but its insertion in "The Agony Column" of the paper led us to the belief that it was a signal or message for some particular person who alone would understand its true meaning, not an attack upon that useful body of women our *confrère* comes forward in honour and fairness to defend. And her correspondent has suggested, with a certain show of reason, that the mysterious announcement is probably a prelude to the ushering into the market of another soothing syrup (slow poison) for infants.—Ed. M. P. & C.]

Queekett Microscopical Club.—On Friday, at 8 p.m., Mr. R. Packenham Williams, "On an Improved Freezing Microtome." Mr. N. E. Green, "On a New Stage Arrangement for the Examination of Objects by Reflected or Transmitted Light."

Dr. W. H. G.—We are much pressed for space, and regret that insertion of your communication and those of other authors has been delayed.

Clinical Society of London.—On Friday, at 8½ p.m., Dr. Dyce Duckworth will exhibit a Patient with Morphœa. Dr. Moxon, "On two Cases of Leukæmia, one simple, one with Jaundice, neither with notable Enlargement of the Spleen; both treated with Phosphorus, and both dying by Hæmorrhage." Dr. Duffin, "On a case of Menière's Disease." Mr. Maunder, "On a successful Case of Gastro-enterotomy in a Male aged sixty-eight."

Communications, Enclosures, &c., have been received from—Mr. Bromley, Southampton. Dr. Van der Smagt, Ceylon. Dr. Satchell, Kew. The Director-General of the Army Medical Department. Mr. Alfred Haviland, Northampton. Dr. Downes, Hastings. Dr. Myrtle, Harrogate. Mr. Grace, Bristol. Dr. Dolan, Halifax. The Registrar-General. Mr. Tillotson, Bolton. Mr. George Gibson, Broughton-in-Furness. Dr. Downes, St. Leonard's-on-Lea. Dr. Clare, Leeds. Dr. James, Kensington. Dr. Thornley, Leicester. Dr. Dodell, London. Dr. Byrd, Quincy, Illinois. Dr. Bourneville, Paris. Mr. Oliver, Manchester. Dr. Duddfield, Kensington. Dr. Leeson, Wharfedale. The Military Secretary, India Office. Mr. MacCormac, London. Dr. de Gorrequer Griffith, Pimlico. Mr. Rivington, London. Dr. Rowland Atcherley, Holloway. Mr. Cooke, London. Dr. Von Heyden. Mr. G. P. Field, London. Dr. Wise, Upper Norwood. Dr. Dowse, Skelmanthorpe. Dr. Coombs, Castle Carey. Dr. Balmanno Squire, London. Dr. Groves, Weymouth. Mr. Fearnley, Lerwick. Mr. Freeman, Royal Medical Benevolent College. Mr. Marriott, Meteorological Society. Mr. Sutton, Local Government Board. Rev. Alton Hatchard, St. Leonard's-on-Sea. Dr. McNab, Epping. Prof. Mapother, Dublin. Dr. Harvey Hilliard, Holloway. Dr. Handsel Griffiths, Dublin. Mr. Jabez Hogg, London. Dr. Billing, London. Dr. Landon, Richmond, Virginia. Mr. Wilder, Reading. Mr. Weston, London. Dr. J. C. Mackenzie, Cincinnati, Ohio, &c., &c.

VACANCIES.

City of London Hospital, Victoria Park.—Assistant Physician. Honorary Physician. (See Advt.)

Lincoln Lunatic Hospital.—Resident Medical Superintendent. Salary £150, with board and residence. (See Advt.)

University of Durham College of Medicine.—A joint Lecturer on Anatomy and a Medical Tutor. Salary of the latter, £200. Full information of Dr. Bramwell.

North London Consumption Hospital.—Physician. Honorary. (See Advt.)

Northampton County Lunatic Asylum.—Medical Superintendent. Salary, £500, with residence, &c. Applications to the Clerk of the Peace, County Hall, Northampton.

Lisnaskea Union.—Medical Officer Brookeborough Dispensary District. Salary, £115, with £15 extra as Sanitary Officer. (See Advt.)

Manchester Clinical Hospital for Children.—House Surgeon. Salary, £80 per annum. Address the Secretary of the Medical Board.

University of Glasgow.—Examiners in Medicine. Applications to be lodged with Mr. Kirkwood, 166 West George Street, Glasgow.

Macclesfield General Infirmary.—House Surgeon. Salary. £120, with board and apartments. Applications to the Clerk at the Infirmary.

Nottingham Dispensary.—Assistant Resident Sorgeon. Salary, £170. Applications, with testimonials, to the Committee at the Dispensary.

Stamford Infirmary.—House Surgeon. Salary, £100, with board, &c. Address the Chairman of the Managing Committee.

Marriages.

BOOTH—HETHORN.—On the 10th inst, at the Parish Church, Bowdon, Lionel Booth, M.D., Accrington, Lancashire, to Frances Mary, eldest daughter of John Hethorn, Esq., Altrincham, Cheshire.

MERRICK—DAWSON.—On the 15th inst., at Kilkenny West, Alexander Stewart Merrick, M.D., Belfast, to Annie Elizabeth Frances, youngest daughter of Wm. Dawson, Esq., J.P., Nohaville, co. Westmeath.

Deaths.

ARBUCKLE.—On the 15th Feb., at Balmar, Kirkcudbright, William Arbuckle, M.D., Inspector-General of Hospitals Bombay Service, aged 67.

CANTRELL.—On the 7th Feb., at Middleton, Derbyshire, Wm. Cantrell, L.R.C.P Ed., aged 75.

CAREY.—On the 3rd Feb., at Edinburgh, Ernest G. Carey, M.B.

COLEMAN.—On the 10th Feb., at Galway, of congestion of the lungs, James J. Coleman, L.R.C.P.E., L.R.C.S.Ed.

COOKSON.—On the 7th Feb., A. D. Cookson, M.R.C.S.E, of Gloucester, aged 62.

DALE.—On the 10th Feb., at Regent's Park Terrace, Edmund Dale, M.D., of Wavertree, near Liverpool, and Holborn Hill, London, aged 73.

DEANE.—On the 10th Feb., at St. Ives, Hunts, James Deane, M.A., M.D, aged 63.

GREENE.—On the 6th Feb., at Sedgeley Park, John Greene, M.R.C.S.E., of Muxton, aged 67.

ILIFF.—On the 17th Feb. at Epsom, after a long illness, Wm. Tiffin Iliff, M.D., formerly of Newington, Surrey, aged 77.

IRVINE.—On the 18th Feb., at Eglinton Lodge, Irvinestown, Michael Robert, second son of Dr. Alexander Irvine, aged 14, deeply regretted.

JOSEPH.—On the 6th Feb., at Tipton, C. E. Joseph, M.R.C.S.E., aged 52.

TURNER.—On the 4th Feb., at Manningham, R. H. Turner, L.R.C.S.Ed., aged 37.

WAYMOUTH.—On the 17th Feb., at Lichfield, Albert Waymouth, M.R.C.S., aged 32.

WELCH.—On the 17th Feb., at 7 Powis Gardens, Kensington Park, W., Frances, relict of Dr. James Andrew Welch, of Dalston.

STROMEYER TESTIMONIAL.

AT an INFLUENTIAL MEETING, held on FEB. 14th, at 18 Park Street, Grosvenor Square, W., to consider the propriety of joining in the movement now going on in Germany to celebrate, on April 6th, the Fiftieth Anniversary of Stromeyer's admission to the Doctorate of Göttingen, it was unanimously agreed that an Address congratulating Stromeyer on his useful and honourable professional career be presented to him, as shown by his discovery of the safety and value of subcutaneous surgery, by the elevated tone of his surgical writings, and his successful efforts to improve the principles and details both of Military and Civil Surgery, as well as Military Hygiene. It was also resolved that Dr. Stromeyer be asked to sit for his Bust, which it is expected will find an honourable reception in England, and that a subscription list—no subscription to exceed two guineas—be opened for the purpose of carrying out the above object.

It was also resolved:—"That W. J. LITTLE, M.D., 18 Park Street, Grosvenor Square, W., and WILLIAM MACCORMAC, F.R.C.S., 13 Harley Street, W., do act as Joint Treasurers and Secretaries, to whom it is requested all communications may be addressed."

SUBSCRIPTIONS ALREADY RECEIVED.

	£	s.	d.		£	s.	d.
Sir James Paget, Bart., F.R.S.	2	2	0	William Adams, Esq. ..	2	2	0
Sir William Ferguson, Bart., F.R.S. ..	2	2	0	Dr. Little	2	2	0
Prescott Hewett, Esq. ..	2	2	0	L. Stromeyer Little, Esq.	2	2	0
Alfred Baker, Esq. ..	2	2	0	George Critchett, Esq. ..	2	2	0
Dr. Hermann Weber ..	2	2	0	John Couper, Esq. ..	2	2	0
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William White Cooper, Esq.	2	2	0	John Simon, Esq., F.R.S.	1	1	0
Spencer Wells, Esq. ..	2	2	0	John Croft, Esq. ..	1	1	0
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Bernard B. Brodhurst, Esq.	2	2	0	Dr. T. B. Christie, Ealing	1	1	0
William MacCormac, Esq.	2	2	0	Dr. Andrew Clark ..	2	2	0
				Dr. Archibald Billing, F.R.S.	2	2	0
				Professor Pirie, Aberdeen	2	2	0
				Sir William Muir, K.C.B., Director-Gen. A.M.D.	2	2	0

ASSISTANT PHYSICIAN.—CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, VICTORIA PARK, E.

A VACANCY having being created by the resignation of Dr. Sutton, one of the Physicians to the Institution, and the appointment of Dr. Shepherd, the Senior Assistant Physician, to succeed him, Candidates for the appointment of Assistant Physician are requested to send their applications, addressed to the Treasurer, on or before Saturday, the 26th inst. Information may be obtained of the Medical Officers or of the Secretary.

WILLIAM JONES, Secretary.

Office, 24 Finsbury Circus, E.C.

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A. EBSWORTH, F.R.C.S., Director.

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A VACANCY has occurred in the office of PHYSICIAN to the North London Consumption Hospital, London and Hampstead, by the resignation of Dr. W. Lomas. Candidates (who must be Members or Fellows of the College of Physicians, and Graduates in Medicine of a University) are requested to send their testimonials to the SECRETARY, on or before 1st March.

Office, 216 Tottenham Court Road, W.

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For further information, apply to the Rev. ARTHUR FABER, M.A., Head Master, late Fellow and Tutor of New College, Oxford.

LINCOLN LUNATIC HOSPITAL.

WANTED a RESIDENT MEDICAL SUPERINTENDENT, who must be a duly registered general practitioner, holding at least two qualifications, one in Surgery and one in Medicine, unmarried, and free from burden of children. Salary, £150 per annum, with board, lodging, and washing. Applications, stating Age and Qualifications, accompanied by Testimonials, to be addressed to the Governors of the Lincoln Lunatic Hospital, under cover to the Secretary, Mr. Richard Hall, 38 Silver Street, Lincoln, not later than Saturday, the 11th day of March, 1876. The election will take place on Thursday, the 16th March, 1876.

By order of the Board,
RICHARD HALL, Secretary.

LISNASKEA UNION.

BROOKEBOROUGH DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.—In consequence of the lamented death of their Medical Officer, Dr. Wilson, the Committee of Management of the above Dispensary District will, at their Meeting to be held on TUESDAY, 21st MARCH, 1876, at the hour of 12 o'Clock noon, proceed to elect a duly-qualified Medical and Sanitary Officer for the District, at a salary of £115 per annum as Medical Officer, and £15 per annum as Sanitary Officer, together with fees for Registration and Vaccination.

Applications for the Office, with Diplomas and Testimonials, will be received by the Assistant Honorary Secretary, "James Sproul, Esq., Skeage, Brookeborough."

Personal attendance of Candidates will be required on the day of Election.—By order,

J. O'R. HOEY, Clerk of Union.

25th January, 1876.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £40 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c. can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

IRISH POOR-LAW INTELLIGENCE.

THE EXPENSES OF SANITARY OFFICERS AT PETTY SESSIONS COURT.

THE Local Government Board, in reply to a letter of inquiry from the Drogheda Union, as to the legality of a fee of £1 granted to Dr. Drew, M.D., as sanitary officer for Termonfeckin, County Louth, by the magistrates on the hearing of a sanitary case which the doctor had reported in his official capacity, state that it is not one of the prescribed duties of the sanitary officer to attend at petty sessions to prosecute in such cases, and the question of costs is one for the magistrates to consider. Such being the case the sanitary officer, as a professional man, can fairly claim costs in every case.

Since this decision was given the question has been submitted to legal authority, at the County Watertord Petty Sessions, where a man was charged at the suit of the Clonmel Board of Guardians with depositing manure, of a quality dangerous to health, on the roadway at Glebe-lane, Old Bridge, and which he persisted in keeping there when noticed to have it removed.

When the case was called, Mr. O'Donohoe, solicitor, said that he appeared professionally for Dr. Scully, jun., in his capacity as Hon. Secretary to the County Tipperary Medical Protective Association, to request from the magistrates an order to have Dr. Scully paid £1 for his services and loss of time in attending the court. The object of the application was not so much the question of the £1, as to have the matter tested as to whether it was the duty of a sanitary officer to attend on such occasions, or whether he was entitled to be feed by the Board under the clause in the Sanitary Act, empowering the sanitary authority to give remuneration for extra duties. The order of the magistrates would go before the guardians, who, as a matter of course, would refer the matter to the Local Government Board for their opinion.

Mr. Shee said that the way to test the question would be to have the doctor refuse to give evidence in the case.

Dr. Scully objected to this course, as he would be reported to the board of guardians by the executive officer, and in that way his refusal would come before the Local Government Board, who, not knowing the circumstances under which he acted, might censure him for so doing.

Mr. Casey, C.P.S., thought that what the bench had power to do would be to give an order for costs against the defendant.

Mr. O'Donohoe stated that this course would not test the matter as he required.

After a lengthened discussion, the magistrates refused to give the required order, although they considered that the doctor ought to be paid if he were entitled to it, but

The Magistrates stated that they would bring the subjec under the notice of the board on Thursday next, with a view of having the opinion of the Local Government Board taken on it.

Dr. Scully expressed himself satisfied with this arrangement, and thanked the magistrates for their courtesy.

The case then proceeded.

CERTIFYING OF LUNATICS.

AN APPLICATION FOR A MEDICAL FEE.

DR. NIXON sent to the board the following magisterial certificate, which he received from two magistrates, asking for a fee on the head of same :

We, the undersigned county magistrates, certify that Henry King Nixon, physician surgeon, has given evidence before us, touching the insanity of William Rollins, of Clooncoo, in the county of Sligo.—Signed.

Dr. Nixon came before the board, and said that the dispensary doctor (whose duty it was to examine the lunatic) was unwell, and he (Dr. Nixon) was doing his duty *pro tem.*; and, by a late Act of Parliament, the guardians had the power to pay the examining doctor a fee, when he was not the dispensary doctor.

Chairman—We will have to get up a ratepayers' protection association if these things go on.

Mr. Walker considered as it was a portion of the dispensary medical officer's duty, the substitute of that officer should do it without the guardians being called on to pay it.

Mr. Sidley—The doctor better get the Act of Parliament for the guardians.

Dr. Nixon then withdrew.

Subsequently Dr. Nixon sent in a copy of the Act of Parliament, which runs as follows :—

Notwithstanding anything in section 10 of the Act of the session of Parliament held in the 30th and 31st years of the reign of her present Majesty, chapter 118, to the contrary, it shall be lawful for any two justices causing any person to be examined by any medical officer as therein mentioned, if they think fit so to do, to make an order under their hands and seals upon the guardians of the union to which such person belongs for the reasonable remuneration to such medical officer, and for the payment of all other reasonable expenses in or about the examination of such person, not exceeding in the whole the sum of £2. All moneys so ordered to be paid by the guardians of such union shall respectfully be advanced, paid, and raised in like manner as any other moneys required for supporting and maintaining the destitute poor of such union.

Chairman—But in this case the magistrates merely certify that Dr. Nixon examined the patient, but they make no order on us to pay him anything.

Mr. Sidley—They should state what sum they consider the doctor is entitled to—whether half a guinea or £2.

Mr. Walker—But does this insane man belong to this union at all?

Chairman—Is there such a place as Clooncoo in this union?

Relieving Officer Mahon believed it was in the union of Boyle.

Chairman—Then it is the guardians of the union to which he belongs who are to pay the money.

The Chairman drew up the following minute, which the board adopted:—

The Board of Guardians having considered Doctor Nixon's application for remuneration for having examined a lunatic named Rollins, together with the Lunatic Asylums (Ireland) Act, 38 and 39 Vic. cap. 67, are of opinion that they have no power to comply with the request; because the Act of Parliament requires two justices "if they think fit so to do, to make an order under their hands and seals upon the guardians of the union to which such person belongs for the reasonable remuneration to such medical officer;" and, by the certificate handed in by Dr. Nixon, no such order has been made; and secondly, the union to which the lunatic belongs is chargeable, and there is no townland named Clooncoo in this union.

RESPONSIBILITY FOR THE ENFORCEMENT OF THE ADULTERATION ACT IN IRELAND.

At the Nenagh Board of Guardians a letter was read from the Local Goverment Board referring of a circular of 3rd November last, drawing attention of the Sanitary Authority to those provisions of the Sale of Food and Drugs Act, 1875, 38 and 39 Vic. cap. 63, which prescribe the mode of proceeding to obtain an analysis upon which (if it shall appear that an offence has been committed against any of the provisions of the Act) proceedings may be taken. "The Local Government Board" it says, "desire to acquaint you for the information of the Sanitary Authority, that they have been informed that since the date of the circular an opinion has been given by the Law Adviser of his Grace the Lord Lieutensnt to the effect that under the Sale of Food and Drugs Act, the Grand Jury of the County shall appoint the analyst, as the local authority charged with the execution of the act, and it would appear therefore that the Sanitary authority and its officers are not responsible in regard to the provisions of the Act. In Boroughs in which the appointment of the analyst is required to be made by the Town Council, the local authority would appear to be the Town Council."

Mr. Head, remarked that the Grand Jury was but an evanescent body which only existed for a couple of days at each assizes; and if not in existence how could they conduct a prosecution.

Mr. Kilkelly asked if the analyst had been appointed yet.

The Chairman said he had been appointed by the Grand Jury.

Mr. Head—In that case the solicitor of the Grand Jury would be the person to take up the prosecution.

Mr. Head remarked that there were two grand juries in the county North Riding and South Riding; he wished to know which would be *the* Grand Jury within the meaning of the letter.

After some discussion, the following memorandum was directed to be submitted to the Local Government Board:—

The sanitary authority would like to be informed how the "grand jury of the county," as the local authority, is to be put into motion when cases arise for prosecution when the grand jury is not sitting, and what consitutes the grand jury of the county of Tipperary, separated as it is into two Ridings, each having a separate grand jury.

LIABILITY OF LANDLORDS FOR SANITARY RATES.

At a recent meeting of the Carlow Board of Guardians, the following letter was read from the Local Government Board:—

"Sir—The Local Government Board for Ireland acknowledge the receipt of the minutes of proceedings of the Board of Guardians of Carlow Union of the 3rd inst., containing a resolution in which the guardians request to be informed whether general and special rates made for sanitary purposes, and also burial rates, can be deducted from the rents in the same proportion as poor rates; and in reply, the Local Government Board have to state that general and special rates, made by a rural sanitary authority, for sanitary purposes, would be subject to all the incidents of the poor rates, and should be borne accordingly by landlords and tenants, in the same proportions as rates made for the relief of the poor. As regards the rates levied under the provisions of the Burial Grounds Act, the Local Government Board desire to observe that conflicting legal opinions have been given by very eminent counsel as to the right of the tenant to make a deduction from his rent on account of Burial Rate, and the Board are not aware that the point has ever been settled by a judicial decision.

"The Local Government Board believe that the generally prevailing practice is to make precisely the same deduction as in the case of the ordinary poor-rate, and this practice the Board believe to be most in conformity with the object and intention of the Legislature."

THE REGULATION AND INSPECTION OF COMMON LODGING-HOUSES.

The following circular has been issued to Boards of Guardians by the Local Government Board:—

"Local Government Board, Dublin,
"9th February, 1876.

"Sir,—Adverting to the circular letter of the 6th September last, on the subject of the adoption of bye-laws by sanitary authorities for the regulation of Common Lodging Houses, under the provisions of the Common Lodging Houses Act, the Local Government Board for Ireland desire to acquaint you that having received a communication frsm a rural sanitary authority, by which the bye-laws which accompanied that letter had been adopted, suggesting that the services of the Royal Irish Constabulary should be made available in carrying out their provisions, the Board brought the subject under the consideration of his Grace the Lord-Lieutenant, and the matter having been referred to the Inspector-General of Royal Irish Constabulary, it appears to be considered by him that for the police to carry out these bye-laws would occupy too much of their time. But there is no objection to their enforcing the rule which provides that no keeper of a common lodging house shall accommodate a greater number of lodgers or other persons than that mentioned in the entry of the said house in the register of common lodging-houses. It is, doubtful, however, whether the Constabulary have power to enter common lodging houses at all times, and therefore if the sanitary authority desire to avail themselves of the services of the Constabulary in this respect to the extent above stated, which the Board would recommend them to do, they should make a new bye-law under the fourth section of the Common Lodging Houses (Ireland) Act, 1860, providing for the employment of the Constabulary as officers to make entry and inspection at all hours, and providing a penalty in case of refusal or obstruction. A draft of such a bye-law is annexed.

"Should the proposed bye-laws be adopted the sub-inspector or constable in charge should be informed of the authorised number of lodgers for each house.

"By order of the Board,
"B. Banks, Secretary."

(COPY OF BYE-LAWS)

"Common Lodging Houses Acts, 14 and 15 Vic., cap. 28. 16 and 17 Vic., cap. 41 ; 23 Vic., cap. 36.

"Whereas the —— sanitary authority have, in pursuance of the authority vested in them in that behalf, made bye-laws respecting common lodging-houses in their district, for the well-ordering of lodging-houses, and the separation of sexes therein, and for fixing the number and sex of the lodgers who may be received in each such house, and for promoting cleanliness and ventilation therein, and such bye-laws have been duly approved of in accordance with the provisions of the above-mentioned Acts ; and it is expedient to provide by a bye-law to be made in pursuance of the powers aforesaid, for inspection of such houses.

Now, therefore, we hereby make the following by-elaw, in addition to the bye-laws so made, and approved as aforesaid—

"'The keeper of every common lodging-house shall give access to the same at all times when required by the sanitary officer or by any sub-sanitary officer of the district, or by any member of the Royal Irish Constabulary, who shall be authorised by the sanitary authority to enter such common lodging-house for any of the purposes of the said Act, and any person who shall refuse so to admit such sanitary officer, sub-sanitary officer, or member of the Royal Irish Constabulary, or shall offer any obstruction to his or their entrance, shall be liable to the penalties provided by the said Acts for offences against bye-laws made under the provisions thereof.'"

The Clerk said it was desirable the Constabulary should have authority to enter lodging-houses. It was at night the lodging-houses required to be visited, and the sub-sanitary officer might not be on the spot.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING FEB. 12, 1876.

Total registered deaths in Dublin and suburbs *	...	225
Ten years average of same week	...	198
Excess of mortality above average	...	27
Ratio of deaths, suburb of Rathmines ...	30	per 1,000
" " " Donnybrook†	29	"
" " " Blackrock ...	22	"
" " " Kingstown ...	11	"
" " Entire Dublin district ...	37	"
COMPARATIVE RATIOS—London	24	"
" " Glasgow... ...	28	"
" " Edinburgh ...	22	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases amounted to 32, including 1 from typhoid fever, 13 from whooping-cough, 7 from measles, 3 from scarlet fever, 2 from diarrhœa, &c.

Seventeen children died from convulsions.

Fifty-three deaths resulted from bronchitis, 3 from pneumonia, 1 from asthma, and 6 from lung disease unspecified.

Three deaths were ascribed to apoplexy, 4 to paralysis, 1 each to cephalitis and insanity.

Heart disease proved fatal in 8 instances, liver disease in 1, and kidney disease in 2.

Twenty-four persons died from phthisis, 6 from mesenteric disease, 5 from hydrocephalus, 3 from scrofula, and 1 from cancer.

Ten deaths were caused by accidents, and 1 was homicidal.

Three deaths from diarrhœa, 1 each from scarlet fever and diphtheria, and 2 each from fever and whooping-cough were registered in Belfast.

Five deaths from measles, 3 from whooping-cough, and 1 from fever, were registered in Cork.

Five deaths from whooping-cough and 2 from diarrhœa were registered in Limerick.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF JANUARY, 1876.

JAN. 6th.—O'Leary, Thos. Philip, 37 Wexford Street, Dublin, Lic. R. Coll. Surg. Irel. 1875.

6th.—FitzSimon, Cuthbert Collingwood, 41 Lower Mount Street, Dublin, Lic. R. Coll. Surg. Irel. 1874, M.D. Qu. Univ. Irel. 1875.

7th.—Bleakley, Alex. Slorach, Ballycannon Rectory, Tullamore, King's County, M.B. 1875, and M.Ch. 1875, Univ. Dub.

10th.—Taaffe, Michael, Fountain, Ennis, co. Clare, Lic. R. Coll. Surg. Irel. 1874, Lic. Apoth. Hall, Dub. 1876.

14th.—Longford, Henry, 30 Waltham Terrace, Blackrock, co. Dublin, Lic. R. Coll. Surg. Irel. 1873, Lic. 1874, and Lic. Mid. 1874, K. Q. Coll. Phys. Irel.

17th.—McCarthy, Geoffrey, Kenmare, co. Kerry, Lic. R. Coll. Surg. Irel. 1875, Lic. 1876, and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

19th.—Sheppard, Wm. David, 83 Harold's Cross, co. Dublin, Lic. Apoth. Hall, Dub. 1875.

19th.—Boyd, Thomas, Castletown Manor, Ballina, co. Mayo, Lic. 1874, and Lic. Mid. 1874, R. Coll. Surg. Irel., Lic. K. Q. Coll. Phys. Irel. 1875.

20th.—Halpin, Nicholas John, 30 Great Charles Street, Dublin, M.B. 1875, and M.Ch. 1875, Univ. Dub.

20th.—Smith, Richard Baker, Crumlin, co. Dublin, Lic. R. Coll. Surg. Irel. 1875.

20th.—Power, John Joseph, Kilteely, co. Limerick, M.B. 1875, and M.Ch. 1875, Univ. Dub.

21st.—Meredith, Edward Bishopp, 3 Kenilworth Terrace, Rathgar, co. Dublin, Lic. R. Coll. Surg. Irel. 1875, Lic. 1875, and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

21st.—Goodman, Francis George, Skibbereen, co. Cork, M.B. 1875, and M.Ch. 1875, Univ. Dub.

22nd.—Smith, George, 15 Clarinda Park West, Kingstown, co. Dublin, Lic. 1875, and Lic. Mid. 1875, K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1875.

24th.—Hughes, George Arthur, 1 York Terrace, Cork, M.B. 1875, and M.Ch. 1875, Univ. Dub.

25th.—Davis, William, Spring Lodge, Salt Hill, Galway, M.D. 1874, and M.Ch. 1875, Qu. Univ. Irel.

25th.—O'Sullivan, John Joseph, Medical Hall, New Street, Killarney, co. Kerry, Lic. Apoth. Hall, Dub. 1873.

25th.—Abraham, Andrew Arthur, 124 Rathgar Road, co. Dublin, Lic. R. Coll. Surg. Irel. 1875.

26th.—Armstrong, James Bailie, Castletown, Berehaven, co. Cork, Lic. R. Coll. Surg. Irel. 1875, Lic. 1876, and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

27th.—Williamson, John Francis, Ardess, Kesh, co. Fermanagh, M.B. 1876, and Lic. Surg. 1876, Univ. Dub.

27th.—O'Farrell, Denis Paul, Loughrea, co. Galway, Lic. R. Coll. Surg. Irel. 1874, Lic. K. Q. Coll. Phys. Irel. 1874.

27th.—Henderson, Wm. George Hume, Shawburn, Hamilton, N.B., Lic. R. Coll. Surg. Irel. 1875, Lic. 1875, and Lic. Mid. 1875, K. Q. Coll. Phys. Irel.

29th.—Bryson, Wm. Bruce, 24 Charleston Road, Rathmines, co. Dublin, Lic. R. Coll. Surg. Irel. 1873, Lic. R. Coll. Phys. Edin. 1874.

29th.—Ross, David Robert, 20 Ormond Road, Rathmines, co. Dublin, M.D. 1875, and M.Ch. 1875, Qu. Univ. Irel.

REPORT OF THE INSPECTORS ON THE LUNATIC ASYLUMS IN IRELAND.

(*Continued.*)

Poorhouses.—On a general analysis of the mentally affected in this country, as already given in a preceding section of this report, it appears that out of an aggregate between the registered and unregistered, 3,140 were located in poorhouses on the 31st December, 1874, being eleven more than at the corresponding date of the previous year. In the returns obtained by us, through the kindness of the

Local Government Board, we have had these inmates classified under the denominations of idiots, epileptics, and lunatics, as constituting for the purpose of reference the most practical arrangement. The gross total of simple and epileptic idiots or imbeciles amounted to 1,740—758 males, and 932 females, while that of the lunatics, for the most part aged and demented, nearly one half subject to epilepsy, was 1,401—512 of the former and 889 of the latter named sex.

As the inspection of all institutions, whether public or private, containing insane persons, is imposed on us by 5 and 6 Vic., cap. 33, the visitation to union workhouses harbouring as they do about one-fourth of all the registered under treatment, forms no inconsiderable portion of our official duties. The question of how and where individuals labouring under mental affliction, who from their antecedents or the nature of their malady offer no reasonable hope of recovery, can be most appropriately located is one worthy of mature consideration, both in a social and pecuniary point of view. So long as actual benefits are derivable from an extra expenniture on regular asylum buildings, and the particular accommodation afforded by them, it would be unjust to deny their advantage to the insane; on the other hand, however, the public in its ratepaying position has a right to foster economy by an avoidance of uncalled for taxation.

How far then the double object can be most satisfactorily obtained is a problem of interest and importance, whether it be by the establishment of provincial chronic hospitals for the insane at present in, or from year to year likely to become resident in union workhouses, or by setting apart when expedient a whole or portion of a workhouse in each district or county contained within it for the detention of epileptics, idiots, imbeciles, and the like.

Under existing circumstances the tendency of some Boards of Guardians is to disembarrass their respective unions of persons who come within the term insane, no matter how trivial their affection may be, but particularly if they give any trouble. They probably think as the lunatic district at large, which comprises at least one county has to meet, through Grand Jury presentments, the cost incidental to an asylum residence, that not only a special saving to their unions is effected by an enlarged area of taxation, but by their taking advantage of the 4s. weekly rate in aid, for each lunatic when so transferred, a sum of £10 8s. annually, nearly equal to the whole cost of the like inmate of a poorhouse, would be further economised; but this fact should not be overlooked, that not only the difference between maintenance in a workhouse and a district institution, about £14 per head, would have to be paid, but that to obviate the inconvenience and risk from overcrowding, the costly outlay on structural additions to meet continued requirements would eventually be entailed on local charges. The guardians of union B. for example, labour under a fallacy in the supposition that by getting rid of their insane, idiots, epileptics, and the like, they obtain fiscal advantages—forgetful that unions C. D. E. and F. can adopt a similar practice in self protection.

(To be continued.)

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Population of District	Acreage of District 640 Acres to the square Mile	Date of Election	Distance of Dispensary from Railway Station.
Inishowen... ...	Clonmany... ...	£140	£3 11 0	111	97	5,780	23,375	Mar. 2	
Lisnaskea... ...	Brookborough..	£130	£10 5 0	343	151	8,759	35,198	Mar. 21	Maguiresbridge, 3 m.
Thomastown ...	Knoctopher ...	£118 15	£6 14 0	427	175	7,101	23,356	Mar. 2	Ballyhale, 1 m.

ABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, February* 12*th*, 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, FEBRUARY 12TH, 1876.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . . .	10,050	314,666	37	188	225	40	59	...	7	3	...	13	1	2	11	13	62
BELFAST . . .	20,687	182,082	27	155	96	18	15	...	...	1	1	2	2	3	2	1	19
CORK . . .	13,816	91,965	32	48	56	9	9	...	5	...	...	3	1	...	1	...	10
LIMERICK . . .	8,509	44,209	44	15	37	6	10	...	...	...	...	5	...	2	..	...	15
LONDONDERRY . .	21,865	30,884	22	10	13	..	7	...	..	1	...	...	...	...	...	2	5
WATERFORD . .	17,209	30,626	34	16	20	1	13	...	...	...	...	...	...	...	...	...	12
GALWAY . . .	21,358	19,692	13	1	5	2	1	...	...	...	...	...	...	...	...	...	1
SLIGO . . .	30,835	17,285	21	11	7	...	3	...	...	...	...	..	1	...	...	...	2

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 1, 1876.

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By J. Hughlings Jackson, M.D., F.R.C.P.,

Physician to the Hospital for the Epileptic and Paralysed, and to the London Hospital.

CHAPTER VII. (*continued from p.* 131.)

Now for another qualification. When we either actually see or only think of a brick we have a state of consciousness of a thing particularly coloured and extended. There is then we suppose activity of certain elements of the substrata of consciousness which lie in the right posterior and left anterior lobe. But we seem to have two mental states together or in reversible succession; we seem as if we had not only an idea of the rose, but *we* seem to know that *we* have it. We seem to remember the rose as if we had a general consciousness in addition to and yet distinct from another more special consciousness, a sort of "faculty" of remembering the rose. Similarly for other so-called faculties, especially the Will. Let us state an hypothesis explanatory of this feeling. It is that the substrata of consciousness are double, as we might infer from the physical duality and separateness of the highest nervous centres. The more correct expression is that there are two extremes. At the one extreme the substrata serve in Subject-consciousness, at the other extreme in Object-consciousness. (*a*) But it is convenient to use the word double. We have already spoken of the substrata of Object-consciousness. But we shall now consider the relations of the two. We speak first of the substrata of Subject-consciousness.

Subject-consciousness is first in all mentation. This half of the double substrata is made up of nervous arrangements representing the parts of the whole organism *in relation to one another*. Here their representation is in the order from the most general (systemic or organic) movements and most general (organic or systemic) sensations up to the most special movements and most special sensations. By this half of the substrata impressions from the environment are received; it is the passive half; the chiefly sensory half. We say chiefly, for there must be a motor element too, or there could be no notion of the locality of an impression. Sensory action is first and most; the sequent movement represented in these substrata simply serves in the physical process during which the part of the surface of the body acted upon is registered in sub-consciousness; it does not give a notion of externality or of the thing acting. In any impression received, affection of what is called the systemic sensations will be first; there is first, that is to say, a most general sensation (*a*) representing the organism as a whole as being affected before there can be the sensation that it is being particularly affected here or there; this process is usually unconscious or sub-conscious, unless the local impression be excessive. When it is excessive (when there is the psychological state of pain) the impression in many parts of the body, if not in every part, *does disturb the whole system*, causes pallor, faintness, and sickness, developes systemic sensori-motor processes. This is very important, for the implication is that in the slightest local impressions the whole organism becomes affected in the sense that the highest nervous arrangements *representing the organism as a whole* are disturbed. (*b*)

(a) Subject-consciousness is not commonly spoken of as consciousness; it is a sub-consciousness bordering on unconsciousness.

(*a*) The term "sensation" is very awkward here; it is meant that there is a contribution to a state of sub-consciousness, bordering on consciousness. Lewes' doctrine that Sensibility attends activity of all nervous centres would save us from the awkwardness of using expressions which are strictly equivalent to the contradiction of "unconscious sensations."

(*b*) "Ludwig has found that irritation of a sensory nerve has a double effect—(1) it causes the vessels of the part to which it is distributed to dilate; (2) it causes the vessels in other parts of the body to contract, so that the general blood-pressure is raised."—Lauder Brunton, St. Barth. Hosp. Rep., 1875. This

The activity of the substrata of subject-consciousness in health is not attended by what is commonly called full consciousness. They form the anatomical side of what is a continued under-consciousness (persistence of consciousness) and are those most concerned in the wide bodily states which are the physical side of emotions. (*a*) These substrata are in constant slight action and in but slightly varying action. They rise in activity before that of those nervous arrangements which constitute the second half of the double begins.

The second half of the substrata of consciousness represents the physical side of object consciousness—consciousness commonly so-called. These nervous arrangements represent parts of the body in the order from the most special and voluntary movements and sensations to the most automatic and general movements and sensations. So that these like the last represent the whole organism, but in the reverse order; they represent the body in the order of its power of reacting on the environment, not in its possibilities of being acted on. This is the chiefly movement half. Movement here comes first. (*b*) The sense of resistance is first and ever present in this half as the systemic sensations are in the other half. There is first in the former, that is to say, the sensation of the organism as being impeded here or there, as in the latter, of the organism as being affected thus or thus. They are the arrangements by which some part of the organism (already represented as a whole by the substrata of subject consciousness) is re-acting on its environment; the reaction varying much from moment to moment. In conscious states it is not simply that an impression received from the environment developes this reaction; the impression received affects the whole organism, and it is this which leads to the reaction. These substrata serve in what is called Perception as distinguished from Sensation. To perceive a thing is *to refer it to the environment* or to some part of the body. (*c*)

This division into substrata of object and substrata of subject consciousness appears to me to correspond anatomico-physiologically with the psychological distinctions betwixt subject and object made by Spencer and with that by Bain betwixt (*a*) Object and Subject-consciousness.

If the substrata of consciousness be double their duality is but an illustration on the highest level of the duality of nervous arrangements in general. The unit of action of the nervous system is double the unit of constitution; it is "a molecule of two atoms." The lower centres are double, and so are the centres of centres—those which sum up and potentially contain all lower centres. But the noteworthy thing is that in the highest parts of the nervous system the two halves of the double unit are not *mere* duplicates as they are in the lower centres. One half acts before the other, and acts differently

We have already suggested that certain regions of the cerebrum are concerned in object consciousness, which we then spoke of as "Consciousness" only—the right posterior and the left anterior lobe. We have next to speak of the seat of the substrata of the corresponding Subject-consciousness. We believe they are the right anterior lobe and left posterior lobe. By these nervous arrangements we learn how and where our organism is affected, as by the corresponding object consciousness we learn what and where the thing in the environment is which affects us.

What has just been said is but repeating in a more general way what I have said in the paper on the "Nature of the Duality of the Brain," January, &c., 1874. For to speak is to be conscious in words; to perceive is to be conscious in objects. But such full consciousness arises out of, and is posterior to, the corresponding under-consciousness called subject consciousness. For example, the automatic and unconscious (or sub-conscious) reproduction of words and images of things precedes, I there argued, that reproduction of them which is attended by full consciousness.

The above view is not parallel to the view popularly taken that we have a consciousness apart from, and as it were served by quasi-independent faculties of "volition," "memory," &c., and also sometimes governed by them. On the contrary, these so-called faculties are only different sides of constantly varying states of object consciousness which *arise out of prior states of sub-consciousness or unconsciousness*, directly out of sub-consciousness. It is supposed that there is a constant play betwixt the two—an unceasing rhythm. Spencer writes:—"It seems to me that the consciousness of self and the consciousness of not-self are the elements of an unceasing rhythm in consciousness—a perpetual alternation ordinarily so rapid as to escape observation, though occasionally so much retarded as to be observable. Like the divergence already set forth (§ 353) from Sir W. Hamilton's interpretation of the antagonism between Sensation and Perception is the divergence that arises here; this second divergence being in truth a corollary from the first. Just as before we saw that Sensation and Perception respectively dominate in consciousness with degrees of strength that vary inversely, thus excluding one another with varying degrees of stringency; so here we shall see that the consciousness of self and the consciousness of not-self are ever tending each to exclude the other but each failing to do this for more than an instant, save in those exceptional cases where it is raised to extreme vividness."—Spencer's "Psych.," vol. ii., p. 438.

This doctrine is supported, I think, by facts which we shall adduce later when speaking of the After Effects of

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shows that a local irritation, when excessive, affects the whole organism. It is believed, however, by physiologists, that the irritation is conveyed only so far as the vaso-motor centre—that is only as far as the medulla oblongata.

(*a*) *Emotion* is the most general feeling; we are always in some state of feeling, just as much as we are always alive. What are commonly called emotions, meaning particular emotions are variations of this constant state. The physical process underlying emotion involves the whole organism, and each particular emotion is, so to speak, a special attitude of it. When this or that particular emotion predominates these or those parts of the body have the leading excitement or depression. *Sensation* is a less general feeling; its physical process involves much of the organism, but some part of it especially. Perception is least general, most special, and the physical process in it involves some part of the body, and is mainly the reacting of some part definitely *after* a local impression which has but faint if any attendant sensation. So there are gradations of feeling from those forming part of subject-consciousness only to those rising into object-consciousness; there is in this ascending series of mental states diminishing consciousness of the organism and increasing consciousness of the environment.

(*b*) It is not meant that movement begins here without prior excitation from some afferent nerve or nerve centre corresponding to afferent nerves.

(*c*) Obviously, even by this definition Sensation and Perception are not abruptly separated. A local pain *as a pain* is an affection of subject consciousness. A sudden and severe pain anywhere, or in many places, at any rate (*i.e.*, the nervous change underlying the pain), affects the whole organism; it evidently leads to changes in the circulation of the whole body. To know that the pain is in this or in that part of the body is an affair of object consciousness, and implies local movement, actual or nascent of some part of the body. At least the principle is the same; although we cannot say that the part of the body in pain is part of the environment. It is a part which for the time is considered as separate from the rest of the organism by a high degree of local independence of feeling. Moreover, the particular emotions, those which vary from the common feeling, are known as emotions by being referred to the environment; we attribute modesty to the daisy, just as we attribute redness to a brick.

(*a*) Bain gives several distinctions ("Emotions and Will," 3rd ed., p. 575, *et seq.*). I do not follow Bain's order in the subjoined. (1) "The feeling of expended muscular energy as against sensations wholly passive." This nearly agrees with the distinction into *chiefly* motor and *chiefly* sensory elements of the two substrata. (2) "The contrast between Indifferent Feeling and Pleasure or pain fuses itself with the Object and Subject contrast." Thus it seems to me to accord with the two orders in which I suppose the sensation to be represented in the substrata. (3) "The contrast of Intellect and Feeling coincides to a very large extent with the contrast of Object and Subject." (4) "Definite Feelings connected with Definite Movements; Feelings independent of our Movements (Subject)." This nearly coincides. (5) "Experience common to all (object), as against experience special to each (subject)." This last is a very important distinction, and again, there is a harmony.

Excessive Nervous Discharges. We shall see that Exhaustion produced by these discharges and also in other ways of a higher centre allows the one next lower, the one next least automatic to *spring into activity*. The substrata of object consciousness are the higher of the two substrata. With exhaustion of the substrata of object consciousness there goes increased activity, or let us say excitement, of the substrata of subject consciousness. The exhaustion may be only very slight, as in the "brilliancy" of the mentally over-fatigued, which brilliancy is owing to an excitement of the substrata of subject consciousness *permitted by* slight and partial exhaustion of the substrata of object consciousness—there is metaphorically speaking loss of control. The "rhythm," unceasing in health, is stopped by disease, or goes on at a lower level, because the use of one half, always first the object half, is temporarily lost, or is impaired. Let us take a very simple illustration. In a delirious hospital patient there is a loss or defect of object consciousness from exhaustion of their substrata. The facts proving this assertion are that the patient does not know where he is ; does not know any persons or objects rightly. But there is increase of his Subject-consciousness, for he believes that the ward is the place most familiar to him—the place where he works, or his home, and he takes the nurse for his wife, and a boy patient for his nephew. He is, in short, to borrow both ideas and words from Bain, defective with regard to "experiences common to all (object)" and exalted "with regard to experiences special to each (subject)."

Although we speak of the correspondence betwixt the organism and the environment, what occurs anatomically and physiologically is a rhythm betwixt the two sides of the brain (or betwixt two differing units of one side); one representing the organism as it is acted on in this or that part, the other as reacting on this or that thing in the environment. This is evidently all that can occur when we are thinking about the action of absent persons in places at a distance. To perceive a brick is to refer it to the environment ; we so refer it just as certainly when we think of the brick as when we see it. But it is equally certain that when we have the fullest object consciousness when ws see a brick before us, that what we are concerned with (anatomists and physiologists) is a state of our own organisation—specially a state of our own nervous system produced in some unknown way by the brick acting on us and by our reacting on it. As repeatedly insisted on, the only difference betwixt seeing the brick and thinking of it is a difference of degree. To perceive a thing is, we repeat, to refer it to the environment ; we do this just as certainly when we think of the brick as when we see it. The former is commonly called an idea, the latter a perception. But an idea is only a faint external perception, and an external perception is only a vivid idea. In the former the externality also is faint, in the latter strong. For in the former the environment itself is faint, in the latter vivid. In no case can we think of a thing except as in the environment ; our idea of justice is an attributing a certain feeling we have to some person or persons. In thinking of an object there is of course the difference that the environment is, to speak shortly, "remembered," or constructed. This difference of mere degree sinks into insignificance before that difference implied by the rhythm of subject and object consciousness, and illustrated by the unconscious and automatic reproduction of images of objects *before* that perception which is a conscious and voluntary reproduction of them.

Just as localisation of ideas, or rather of the substrata of ideas means anatomically localisation of certain highly complex and special nervous arrangements representing particular impressions and movements, so localisation of symptoms in epilepsies means the same. A convulsion from disease of the brain is a *brutal* development of the function of the substrata of some ideas. We have to bear in mind that the discharging lesions in epilepsy are not only local, but that their discharges being very strong, lead to excessive developments of the functions of that part of the brain which they happen to involve ; the discharges of health lead to sensori-motor actions ; the discharges of epilepsy not only develope the functions of a part brutally, but develope nearly solely the functions of that one part ; there may occur motor symptoms almost only and sensory symptoms almost only.

Thus convulsion of the hands may represent a violently active state of the motor elements only in the substrata of tactual ideas ; convulsion of the tongue, palate, lips, &c., of the substrata of words. In some cases of migraine we have the corresponding sensory elements. Let me take a parallel case from physiological experiment. It is well known that irritation of definite areas of the skin of a headless frog provokes an excitation of the nerve cells in some part of the cord by which certain related movements are developed. This, however, is not the illustration. To give a case analogous to that of convulsion in man we must suppose the frog to be strychnised ; then the cells in the animal's cord are raised to a degree of instability analogous to that of the cells of the cortex in a discharging lesion in the epilepsy of man. They discharge strongly, rapidly, and many of them at once. From this results a convulsion (in the frog, tetanus) that is a sudden, rapid, and brutal development of numerous movements.

In the brutal discharges of epilepsies we have no mental states except the crudest, as of clouds of colour, numbness of the hands, &c. Let us speak of epileptic discharges beginning in the substrata of consciousness, and also try to show that the epileptic paroxysms dependent on discharges of these substrata differ according to the part of the substrata excited. We speak of the genuine epilepsy of authorities.

The paroxysm may begin by loss of consciousness, the patient having not the least precursory sensation. When this is so, we have no help from him towards localising the discharging lesion in any part of the substrata of consciousness. But sometimes the loss of consciousness is preceded by some crude sensation. It is very often a feeling referred to the epigastrium, and this is, I think, a coarse development of certain systemic sensations, that is, of sensations leading in Subject consciousness, or it may be coloured vision, that is, a sensation leading in Object consciousness. Now we speak of movements: these we can see ourselves, or infer them by their effects. A paroxysm sometimes begins by pallor of face, that is, by coarse development of movements leading in Subject-consciousness. There are the movements corresponding to systemic sensations. Then there is often a brutal development of movements of the eyes (spasm of the ocular muscles), that is a development of movements leading in object consciousness. These are the motor correlative symptoms of coloured vision.

Different modes of beginning of epileptiform paroxysms necessarily point to differently seated discharging lesions. That we may be quite unable to declare exactly where the discharging lesion is in any of the instances just alluded to does not invalidate this very general remark. We may at any rate say that the paroxysms spoken of begin by discharges in the very highest nervous arrangements, for loss of consciousness occurs almost instantly after the warnings spoken of. But we spoke of "several highest." There are the highest centres concerned during Subject consciousness (left posterior lobe being sensory, and right anterior lobe motor), and there are the highest centres concerned during Object consciousness (right posterior lobe sensory, left anterior lobe leading motor).

We begin with sensations. The left posterior lobe is the lobe where the substrata represent sensations in the order from the most general (systemic) to the most special (sight) ; the right posterior lobe where sensations are represented in the reverse order. They correspond respectively to the order of representation of sensory elements in Subject and Object consciousness. Hence a fit beginning by coloured vision I think most often depends on a discharge beginning in the right posterior lobe, whereas discharge beginning in the left posterior lobe should most often produce first such brutal development of sensation as that feeling referred to the

epigastrium by many epileptics. I suppose this is a brutal development of certain systemic sensations. It accords with this opinion that there is often a deep emotional state, "a fear," "sensation of horror," &c., attending the epigastric feeling.

I do not pretend to know that there are these particular local differences in representation. I am only certain that there are the several kinds of fits, and thus that the discharges must be differently seated. I certainly do not pretend to know that there is such an abrupt separation of duties betwixt the two posterior lobes as the above illustrations imply. For several reasons I believe there is less difference betwixt their sensory functions than there is betwixt the motor functions of the twin anterior lobes. Again, the discharging lesions may be in any one of numerous parts of either of the posterior lobes, so that different sensations may be developed; some epileptic seizures begin by an "aura" of noise. I nevertheless consider that some hypothesis is necessary in guiding investigation in these most difficult cases of epilepsy, and I submit the above on

We now speak of the *first* effects of epileptic discharge of the anterior lobes. They are chiefly turning of the eyes and head; if the head and eyes turn to the left there will be discharge of the right cerebral hemisphere, if to the right, of the left cerebral hemisphere. Vertigo in epileptics is on its physical side a motor symptom; even when unattended by outward movements it implies nascent movement of certain parts of the body, and this depends on slighter epileptic discharge of those parts of the anterior lobe than those discharges which make them actually move.(*a*)

There are often organic motor symptoms, as contraction of the arteries, especially of the face. We should theoretically expect that there would be also slowing or stopping of the heart from excitation of nervous arrangements representing the quasi-motor fibres which inhibit the heart. There *is* stoppoge of the pulse at the onset of some paroxysms of epilepsy.(*b*)

I should imagine that nerves for the arteries (systemic and pulmonary) would be more represented in the right side of the brain, and the inhibitory fibres of the heart more on the left side. In the lower animals the right pneumogastric has, according to Arloing and Tripier, more to do with the heart, the left more with respiration. In some animals the reverse obtains, as regards the splanchnics. The section of the right causes comparatively little sinking of arterial pressure. These peripheral differences, one must suppose, imply differences of representation in the highest centres. One would expect *d priori* the inhibition of the heart to be most specially represented in the leading motor side (left anterior lobe or left hemisphere generally). I here add a quotation from Brunton bearing on the representation of the systemic sensori-motor processes concerned in vomiting in centres so high as the corpus striatum and optic thalamus:—

"Budge states that the cerebral centre for the movements of the stomach is the *right* corpus striatum and optic thalamus, especially the latter. Irritation of these parts causes the stomach to move, while irritation of the corresponding parts on the left side of the brain have no action whatever. From this observation we are led to suspect that when any irritation exists in the right cerebral hemisphere it will occasion vomiting more readily than irritation in the left cerebral hemisphere, and according to Budge, this is actually the case" (Lauder Brunton, *Practitioner*, Dec., 1874). Dr. Brunton refers to an experiment by Gee on a dog (Clin. Soc. Transactions, 1860). Gee injected a large dose of apomorphia (two grains) into a dog. The dog vomited, and in two or three minutes began to course round the room in which the experiment was performed in a curiously persistent methodical manner. Brunton (*op. cit.*) says, "This effect of apomorphia points to an action of the drug on the nervous centres, and is all the more interesting when we remember that Budge placed the cerebral centre for the stomach in the *right* thalamus opticus."

(*To be continued.*)

(*a*) From theoretical considerations I think it most likely that discharges of the right anterior lobe should cause nascent or actual movement (turning) of the whole body, and thus the sensation of the body itself moving, and that if the discharge of the left anterior lobe caused vertigo, it would be from nascent or actual movement of the eyes, and thus there would be the sensation of outward things moving.

(*b*) One would not expect the systemic movements to be so specially represented as the higher movements, those of the eyes and hand, and not so separate from their corresponding sensations (systemic sensations). For example, the connection betwixt sensory nerves from the intestines and their corresponding motor nerves would be more closely organised and also more organised in the lower centres. Then, on the contrary, as regards the most special sensations and movements, one would, I think (considering our power of forming new or "ideal" combinations out of our actual experiences), expect them to be represented more widely apart and less certainly connected. But in the most special sense the separation would not be absolute. Thus in some cases of migraine there is not only a development of colour, but a zigzag outline; this, I presume, implies an excitation of motor elements of such elements as in health serve in the "insect" vision of giving us ideas of the roughness, small patterns, &c.

ON TOPICAL BLOOD-LETTING. (*a*)

By E. D. Mapother, M.D.,

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When we draw blood by leeching, cupping, or incision to relieve hyperæmia of organs or regions, we do not expect that the abstraction from the amount of the entire circulating fluid will afford the aid which is so often given. Each leech, for instance, removes scarcely 1-500th of the total blood, and a dozen of them applied to an adult cannot be supposed to depress sensibly the general vaso-motor force. For the control of the vaso-motor influence of a special organ or region no therapeutical agent can as yet be selected with confidence.

Topical blood-letting acts in two different ways—namely, (1) by deriving from the arterial circulation of the affected part—that is, letting blood easily escape from other vessels having a common origin—and (2) by emptying the veins which carry back the blood from the part to the heart. The vessels then can resume their normal calibre, and can take up effused materials, which they do with surprising quickness. Professor George Johnson's well-known illustration of the first way is most accurate and intelligable. When his opposite neighbour, Poole, the royal tailor, illuminates for some glad event, the Savile-row main is largely depleted, and gas is derived most inconveniently from Dr. Johnson's house. The gas mains have, however, no regulating power, such as the muscular arteries have, and this derivative mode of bleeding is seldom applicable, inasmuch as few arterial trunks send branches to organs and likewise to superficial spots whence we may bleed. For example, to relieve hyperæmia of the tissues supplied by the ophthalmic branch of the internal carotid artery, can section of a branch of the temporal offset of the external carotid avail much?

Still more useless is bleeding from the capillaries or veins which indirectly communicate with the vessels of the inflamed organ, and absurd is the only term applicable to the French practice of revulsion—for instance, leeching near the knees in cases of congested uterus or ovaries.

The blood returning from an inflamed organ is that most altered by the pathological process. For this reason and to give direct relief to the vessels of the part, we should, if possible, drain from the actual vein, or the veins with which it connects most fully and quickly provided they be within reach.

(*a*) Read before the Surgical Society of Ireland, Friday, February 18, 1876. The discussion will be found at p

I purpose to illustrate some of these anatomical relations, and if many of them are already known to you, bear with any attempt to attach to descriptive details memoranda of practical interest.

The action of topical irritants may be explained in the same way as the action of depleting measures from the part. Unaware that most organs can be drained from their special veins, surgeons of the past generation often felt that the only resource was general blood-letting. For example, let me cite, as regards the organ already alluded to, Mackenzie, who declares "scarification of the conjunctiva is useless, or even hurtful, in iritis. . . . The patient who could not previously discern the face of a person standing before him, except as a mere mass, will often exclaim, on opening the eye after venesection, that he sees clearly." Direct incision of a congested conjunctiva is plainly superior to leeching the temple.

The ophthalmic vein empties into the cavernous sinus, which connects with the two petrosal and lateral sinuses. By leeching, therefore, near the angle of the lower jaw, and over the mastoid emissary vein, we drain very directly from the eye, and there is now in St. Vincent's Hospital a man whose eye was saved from the ravages of iritis by these means. In a case of retinal apoplexy which Dr. Jacob lately saw with me, the best results followed leeching and subsequent blistering over the mastoid. The late Professor Jacob always selected this point for leeching in ophthalmic cases. That it was the usual bleeding point in every form of disease amongst the Egyptians appears from the writings of Alpinus 300 years ago.

The cerebral hemispheres send their blood back by the superior longitudinal sinus, which freely communicates with veins on the septum of the nose, through the foramen cæcum, and, with those of the scalp, through the parietal foramen, about one inch and a half in front of the posterior superior angle of that bone. If delirium pointing to active, or coma to passive hyperæmia suggested blood-letting, it can be done on the nasal septum—a place from which salutary bleeding so often arises. In no part of the mucous tracts are the vessels so near the surface. It may be noted that epistaxis does not occur from domesticated animals, and in their skulls the foramen cæcum (or, as it might be better named, the superior ethmo-frontal opening) does not exist. The circulation in these creatures is not urged on occasions such as arise in man's brain-work, and their horizontal posture renders valves in the veins of the head and neck useful, whereas man does not possess them. Epistaxis can never be regarded as a mere local flow, but as an escape for congestions of more important parts than the nasal septum. If the site of the emissary parietal veins, which is about four inches in front of the occipital protuberance, be made clear for leeches, by cutting the hair and washing the scalp, blood will freely flow.

In sunstroke and in severe concussion it is believed that considerable and sudden arrest of circulation occurs, and blood-letting at the above-named points would be indicated.

Extensive and promiscuous leeching of the scalp can only act in the way of general blood-letting.

If hemiplegic symptoms show that the base of the brain needs depletion, leeching over the mastoids will give any amount from the lateral sinus. Otitis is relieved in the same way, as all the blood of the organ of hearing escapes by the same channel. The spinal veins are so intricate in their communications that depletion of any of them may be easily secured by drawing from the skin over any part of the vertebral column. The ready action of irritants, like blisters or depressants, like cold in the same region, may be similarly explained. The great drain which aspiration to the chest secures might be utilised in head and spinal congestions by augmenting inspirations in the way suggested, for drowned persons, by Silvester, even if the patient were comatose.

The face and neck are more easily drained of blood than any other region, owing to the absence of valves in the veins, and leeches near the angle of the jaw will draw both from the sinuses and from the tonsillitic and palatine veins, all of which freely communicate with the pterygoid plexus. If, however, a congested or œlematous spot along the mouth, pharynx, ar larynx can be reached, the scarificator is to be trusted.

The difficulties and danger of jugular venesection have banished the operation, but all its advantages can be had by leeching over the thyroid body, as the venous plexus there freely joins the superficial and deep vessels, returning from the head to the innominate veins. The rate of venous flow is here some 200 feet per minute, while in remote veins it is not one-tenth as rapid. The small size and compressibility of these vessels insures that canalisation is unlikely, and the flow from the leech-bites can be easily stayed. Leeches over the sternum can scarcely relieve congestion in the larynx or trachea, while they would draw very directly if fixed near the thyroid veins. The veins from the pericardium mainly return to the internal mammary, and would be drained by leeches over the third, fourth and fifth intercostal spaces at the edge of the sternum, especially on the left side. If, as so often occurs, there be pleuritis as well, the leeches will serve a double purpose, for the pleural veins also empty at these spots. Here, also, as the arteries supplying those membranes and the veins returning their blood are so closely contiguous, local blood-letting would act in both the ways I have mentioned—the deriving from neighbouring arteries and the emptying of veins returning from the inflamed part.

The lungs clothed with serous membranes, which isolate them from the chest walls, cannot be depleted by draining the surface of the front, sides, or lower part of the back of this region, but may on the left side, where the superior intercostal receives the bronchial veins near the fifth intercostal space. At about the third intercostal space of the right side the bronchial veins join the azygos, a trunk which has already received the intercostals and left bronchial veins. The bronchial vessels mainly supply the mucous surface, and can be drained by the sources just mentioned. The fittest site for leeching would then be over the third space, between the spine and scapula. Last Monday, in St. Vincent's Hospital, a girl, recovering from acute rheumatism, was seized with sudden and intense dyspnœa, due, it was believed, to pulmonary embolism. Free leeching in the place indicated gave the most surprising relief. Congestion of the pulmonary circulation, such as has been so often seen during the past two months of bronchitic mortality, could be better relieved by leeching over the thyroid plexus. When surgical injuries to the lungs arrest breathing power, the right heart must be distended, and thyroid bleeding seems clearly indicated. The same step seems most advisable in all those frequent medical cases which obstruct the pulmonary circulation, and overload and palsy the right ventricle. Over forty years ago Professor John Reid proved the wonderful preventive power of jugular bleeding, especially from the lower orifice, over death in drowned and hanged animals, and those poisoned by drugs which paralyse muscular tissue. Blood readily passes between the right auricle and ventricle during all conditions of the heart.

The abdominal wall is supplied by the internal mammary, lower intercostal, and epigastric vessels, while the organs within are connected with the aorta, portal, and inferior caval veins. They are, moreover, separated by a great serous cavity. Leeching the skin of the belly may, therefore, drain the inflamed parietal peritoneum, but cannot sensibly affect the circulation in the stomach, intestines, liver, or spleen. These organs return their blood by the portal vein, and draining it at the rectum is the fittest indication when they are congested or inflamed.

If Luschka's statement that the umbilical vein, or ligamentum teres, of the adult is constantly pervious from the left branch of the portal to the deep epigastric be correct, leeching round the navel may be direct and effectual in inflammations of the liver and all other organs

discharging blood by the portal vein. This anatomical point, however, requires confirmation.

For acute dysentery of the tropics and other inflammatory affections of the abdominal organs, a hundred or two of leeches have deen used without avail, according to writers of the last generation, while half as much blood drawn quickly from the arm produced a profound impression on the system.

There is no organ which has so special a blood supply as the kidney. Insulated in a mass of fat, it joins no other part by vessels except on the left side the testis, by the spermatic.

Renal congestion can, therefore, be scarcely influenced by leeching, or cupping the loins, and the good supposed to follow them must be attributed to the warmth, rest, and low diet which usually are enforced, the first determining to the skin to the relief of the renal arteries; the others checking the formation of nitrogenised compounds. The labour of the organ is lessened by all these means.

The testicle returns its blood by the spermatic veins, and as these vessels pass through the groins and join the superficial veins of the region, leeching there is best calculated to relieve the organ. The veins of the scrotum return to the superficial pubic and epigastric, and puncturing them I have found valueless in cases of orchitis, whilst the risks of erysipelas or ecchymosis forbid leeches. Puncturing as deep as the tunica albuginea has been recently urged by Mr. Henry Smith, and it probably does the good by the loss of blood from the congested vessels. If the inflammation is confined to the epididymis, as is usually the case, puncturing the fibrous capsule of the body of the organ could scarcely act by lessening tension.

The anus has been often selected for leeching in hepatic congestions, but as it is only the superior hæmorrhoidal veins which return to the portal vein, any external bleeding can only be indirect. The middle and inferior hæmorrhoidal veins go to the internal iliac. In the male nothing can be more intimate than the anastomosis between the veins of the bladder and prostate and rectum, and hæmorrhage from one of these regions is often vicarious with that of the other. Mr. Fleming will recollect a case which we both saw, in which the cessation of hæmorrhoidal bleeding was followed by hæmaturia, the source of the blood being clearly vesical.

To draw blood in acute cystitis or prostatitis the surface of the rectum is the fit site, and as leeches will scarcely fix there, it is better to puncture one or two veins with a narrow long bistoury, the gut being held open by a speculum.

Concerning obstetric subjects, I always speak with diffidence. While it must be acknowledged that we have learned much from the practice of letting blood by direct incision of the womb for congestive or inflammatory affections, it appears necessary that in the case of virgins we should seek some other source for depletion—the need, on account of moral reasons, is obvious—and anatomically the uterine plexus is slightly developed in the unimpregnated, and depletion from the labiæ or rectum will drain more fully. Around the rectum there is a free junction between the superior hæmorrhoidal and uterine veins.

The veins in the limbs, deep and superficial, join at most numerous points, in order that the circulation shall not be interrupted during muscular action. Leeching the skin over an inflamed joint or periosteum is, therefore the same as opening the vessels coming from the invaded part, and hence the undoubted efficacy of the measure in such cases. By the way, it is remarkable that we so rarely find the muscles the seat of inflammatory action. The rapid flow of blood, urged on by the muscles themselves, which are like hearts to the veins, may account for the immunity, whereas the fibrous tissues, so sparingly supplied, are often inflamed in the subacute way, and topical blood-letting is most efficacious. When treating aneurisms by complete pressure, leeching over the sac should give aid by lessening the tension of the arrested blood, relieving it of serum and increasing the fibrin. In cutaneous inflammations, erysipelas, acne, &c., the flow of blood and its effused fluids by incisions is too obviously efficacious to need comment.

Venesection at the bend of the elbow is almost a thing of the past, and to the question of general blood-letting I do not allude, but in severe whitlows and synovitis of the wrist-joint it gives striking relief as a topical measure.

The same may be true of opening the internal saphena vein in acute inflammation of any part of the lower extremity.

As to the modes of topical bleeding, leeching is very generally applicable; and the German practice of puncturing the left side of the animal, so as to open the last of the gastric pouches—Bdellatomy, as it is termed—is worthy of imitation, as blood flows far more rapidly, and the quantity is trebled from each bite. Cupping over the bites when the leeches have dropped off draws blood quicker than stuping, and the bleeding will more readily stop, for the blood coagulates, its gases being exhausted.

Still, without dread, we cannot order the introduction of leeches into the nasal, pharyngeal, rectal, or vaginal cavities; and puncturing the veinlets and aiding the flow by irrigation with warm water may be well substituted. Incisions draw blood more freely, and the bleeding is more easily stopped. I have often bled from the nasal septum by touching the mucous membrane at three or four points with a sharp long bistoury, the ala nasi being fully everted. The curved abscess lancet, or the pointed uterine scarificator of Mayer, is in some situations more convenient. Collin's modification of Baron Heurteloup's artificial leech is most effectual on the skin, and it might be lengthened to suit for use in mucous passages. The circular shape of the blade secures cross section of the little vessels, and the pump covers six incisions, if necessary.

To give straightness to the discussion which I trust will ensue, let me recapitulate some of the organs and the superficial spots whence they may be directly drained: the eye at the mastoid process and angle of jaw; the cerebral hemispheres at the nasal septum and posterior superior angle of parietes: the base of brain and ear at the mastoid; the right heart over the thyroid body; the pericardium and front of pleuræ outside the edge of sternum; the lungs along the bases of scapulæ, and the digestive viscera from the rectum. From the veins of this gut also, those of the bladder and prostate, uterus and ovaries can be depleted.

A CASE OF IMPACTED EXTRA-CAPSULAR FRACTURE. (a)

By F. W. Warren, L.K.Q.C.P., L.R.C.S., &c.,
Assistant-Surgeon to Steevens' Hospital.

The morbid specimen which I have the honour of laying before the Society is a case of "Impacted Extra-Capsular Fracture" of the neck of the thigh-bone, with perfect osseous union. It possesses some extremely interesting features, which, I think, render it worthy of being brought under the notice of the Society. I took the specimen from the body of a male subject in the dissecting-room of Steevens' Hospital. I therefore regret that I possess no life history of this specimen, or details of the nature of the injury other than the anatomical and pathological appearances observed subsequent to death. The man was apparently about 60 years of age, and greatly emaciated. In the recent state, prior to any dissection being made, the left lower extremity was permanently everted and shortened to the extent of 2½ inches. The area of motion existing in the hip-joint was limited, particularly the motions of extension and adduction. At a certain point flexion of the limb was suddenly arrested; while rotation and abduction were comparatively free. Thus, within the area of limited

(a) Abstract of a communication made to the Dublin Pathological Society, from a shorthand report.

motion the movements of the limb were quite free. On examination, a large bony mass could be distinctly felt projecting posteriorly to the joint; a second irregular sharp mass of bone could be felt in front, below Poupart's ligament. The right lower extremity was fixed in a semi-flexed position at the knee-joint, the right knee being also directed across the opposite limb, as if to compensate for the extreme shortening of the injured side. The upper extremity of the right clavicle was in a state of caries, a large ulcer existing in the soft tissues over the bone. A large abscess was discovered beneath the left clavicle in the sheath of the subclavius muscle. There were chronic ulcers on the legs, and cicatrices corresponding to others which had healed. The heart was fatty, and the liver and kidneys in an advanced state of amyloid degeneration. In fact, there was not a sound organ in his body.

With the kind assistance of my colleague, Dr. Bookey, I made a very careful dissection of the left hip-joint. The glutæi muscles were in a state of atrophy, the glutæus minimus being attenuated almost to a fascia. The external rotators of the joint were perfectly normal and healthy, and even seemed to be somewhat hypertrophied, the pyriformis being extremely well developed. On removing the muscles we found a large bony mass almost obscuring the joint in front and behind, so much so, that we first thought that these osseous projections must be the result of chronic rheumatic arthritis. On cutting the capsular ligament, which was quite healthy, however, this opinion was quickly dispelled, for the cartilaginous head of the bone was perfectly smooth and quite healthy. The acetabulum was also perfectly healthy and free from disease. The lig. teres was intact and normal. The remarkable external features of the specimen are as follows:—Viewed from behind the neck of the bone is completely obscured by this large bony mass, which is the great trochanter, the cartilaginous head of the bone being alone visible. An osseous ridge of new bone is also seen below trochanter, running upwards and outwards along the posterior intertrochanteric line, and terminating above in a conical projection which surmounts the shaft of the femur and is in the direction of its longitudinal axis. The summit of the trochanter major is above the level of the head of the femur, and is separated from this conical projection by a distinct depression. Looking at the specimen from its anterior aspect, the neck is observed at right angles to the shaft. Along anterior intertrochanteric line no osteophytic projections are visible, constrasting strongly with the enormous bony outgrowths which form the cup-like cavity on posterior and inferior aspect. The second bony mass on inferior aspect and in front of the neck springs from lesser trochanter, and passing beneath the neck of the bone, is continuous with the lower part of the trochanter major, forming an osseous cup in which the globular head lies. Viewed from above it presents a similar appearance to a ball in a cup. The trochanter major has been carried backwards and inwards probably by action of glutæi muscles. A large bony mass which surmounts the shaft and the ridge of new bone corresponding to posterior intertrochanteric line seems to be an ossifically united fracture passing through the great trochanter and detaching it from the shaft. What probably occurred was this:—The neck of the bone was broken at its junction with shaft and driven into the cancellated tissue between the trochanters in an oblique direction, the broken extremity of the cervix being forcibly impelled against the trochanter major and detaching it, the lesser trochanter being probably also fractured. The perfect ossific union, the exuberant osteophytic growths, coupled with the extreme density and weight of the bone, evidently point to a fracture occurring at an early period of the patient's life, he being at the time in robust and vigorous health, for it is hardly credible that such perfect consolidation could have taken place under any other conditions.

Here is, I think, a somewhat analogous specimen from the Museum of Steevens' Hospital, in which no union has taken place. On referring to some leading authorities on this subject, I find a somewhat analogous case, at least in appearance, tabulated in the late Professor Smith's book on Fractures, page 93, Case 41, in which similar osteophytic growths were thrown out, nothing like, however, in so marked a degree as in the present specimen. The anterior intertrochanteric line also in his case was the seat of these growths, thus differing from the specimen.

Clinical Records.

CASES OF SKIN-GRAFTING.

By C. P. Coombs, M.D. Lond.

The results of grafting pieces of living skin on wounds are so seldom made public now that the operation seems to be going out of repute. Several cases which have occurred in my practice are subjoined, to represent the measure of success which may be expected. As a rule, the relation of surgeon and patient was such that it was not necessary to explain at length that a piece or pieces of skin were about to be taken from the arm and planted on the sore place; but the sleeve was raised by the patient, while, with sharp scissors and a pair of forceps, I raised and rapidly snipped off enough skin to form four pieces, each about one-eighth of an inch in diameter. A little practice enables one to take the right amount, and to avoid removing any of the fat with the skin. The wound must be in a healthy state, with good granulations; it is supposed to be clean, and placed conveniently, when the skin is snipped from the arm and quickly divided. Each of the fragments is placed in a little hollow, which the tip of the forceps will make in the surface of the wound, as little bleeding as possible being produced. Broad straps of plaster are then passed over the wound, so as to keep the grafts in position, and the limb *must be placed at rest*. Legs must stay in bed. This rule is most important, and I attribute most of my failures to my patients having broken it. Four or five days should elapse before the plaster is removed, and then a simple dressing, such as carbolic lotion, is to be employed. The white, soaked epidermis will probably come away, at or soon after the first dressing, and the success of the graft is uncertain for some days, until the island of skin, at first nearly transparent, appears, in colour bluish-white, raised above the granulating surface. Some of the benefit to the wound arises, no doubt, from the extra care given to it when "a piece of skin has been taken off one place and stuck on another place," which is highly entertaining to the patient and friends. I give *all* the cases I have grafted, and wish to "nothing extenuate," merely reminding the reader that the treatment was not carried out in a hospital, but generally in a poor cottage.

Case 1.—E. W., 37, married woman, had had an indolent ulcer on one leg for ten years. At time of operation it was in size about four inches by three. After grafting the wound completely healed, but the new skin gave way some months later, not to the original extent, however.

Case 2.—C. M., 60, a healthy old shepherd, had been bitten in the calf by his dog, and the resulting wound extended until it was a circle three inches in diameter. He would not stay in bed, and the grafts did not succeed. The treatment with scraped cuticle failed also. The sore healed some months later under other treatment.

Case 3.—J. R., 55, a feeble man for his age. The skin of one leg had all sloughed, from the knee to the ankle, and the resulting sore had healed except one portion, four inches by one and a-half inches. This part having been in an indolent, unhealed condition for a long time, two grafts were applied, and both adhered and were successful, the wound soon closing.

Case 4.—R. H., 76, an old man, had been suffering from carbuncle in the upper part of the back for six weeks. The resulting sore had no disposition to heal, so four grafts about one-sixth of an inch in diameter were applied. On the fourth day, when the wound was dressed, no sign

of the transplanted skin could be traced, but the wound from that time made wonderful progress towards healing.

CASE 5 and 7.—A. H., 58, indolent ulcer on the leg of nine years' duration. At the time of grafting, five inches by three inches in size. Two small pieces of skin from the arm were applied to the sore, which grafts developed in about twenty-four days into islands of skin half an inch in diameter. The area of the wound was much smaller. My second operation on this woman, which was performed about a month after the first, was a failure, which I suppose was due to the fact that she did not lie in bed as she had done on the first occasion.

CASE 6.—This was one of the best cases.—F. H., 40, a woman of generally good health, had had ulcers on the leg for five years. There were three in the upper and middle third, the largest being two inches square, the smallest half an inch square (this received no new skin). Nineteen days after the operation the report is, "Smallest wound healed; the middle wound, originally two inches by one and a-half inch, is now less than an inch square; the largest wound has diminished by one-half; the grafts are one-third to half an inch in diameter." Six weeks later all the sores were healed.

CASE 8.—G. F., 5, a healthy boy, who had lost much skin from the front of his leg (middle third) by a contusion. When about two inches square the wound declined to grow any smaller, and two grafts were transferred from a groom's arm to the leg, but they did not adhere. The child was restless and did not lie in bed.

CASE 9.—J. K., 56, three very old ulcers on the leg of an underfed labourer. Four grafts applied to the sores all adhered, but the result is not given.

CASE 10.—H. L., 12. This case arose from an accident which almost severed the arm from the trunk. Four months afterwards, there being still a large extent of open wound, two grafts were applied, which adhered, and a month later two more grafts, which also succeeded. There is a note that they did not increase in size for a long time, but that eventually they did well.

CASE 11.—J. W., 60, a restless man, semi-imbecile, with an ulcer to which I applied grafts, which were lost in consequence of his inattention to the wound, and not resting the limb. They adhered well, and appeared at first likely to succeed.

CASE 12.—J. R. R., 11, had lost his thumb, metacarpal bone, muscles, and much skin with the aid of a gunpowder flask. Six weeks later, there being little prospect of a proper covering of skin for the wound, three grafts were applied, all of which adhered, and the wound healed some weeks later. In such a case I should in future repeat the graftings at intervals of two or three weeks.

In conclusion, I would remark that the proceeding causes little pain to the patient, that it often accelerates the healing process, and that a more flexible cicatrix may be obtained for a wound where there has been a great loss of skin than would result from leaving the wound to itself.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE sixth meeting of the session was held on Friday, 18th February, 1876, Mr. HAMILTON, President of the Society, in the chair.

UMBILICAL HERNIA.

Mr. CROLY said the specimen which he begged to lay before the Society was one of some interest. It was taken from the body of a woman aged 70 years, who was admitted to the City of Dublin Hospital on the 26th of January under his care. She suffered from umbilical hernia, and she had been suffering from the tumour (a cast of which he exhibited) for over 30 years. For the first 5 years the tumour was reducible, but for the last 5 or 6 years it became irreducible. It could not be ascertained how much of the tumour remained the full size of the cast, or how much went back. The patient was under the care of his colleague Dr. Purser, who treated her on several occasions for symptoms of strangulation, and on each occasion by proper treatment he was able to subdue the symptoms. On this occasion, however, the symptoms of strangulation could not be subdued by the ordinary method, and in consequence of this, Dr. Purser kindly asked him (Mr. Croly) to take the patient under his care. Being a recent specimen, he would not enter into the treatment of the case, or state why operative interference was not resorted to, but he would merely show the specimen. The cast showed a very large umbilical tumour, and during the lifetime of the woman the tumour was solid in some portions, and in other places it was resonant on percussion, so that it was diagnosed without any difficulty as a mixture of intestine and omentum. There was no mark of the umbilicus to be seen in any part. The woman lived over twelve days after her admission to the hospital, and died on the 7th January. On making the post-mortem examination, he made an incision along the axis of the tumour and dissected down. A matter of practical importance in these cases was the presence or absence of a sac, which had been so much questioned by some high authorities. He might mention that he did not think it would have been possible to perform herniotomy in the case without opening the sac that was in the centre of the tumour. In this case the sac was so much thinned or destroyed by the pressure of the tumour, that he might say there was no sac, but higher up the presence of a sac could be demonstrated. On opening the tumour he found that there were coils of the small intestine not only deeply congested, but greatly altered in appearance now. The intestine was positively livid and almost of a gangrenous colour when the sac was opened. The stricture was exactly at the umbilical opening and the tension was in the central line exactly above the umbilicus, for on freeing that point above, he was able to reduce the intestine. In addition to the coils of small intestine, there were in the tumour portions of the omentum, and, as he suspected during life, he found along with the omentum a portion of intestine in addition to the tight stricture of the upper part. Lower down in the tumour was a portion of the transverse colon, so that the tumour contained not only the coils of small intestine, but a portion of the transverse colon with a very large piece of omentum. There was a very large quantity of milky coloured fluid through the intestine, with recent traces of lymph in the tight portions of the intestine. He thought the specimen was interesting because of the comparative rarity of the umbilical hernia in the adult, the size of the tumour, the great thinness of the sac, that was capable of being demonstrated by the other parts of the hernia having gone in, by the state of the umbilicus as some writers laid down, and the seat of the strangulation being in the umbilicus, and in a piece of omentum contained within it.

SUPERNUMERARY THUMB.

Mr. CROLY then exhibited a second specimen, which, though small, was, he said, interesting. A boy about 18 years of age came under his care last week with a supernumerary thumb, the operation of removal which was generally performed in early life not having as yet been accomplished. The boy was, however, bound apprentice in a house in Dublin, where they refused to continue him in employment in consequence of the unsightly thumb. He (Mr. Croly) thought, before he performed the operation of removal, it would be well to get a cast of the patient's hand for the Museum, and this he had accordingly done, and now exhibited it to the Society. The two phalanges were very well developed, and there seemed to be an articulating surface, but on removing the thumb it was found that there was no regular joining, but simply a cartilaginous surface or proximal phalanx which played on its outer side.

Dr. MAPOTHER then read a paper on

TOPICAL BLOOD-LETTING.

which will be found on page 176 in the succeeding discussion.

The PRESIDENT said the communication of Dr. Mapother's, which was a most valuable one, gave them the proper indications as to the best ways of blood-letting. He (the President) was under the impression that they had given up the practice of topical blood-letting rather too much, while in certain cases of inflammation it was very useful, and it was therefore of importance to know the localities where they could employ depletion to the best advantage.

Dr. HENRY KENNEDY said he thought the Society was in-

debted to Dr. Mapother for bringing forward this, what he (the speaker) might call lost subject. He agreed with the President that it was a subject that they had overlooked and neglected as a whole. During his connection for many years with the Cork St. Hospital he had constant occasion to have recourse to blood-letting, and of the value of it—though it had been lately questioned—he could not entertain the slightest doubt, nor did that meeting, he presumed, entertain any doubt as to its value. He questioned Dr. Mapother's remarks with reference to the leeching of the abdomen. In some cases of typhoid fever of the very worst description, which was generally indicated by severe vomiting, he (Dr. Kennedy) had seen leeching over the stomach attended with good effect. Dr. Mapother had drawn a distinction between applying leeches to the abdomen and about the rectum. The same thing had occurred with reference to dysentery. He (Dr. Kennedy) never applied the leeches to the rectum, while he had applied them to the abdomen with a decidedly beneficial effect. While he agreed as to the importance of putting leehces as close as possible to the seat of the disease, he was inclined to question the exact rules which the author of the paper had laid down in these cases. As he understood Dr. Mapother, he spoke merely of veins. He (Dr. Kennedy) did not see why the arteries or circulation through them should not be altered by local bleeding. It was hard to understand while there were arteries as well as veins, why, at any rate, they should not be equally affected, and he would be glad to know why the author had referred to veins and not to arteries. He wished to mention that on one occasion he saw one of a flock of sheep suddenly take a fit, and it fell on the ground working violently, and in the middle of that fit a quantity of blood gushed out from the nose, to the amount probably of a pint or more, and after a few minutes had elapsed the animal gradually recovered and got on its legs and staggered away. Dr. Mapother had stated in his paper that such a thing did not occur in the lower animals; it certainly did, however, in that case. As he had before remarked, the Society was indebted to Dr. Mapother for his communication, for it was on a subject that had been greatly overlooked of late years. Many writers had entered into the theory of how local bleeding can act. The question was not, however—How local bleeding can act? but it was—Does local bleeding do good? To that he must answer in the affirmative.

Dr. THORNLEY STOKER said that he had considerable experience of one of the practices Dr. Mapother had alluded to. Dr. Mapother had referred to the method of puncturing the testes in cases of acute orchitis and epididymitis, and which Mr. Henry Smith and others had advocated. He (Dr. Stoker) was not aware that the practice was generally followed here, but he had adopted it for some years past, and he had used it in almost every case of acute inflammation of the body of the testes or epididymitis which had come under his care. It was plain that that practice might have a beneficial effect in several ways—not merely relieving the tension by incising the fibrous covering of the organ or by drawing the blood from the congested vessels, but by tapping the acute hydrocele which undoubtedly existed in these cases, or in most of them to some extent. The practice was in his opinion efficacious in all of the three ways. He had been in the habit of seeing cases of an acute nature, and it had been his custom to carry the puncture in some cases where the inflammation was not acute, and where, apparently, the epididymis only was involved—it had been his habit to puncture only the tunica vaginalis, and simply to draw off any serum that might have accumulated there. In all cases where he considered the body remained engaged, and where the inflammation was of a severe character, he had pushed the point of his knife into the testicle itself. He made four, five, six, or seven punctures, and he never found any ill effects result from that treatment, and he believed it afforded an amount of relief that no other plan of treating acute inflammation of the testicle afforded. He had resorted to other plans, but he was entirely in favour of the plan he had stated.

Mr. CROLY considered the subject one of very great practical interest. There were, he thought, two or three points which Dr. Mapother had omitted from his paper, but that probably arose from the difficulty one experienced in collecting all the facts connected with the subject. It so happened that that morning he (Mr. Croly) was called upon to puncture the ranine vein in a case of inflammation of the tongue, and as Dr. Mapother undoubtedly knew, this plan of treatment was described years ago by Velpeau, and gave great relief, if not to the tension of the organ, to the tension of the sub-lingua space, which was an invariable complication of this disease. With regard to the great danger which Dr. Mapother apprehended from jugular venesection, he (Mr. Croly) did not agree with him as to that, inasmuch as it was an operation that he had not only seen frequently performed, but he had performed it himself, and the risk, if they came to consider the effect of the venesection of the external jugular vein at the point at which they selected to open it, it was not held open by the cervical fascia, and the risk of the entrance of air was consequently not as great as might be supposed. At all events, practically they knew that the entrance of air into a vein was very rare, though it had undoubtedly occurred after the removal of tumours, where the veins were left in a patulous condition. With regard to the venesection at the scrotum, he did not agree with Dr. Mapother's views, because it was a practice that he (Mr. Croly) had himself followed with success. Many present remembered a case in which a student of that College, who, having what might be called the hæmorrhagic diathesis, applied leeches himself in a case of epididymitis. He (the speaker) had seen it produce great relief to the very congested portions of the veins of the scrotum, pointing out the necessity for bleeding in this region. He could not agree with his friend Dr. Stoker as to the action of the deep puncturing, because when they considered that acute hydrocele was outside the tunica albuginea, he could not understand how puncturing of the serous coat could relieve tension, because they hardly ever met a patient that suffered acute tension in hydrocele, and the relief of that fluid did not answer the purpose. He thought Sir Philip Crampton many years ago wrote a paper on this subject of topical blood-letting, and one of the places where that eminent surgeon was fond of applying leeches was the conjunctiva in ophthalmic cases—turning down the lid and applying the leech inside, instead of the ordinary plan of applying it on the temple. Leeches applied directly to the prostate gland were an extremely valuable mode of treatment. He had followed the plan of leeching the septum of the nose because he had strong convictions that in head affections it was the best mode of treatment they could adopt.

Mr. W. I. WHEELER said he could state from observation with regard to sunstroke the advantages of bleeding—in certain cases of sunstroke—those cases which they might call sunstroke having the premonitory symptoms described by Russell Reynolds. He (Mr. Wheeler) could not agree with Dr. Mapother in thinking that in renal congestion it would be useless to apply leeches for the purpose of affording relief to the kidneys or by any topical principle. If he (Mr. Wheeler) remembered rightly, in the paper of Professor Turner of 1859 he clearly showed that the vessels of the kidney anastomosed very freely, and consequently by acting on the vessels of the abdomen affected indirectly the vessels in the kidney. With regard to leeching over the mastoid process for inflammation of the eye and retinitis, it occurred to him that blood could be taken much more directly by the abstraction of blood through the angular veins, and the only objection to that would be giving the patient ecchymosis. He did not think that the vein which traversed the mastoid process was superficial enough to allow any leech to bite, and there were cases on record in which the vein which traversed the mastoid process passed from without inwards, and not from within outwards. He would like Dr. Mapother to explain how it was that leeching over the mastoid process would more directly take blood from the eyeball than leeching over the angular vein.

Dr. MAPOTHER replied, and said he was glad to find so many supporters of topical blood-letting, which the anti-venesection rage had thrown into undeserved neglect. Dr. Kennedy had seen good follow leeching of the skin of the abdomen in gastro-intestinal affections, butit was probably due to concurrent treatment, and the practice was at least empirical. He had in his paper distinguished the bleeding from arteries and veins. Dr. Thornley Stoker's experience of puncturing the testis for inflammation was valuable, but emptying the tunica vaginalis could scarcely avail much in cases of epididymitis. He had not alluded to glossitis, as the disease was rare, and opening the ranine vein only drained the under surface of the tongue, while incisions were most effectual by letting out blood and serum from the substance of the organ. Leeches on the conjunctiva were not nearly so effectual or convenient as puncturing the turgid vessels, and he had failed in getting leeches to bite the mucous membrance of the rectum. He agreed with Mr. Wheeler as to the angular vein being a capital site for draining the ophthalmic vein, but the frequent ecchy-

mosis and scar which resulted made it very objectionable. The opening for the mastoid vein was very large, and he found it constant in skulls, and it freely joined the skin of the region, where leeches might be applied.

CLINICAL SOCIETY OF LONDON.

CASE OF ACUTE ŒDEMA OF THE LARYNX

MR. PUGIN THORNTON related the case of a cabman who had been attacked with acute œdema of the larynx, and remarked that this was the disease which, followed by œdema of the lungs, proved fatal to the late Dr. John Murray. The cabman had gone to bed on a Saturday night at nine o'clock perfectly well, although over-fatigued from his work. Twice in the first two hours he had been obliged to change his shirt, waking up with it wet through with perspiration. He had then slept till the morning, when his breathing was slightly oppressed, and at breakfast he found swallowing difficult. Both respiration and deglutition gradually became worse, and on Wednesday morning he was sent by Mr. W. H. Evans, of South Hampstead, to Mr. Thornton, with the request that he would admit him, if possible, into the Hospital for Diseases of the Throat. On examination his epiglottis was seen to be an œdematous mass, and the arytenoid cartilages were observed to bulge out in the same œdematous condition. Mr. Thornton immediately very freely scarified these parts, and made the man encourage the bleeding by gargling as forcibly as he could with hot water. The scarification was repeated in about ten minutes. His breathing then, which but a short time previously had been extremely laboured, improved rapidly, and his face soon lost all lividity. He was able to take some milk from a spoon, and in an hour from that time, after being scarified again, he drank from a cup, having for many hours been unable to swallow the smallest quantity of fluid. From this time he made an uninterrupted recovery. On the first day only after his admission into the hospital did his urine present any albumen. The cause of the œdema was undoubtedly overwork, combined with the effects of extreme cold; for during the fortnight before the attack he had been day and night obliged to drive his cab with snow on the ground the greater part of the time, and had got only from four to five hours' sleep out of the twenty-four. He had never had syphilis, and was a temperate man. Mr. Thornton remarked that œdema of the larynx might arise in a mucous membrane perfectly free from inflammation, and that it did not, as is stated by some writers, always follow acute congestion. He instanced two cases bearing out this fact, one being that of a patient whom he had seen two hours after the commencement of the œdema in one arytenoid cartilage and at the root of the epiglottis, and the other that of a medical man whom he had attended a fornight previously, in whom, when he first saw him, the œdema had begun in the left arytenoid cartilage, vocal cord, and ventricular band of the same side. Mr. Thornton suggested that this disease should be classed in future in medical works under the heading of "Acute Œdema of the Larynx," and not ranged under "Acute Laryngitis," as heretofore.

DR. MURCHISON thought that exposure to cold was quite sufficient to produce the œdema.

DR. CAYLEY wished to know the temperature; he did not consider it possible to have "acute œdema" without local inflammation.

MR. A. T. NORTON said œdema at the entrance to the larynx was common enough in cases of phthisis syphilis, also in chronic ulcerations of pharynx, throat, and œsophagus, without any local inflammation. The least exposure to cold in such cases would cause the œdema; but as they were not accompanied by acute inflammation the œdema never extended into the cavity of the larynx, and therefore, though the sound of the respiration detected the presence of œdema, respiration was never obstructed. He did not consider the term "acute œdema of the larynx" applicable.

Mr. WILLETT had frequently seen œdema of the larynx associated with erysipelas of the face, and without any local inflammation.

Mr. THORNTON said in reply that there was only slight increase of temperature, and that he referred to simple œdema only, and not to œdema dependent upon other diseases.

CASE OF REDUCTION OF PARTIAL DISLOCATION OF THE ASTRAGALUS OF LONG STANDING.

Mr. G. BROWN read a paper on this case. The patient, Clara P., aged 16 years, accidentally slipped down a step about two weeks before Easter, 1874, and twisted her left foot. Previously to this she had nothing the matter with either of her feet or ankle-joints, except that she was always somewhat flat-footed. The foot was very painful after the accident, but, as it was thought to be nothing more than a "sprain," no medical advice was sought. On Easter Monday she took a long walk, after which she suffered great pain of the foot, and there was, the mother stated, a decided swelling on its inner side. Next day a surgeon was consulted, who said there was weakness of the ankle-joint, due to constitutional causes, and that its misshapen condition was in consequence of her being flat-footed. Several months elapsed; meantime the deformity became more marked, and the difficulty of walking greater. Towards the end of the year she was scarcely able to walk without assistance. Often the pain of the foot was so great as to prevent her sleeping at night. Mr. Brown first saw the patient on January 9th, 1875. On comparing the two feet there was apparent displacement of the astragalus forwards and inwards. The hollow which should exist between the internal malleolus and the scaphoid tubercle was obliterated by the head of the astragalus, which, at this point, was prominent. Over this projection the skin was tightly stretched. In front of the ankle-joint and on its outer aspect, where the head of the astragalus is usually felt, was a considerable depression. The tendon of the extensor proprius pollicis and the long extensor tendons of the toes were much contracted; the outer side of the foot was drawn upwards, and, in walking, the whole weight of the body was borne on the inner side of the foot. Power of extension or flexion of the foot was almost entirely lost. Reduction was effected in the following manner. The leg being firmly held by an assistant, the foot was forcibly extended; at the same time firm pressure was made on the projecting head of the astragalus, until the bone slipped into its natural position with a distinct snap. The two feet were then symmetrical, and a pad and bandage were applied. Next day the bone had again slipped out of place. Reduction was again effected, and a well padded side-splint with foot-piece applied to the inner side. The splint was kept on for seven weeks, after which the patient was permitted to walk with assistance. She made a slow recovery, but had how—thirteen months after the reduction of the dislocation—perfect use of the joint, and could walk long distances without inconvenience. Mr. Brown was of opinion that, when the patient twisted her foot, some fibres of the internal lateral ligament of the ankle-joint and the calcaneo-scaphoid ligament were ruptured. The head of the astragalus having thus lost its chief internal support, it was gradually forced forwards and inwards by the weight of the body, until the deformity became very marked, and the ankle-joint almost useless. Mr. Brown said that the case was of interest, not only on account of its comparative rarity, but as being one of a class of cases that frequently fell into the hands of "bone-setters," and by which these persons sometimes gained a great deal of credit at the expense of the profession.

Mr. PICK wished to know what apparatus had been applied to the foot. Any dislocation would have existed still, unless retained by supporting apparatus.

Mr. WILLETT wished to know the position of the os calcis with regard to the astragalus.

Mr. A. T. NORTON asked if anything had been noticed as to the walks, with the astragalus lying over the scaphoid, and the latter bone thrown back as far as the os calcis, as described by Mr. Brown, to walk would have been a difficult matter, and accompanied by great pain; and after such a dislocation of nine months' standing, he should have expected to see a considerable amount of absorption of the bones, whereas the foot was not at all deformed.

Mr. BROWN, in reply, said the patient wore no other apparatus than the splint. The astragalus was half-an-inch out of its position, and therefore it must have slipped from the os calcis. He thought the reason of the bone not being absorbed was that the dislocation took place gradually.

SCIRRHUS OF MAMMA: EXCISION: SUPPOSED CURE: DEATH AFTER EIGHT YEARS FROM CARCINOMA OF RECTUM AND FEMUR.

Mr. KESTEVEN sent a note, giving the sequel of a case of scirrhus of the breast reported in the sixth volume of the

Society's *Transactions* (April 23rd, 1873). After two operations, no recurrence of the disease had taken place for six years, and the case was regarded as one of complete cure, and seemed to support the view of the local nature of cancer. The subsequent history of the patient did not, however, bear out these opinions; for the patient died in the latter part of 1875, with cancer of the rectum and osteo arcoma of the femur.

Dr. CAYLEY and Dr. COUPLAND spoke of the rarity of secondary cancerous deposits in the rectum after removal of scirrhous breast.

Dr. GREENFIELD asked if the glands of the mediastinum or lumbar regions were affected.

PURPURA RHEUMATICA.

Mr. H. G. TREND read notes of this case. The patient, a youth seventeen years of age, had been out of health for some months. On April 6th, while engaged in cellar-work, a cork flew out of a soda-water bottle, and inflicted a deep incised wound, about two inches and a-half in length, on the outer part of the right forearm, which did not heal for a month. On May 23rd, he was attacked by well-marked tonsillitus; upon the subsidence of which, he was seized with painful swellings of several joints, preceded by a distinct rigor, and accompanied by purpuric patches upon the legs and arms. There was extensive sloughing of the upper portion of the left arm. After a protracted illness, he got quite well. The treatment consisted in keeping the patient well up with plenty of good nourishment, moderate stimulation, and perchloride of iron.

Dr. MURCHISON had seen similar cases, but not resulting from an injury. He asked if the pains were erratic, if hæmorrhage from any parts, and if the purpuric spots were raised. He related the case of a boy who had swelling of the knee, supposed to be rheumatic, but soon extravasation of blood took place beneath the skin attended with hæmorrhages from the bowels, gums, and kidneys. There was no evidence of specific fever in this case.

Dr. STEWART considered an eruption with rheumatism not uncommon. He had seen distinctly raised patches occurring for weeks in rheumatic cases, and he had termed them rheumatic erythema.

Dr. GREENFIELD considered that the case was one of scurvy. He also asked if the pericardium or heart had been affected—was the brain also affected. He had examined cases in which hæmorrhagic spots had existed on the brain without brain symptoms during life.

Mr. G. BROWN said purpura might occur with any lowering disease, and referred to the case of a boy suffering from abscess in the knee-joint, in whom the thigh was amputated, and in whom the surface of the abdomen from the umbilicus to the pubes became purpuric; the patient made a good recovery.

Mr. TREND, in reply, said the purpuric spots were not raised; the only hæmorrhage that had taken place was in the dysenteric motions, which extended over nine days; the rheumatic pains moved from joint to joint; and the perspiration was acid; there was no cardiac affection.

Dr. WATKINS remarked that in some cases of rheumatism under his observation, purpuric spots had appeared whilst the patients were treated with chloral hydrate, and had disappeared on withholding the drug.

THE weekly return of metropolitan pauperism shows the number receiving relief to have been 88,929, of whom 37,556 were in workhouses, and 51,373 out-door. Compared with corresponding weeks in 1875, 1874, and 1873, these figures show a decrease of 9,535, 18,382, and 28,473, respectively—a very satisfactory state of things.

THE mortuary question in the metropolis again cropped up at the weekly sitting of the Marylebone vestry, when a report was presented from the sanitary committee, calling upon the vestry, as the guardians had refused to receive and allow post-mortem examinations of bodies at the workhouse mortuary, to erect in the Paddington Street burial ground a post-mortem house, inquest room, waiting-rooms for witnesses, &c. It was resolved to forward the report to the guardians.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 1, 1876.

LEGISLATION FOR THE HELPLESS.

POLITICAL economists tell us that the rules for securing the physical well-being of communities are simple, and when sought in a spirit of candour almost self-evident. To us it has appeared that the larger part of the helpless classes of the community stand greatly in need of efficient rules for securing their physical well-being. The blind, the deaf and dumb, the lame, the deformed, the idiotic, the imbecile, and other classes have, not only a claim upon our charity and sympathy to secure them from wanting the necessaries of life, but their physical well-being has secured legislative interference to rescue them from the gloom which might otherwise hang over existence. Upon turning to the legislation of the last ten or twelve years upon this question we were not a little surprised to find that the first Act bearing on the maintenance and education of the more helpless of the afflicted was passed in the reign of William IV. By the Act 4 and 5 Will. IV., cap. 76, sec. 56, it was enacted that relief given to, or on account of, any child under the age of 16 *not* being blind, or deaf and dumb, &c., should not be considered as parochial relief given to the parent; the effect of which is to enable guardians of parishes to assist in the education and maintenance of the afflicted blind and deaf and dumb *up to* 16 years of age out of the rates. This beneficent Act has since been followed up by numerous others, all bearing on the same, and which provides not only for the blind, and deaf and dumb, but for numerous other classes—as the lame, deformed, idiotic, imbecile, insane, &c.

These several classes are more numerous than is generally supposed; the cripples alone number about 100,000, while the blind are something over 30,000: of these there are only 41 under 40 years of age in workhouses, and 466 above 40, all of which might be far better cared for than scattered about among the pauper institutions of the country. In the census of 1871 there were in England and Wales, 29,452 idiots and imbeciles. This number is admitted to be 25 per cent. below the mark,

showing a total of 36,835, or 1 in every 621 of the population. At that time there were 7,976 of these in union workhouses, and of the whole estimated number, there were only about 1,300 under any kind of training besides the inmates of the Caterham, Leavesden, Clapton, and Hampstead asylums, where a good beginning has been made, but where they scarcely receive all the training and supervision they specially require, and where they often meet with much unkindness. In lunatic asylums they are more out of place, imbecile children particularly so. The Lunacy Commissioners have frequently testified to the fact, a result of extended experience and observation, that the association of idiot children with lunatics is very objectionable, and injurious to them. They write: "It is always to us a painful thing to see idiot children, whose mental faculties and physical powers and habits are capable of much development and improvement, wandering, without object or special care, about the wards of a lunatic asylum." It is quite certain that the condition of a large proportion of youthful idiots can be altogether altered and improved by careful training, and a persevering endeavour to develope dormant powers, both physical and intellectual, that argument upon the subject is quite superfluous.

The most important among institutions for the imbecile supported by private benevolence is the Earlswood Asylum. Even this has outgrown the capacity of individual charity, and the management of its elections has in great measure passed into the hands of those who contract to get candidates in for a given sum, and abuse their authority to make the thing pay by begging, exchanging, and selling votes. In consequence of the evils of this humiliating traffic in votes most of the cases admitted into the asylum are not the most distressing, nor those who stand most in need of the benefits of good training. Its direst effect is that out of 594 inmates of both sexes, nearly four-fifths belong to the class already amply provided for by existing Acts of Parliament—paupers—and for whom this charity was never intended. Another evil of the voting system is that only about one-fourth of the whole number is received at that age when they are most capable of education. There are only 35 between seven and ten, and 122 between ten and fifteen years of age. A most objectionable rule, intended to operate against this small number, *excludes after five years*, and thus subjects parents and friends to another exhausting and expensive canvass among 13,000 subscribers, just at a time when the training is beginning to tell upon the mental and physical condition of the child. This is scarcely creditable to a well-appointed charity, receiving £30,000 a year from the benevolent. The consequence, however, is that the most liberal givers are more frequently repelled than attracted to the work of improvement, and those who originally subscribed to get in a case refuse to do so as soon as the object has been attained, and where the benefited are all treated as if they were paupers, the whole burden of their support falling upon the institution, and although the families of some of them are often able to share in the expense of maintenance. The original outfit of institutions for this special class—that is, the heavy expense of buildings, &c.—should be provided for by the Government and paid for out of the rates, but the cost of maintenance and instruction should be apportioned in such a way as may be made to afford greater relief to the better or middle classes, who would gladly pay their quota in order to be relieved from the anxiety and burden of an imbecile member, and with the hope of the child being returned in an improved state.

But quite apart from these considerations, this class of afflicted persons have the strongest possible claim upon the national funds, and therefore efforts should be made to bring into force Acts of Parliament expressly passed to benefit them to the utmost extent. The mode of effecting this would be by asking for a conference of guardians, Metropolitan Asylums Board, district managers of School Boards, and the several committees and subscribers of charitable institutions. These bodies should also be brought before or in communication with the Local Government Board. This could be done by the aid of deputations, by circulars, &c. Should these means fail, application must be made to Parliament to give increased powers for working the Acts, so as to cover the whole of the afflicted classes, and effect the greatest possible good for them. "The Metropolitan Poor Act, 1867," gives power to erect asylums and schools, but this only applies to the metropolis; if it were found, however, to work well, its provisions should be extended to counties, or to unions of counties, or dioceses, as might be found most convenient to work. The late Commissioner, Mr. Lutwidge, who was murdered by a lunatic, was at the time of his death engaged in the preparation of a draft bill which would have facilitated the establishment of training schools and the regulation of idiot asylums, releasing such asylums from the stringent regulations of the Lunacy Act 8 and 9 Vict., cap. 100.

The capitation grant of 4s. per week allowed for idiots in lunatic asylums should be extended to all institutions where they can receive proper care and training. The magistrates of Warwickshire have erected on the grounds of their County Lunatic Asylum a building for two hundred idiots, but the guardians refuse to use it, although the capitation grant is allowed for them as well as for lunatics in the larger asylum. The Government grant would doubtless be extended to all properly conducted institutions, whether supported out of county rates or by voluntary contributions; and institutions supported by private benevolence might greatly help on the work by grouping themselves together in classes, or by even some moderate form of union or central body which should adequately represent them, and which would consider the great questions affecting the blind, the deaf and dumb, the imbecile, and other classes, and how best the large charitable funds placed at their disposal could be applied in securing the greatest amount of good for the greatest number; that is, in giving the highest training and education to those adapted for it, and in grants of scholarships, &c., to the most deserving. If the institutions were made of a high character and very efficient, then the blind and those afflicted belonging to the upper and middle classes might be sent to the same schools and an arrangement of classes made between the schools. What is much required is that the afflicted of each class should be dealt with as a whole and as parts of one system. Under any circumstances, however, it cannot be considered more demoralising to accept *legal relief* than to have to expose one's domestic troubles and poverty to 13,000 subscribers.

THE EPIDEMIC AT EAGLEY.

THERE are few things more memorable in the annals of medical discovery than the circumstances by which medical men gained a clue to the hitherto obscure cause of those outbreaks and sporadic cases of typhoid fever that were continually occurring in some parts of the country. Ever since then epidemics of this fever have very properly attracted unusual interest, not only from the profession but from the public; and it is now one of the triumphs of medical science to trace these epidemics to their original source, to at once arrest the conditions which give rise to them, and to prevent their extending beyond the district originally invaded, or attacking any more persons than those originally attacked. The force of these remarks is amply illustrated by the Eagley epidemic, the severity and sudden outbreak of which showed that the system of the individuals stricken down was infected by a poison which must have been of local origin, and by which they must have been almost simultaneously affected. With respect to the percentage of the population attacked and the fatality of the disease, this epidemic is about as bad as any that has recently broken out. The earliest case was brought before the notice of the local authorities on Wednesday, the 9th of February, and before the following Saturday evening there were between eighty and ninety persons confined to their beds with fever—a form of typhoid fever, clearly traceable to milk contaminated with water "so foully polluted as to render it little better than liquid sewage." The epidemic extended as far as Bolton, and up to the 19th of February, six fatal cases had occurred. Eagley is a small village which lies in a valley about two and a-half miles from Bolton. It does not contain more than 500 inhabitants, and the majority of these are employed in some tape and cotton-thread works which are built on the stream running through the valley and passing by the lower part of the hamlet. A question here arises whether the circumstance last mentioned could have influenced in any degree the severity and spread of the epidemic, as it is natural to suppose that a population confined within narrow limits, and for the most part engaged in manufacturing pursuits, would be more obnoxious to the effects of an epidemic of this kind than one engaged in agricultural pursuits.

According to the local newspapers, some of the cases were of a hybrid nature, and were attended with colic, tremor, pains in the limbs and in the back, swelling of the tongue and of the eyes, &c. Moreover, we have heard that those persons who drank large quantities of the contaminated milk at a time suffered from severe colic, coming on in two instances almost immediately after they had taken the milk, and attended with copious purging. Those who had only taken a small quantity of the milk did not get off so easily, their cases presenting the form of pure typhoid in all its stages, "while in a few modified cases there was pyrexia which lasted three or four days, and then passed off with profuse perspirations." In many instances, however, the disease appears to have assumed a mild type, the large percentage of the population attacked showing, as we might expect in respect of a fever which is only indirectly contagious, rather the extent to which the vehicle of the poison was diffused among the inhabitants of Eagley than the virulence of the disease himself.

The chief interest attached to this, as to all similar epidemics, lies in the causes which gave rise to it, and fortunately it was not long before those causes were found out. It was soon discovered that in every case the sufferers had been accustomed to drink milk from one particular farm, while those who had not been in the habit of drinking that milk, although living in the same house, invariably escaped the disease. A visit to this farm further showed that the milk-cans were always washed with water contained in two large tubs in the yard—that this water was supplied by a brook which runs by a mill now in course of erection—and that, from no accommodation having been made for the men employed in erecting the mill, excrement had been left on the banks of the stream, and from thence washed into the water at every fall of rain. As there had been no analysis made of the milk retailed before the outbreak, nothing could be known of the condition of that which actually caused the epidemic, but from the above facts, it is evident that the outbreak is not to be attributed to the milk itself, as it came from the cow, but to the water with which it may have been adulterated, or with which the milk-cans were washed out. The milk, then, had evidently become contaminated with sewage matter. It would seem also that its condition had attracted the notice of those who consumed it, for our correspondent was informed that the milk had been for some time previous to the outbreak of an inferior quality, soon turning sour, and having a fetid odour and greenish appearance. Nor does it appear that the water which had contaminated the milk had become infected with any specific poison, as no preceding case of typhoid fever had been known to occur. An examination, however, of the water in the tubs above mentioned, left little doubt as to its sewage contamination, inasmuch as it contained large quantities of free ammonia, albuminoid ammonia, and chlorine. But as far as the etiology of typhiod fever is concerned, the great question is whether this sewage contamination was, or was not, of a specific nature. In most outbreaks of this kind the water has been found to have been polluted with fever evacuations, and a more strict investigation will be necessary before it can be said that such was not the case in the Eagley epidemic.

At all events, this and similar outbreaks show the necessity of ensuring the purity of all water that is used in dairy farms, and on the premises of all milk-vendors. That a whole village should be half-poisoned by milk that had, through carelessness, become polluted with water taken from a dirty brook, is scarcely consistent with the efforts which the Government and the profession are making to secure the public from such calamities as that of the Eagley epidemic, nor with the vast and complicated machinery by which sanitary reformers seek to attain the laudable object they have in view. Milk is an article the consumption of which is very large, and, unlike other kinds of food, most of it is used in the raw state—that is to say, without undergoing that purifying process which is supposed to result from boiling or baking any matter that is impregnated with the germs of disease. It is therefore to be hoped that before long all sources of milk-

supply will be placed under strict sanitary inspection, and that we shall hear no more of typhoid epidemics originating in the defective sanitary arrangements of dairy farms.

Notes on Current Topics.

Advice to Mothers.

Last week we commented upon the circulation of a circular relating to the sale of works by Mr Pye Chavasse, "Advice to a Mother," and "Advice to a Wife," &c., &c. It is gratifying to learn from Mr. Pye Chavasse that it was without his knowledge and consent. The name of a second-hand bookseller was attached to the circular, and no books were referred to but those of the author above mentioned. Such a method of advertising is calculated to do an author a serious amount of mischief, at least so far as professional position is concerned, and we trust that for the sake of the able writer of the works the bookseller will discontinue his method of advertising medical works.

Homœopathic Faith.

The *Chemist and Druggist* suggests that investors in the Co-operative Bank, and others who find a lack of exercise just now for their inordinately developed faculty of faith, might practise on a morsel which the *Homœopathic Review* quotes with all due solemnity from a journal of parallel persuasion in America. Dr. Dunham, who must be a homœopath of some note in the United States, for he has been selected to preside over the Homœopathic Convention was smitten with a severe cardiac rheumatism some few years since, which compelled him to relinquish practice, and was regarded as incurable by practitioners of both schools. Having thus duly consulted the astrologers, the magicians, and the soothsayers, Dr. Dunhan turned at last to the homœopathic Daniel, a Dr. Hering. The oracle spoke and said that if *Lith. carb.* was not the remedy he did not know what was The rest of the story we will not interfere with, except to explain to any reader who may not happen to be sufficiently "up" in trituration that the "third" would contain 1 part of the medicine with a million of sugar of milk. "The patient now returned to his home, and not being able to find the desired potency of the *lithium* he procured the third trituration, and attempted himself to triturate to a higher degree. The medicine having been placed in the mortar with the requisite sugar of milk, he began the trituration. It was not long, however, before the exhalations from the triturating drug began to manifest themselves, and the patient succumbed to their influence, *lying for some time in a semi-unconscious state.* The recovery from this latter seeming complication was slow, but resulted in most complete recovery from his cardiac disease, without farther medical aid, thus illustrating the wonderful efficacy of the truly homœopathic remedy, and the care requisite to its selection."

This is nearly as good a story as that told by the same journal some months ago, of a lady who was brought strongly under the influence of some almost inert medicine by sitting in the same room with her husband, who had mixed a little of the drug in his bath.

Inspection of Dairy Farms.

Mr. Sclater-Booth has stated that the question of wholesale poisoning by milk adulterated with water from polluted sources will receive his attention. On more than one occasion typhoid fever attacking more than a hundred persons has been traced to a single dairy farm, and we know not how far the disease might spread if large London dairies, or ff the dairies of other large country towns should become a source of typhoid fever poison without being at once detected. For generations the frequent diarrhœa of infants has been in perhaps the majority of instances put down to faulty milk, and the cause was then supposed to be the sourness of the milk, but now we can trace its rapid fermentation to the presence of putrid material—its adulteration with water from polluted sources. Even at the present time an epidemic of fever, the effect of a sewage adulteration of milk, is raging at Eagley, having attacked 150, and destroyed eleven persons out of a population of about 500. Surely the people will never be satisfied until they receive some guarantee that milk, an article of diet consumed daily by every individual, shall be free from poison, and this can only be obtained by the periodical inspection of dairy farms.

Small-pox in a Prison.

Mr. E. S. Bignold, the Norwich City Coroner, held a second inquest in Norwich Castle last week on a prisoner named Joseph Mace, who was committed on the 25th of January at North Walsham for twenty-one days on a charge of stealing fowls, having succumbed to the outbreak of small-pox which has recently occurred in the prison. The clothes of the deceased were burnt after his death, and his body was interred immediately after the inquest, which resulted in a verdict of "Death from natural causes." There are still twelve prisoners suffering from the disease in the prison.

Weighing a Ray of Light.

Our morning contemporary the *Standard* reminds us that Mr. Crookes did not really "weigh a ray of light," but what he did was to measure the mechanical force exerted by a ray of light impinging on a given disc. This he measured by attaching the disc to an arm, and that again to spun glass. The repulsion of the disc by the light involved a certain torsion of the spun glass, and the force necessary to produce that torsion could be, and was, ascertained and expressed in weight. But it by no means follows that because the mechanical force of a ray of light may be expressed in terms of weight, the ray of light is thereby weighed. Weight with us means the amount of force by which the bulk of the earth attracts substances towards itself, and we have not as yet any demonstration that light is so attracted. At any rate, whether light is in this sense ponderable or not is a matter left wholly untouched by Mr. Crookes' experiment. A familiar instance of the distinction between weight, and force expressed in terms of weight, will make this perfectly clear. The atmosphere which surrounds the earth has weight—*i.e.*, it is held to the earth by the attraction of the bulk of the earth. We can weigh it as a whole, or we can weigh it by the pint or the gallon. The barometer tells us that

its weight as a whole on the surface of the earth is about fifteen pounds to the square inch. Set it in motion and it is wind. Its weight is not affected by this, as the barometer shows, but its motion involves a mechanical force which the anemometer finds for us and expresses in terms of weight, so that after a heavy gale we may read that the pressure of the wind varied from ten to fifteen pounds on the square foot. This latter is the kind of force measured by Mr. Crookes, and to call it weight induces a confusion of thought.

A London Fog and its Results.

The metropolis can boast of few winters when fogs have been less prevalent than the present. The usual season for these unwelcome visitors, November and December, passed with scarcely a sign of their unpleasant consequences, and when even January had gone, and the weather, though cold, was bright and cheerful for London, citizens congratulated themselves upon the result. But such were doomed to disappointment: Friday, the 11th of February, was ushered in—in fact, passed its twenty-four hours—without a sign of the lifting of one of the densest fogs that has frowned upon us for years. Few whose misfortune it was to be in town, and had out-of-door duties to perform, will forget its effects upon their respiratory organs, and alas! many families are now in mourning for friends who, but for that one fog, would in all human probability have been in their midst at the present moment. We know personally of several deaths attributable to no other cause, whilst the Registrar-General's statistics show most unmistakably its effects. That week the death-rate rose from 24 to 30 per 1,000; 49 fatal accidents occurred; whilst to diseases of the respiratory organs no less than 622 deaths were referred as compared to 465 in the previous week, 410 resulting from bronchitis, and 118 from pneumonia. We have often heard friends from the country express a desire to see a London fog, and on the present occasion an American *confrère* was in our society imbued with the same notions. Although most unusual in February, our friend was gratified with the wished-for sight. He *guesses* he will defer visiting London again until the season is a little further advanced.

A New County Hospital for Lincoln.

Some time since we mentioned the fact that the present hospital was inadequate for the requirements of the city and county of Lincoln, and that plans and tenders had been laid before the committee, and subscriptions invited of the public to defray the cost. Last week a special meeting was held, at which an amended scheme was agreed to and the tender of £21,000 accepted for the building, which with the architect's commission, improved heating apparatus, and other items, will bring up the total to nearly £23,500. To meet this expenditure £21,600 has been promised by subscriptions, leaving but a small balance to free the new hospital of debt. The building will, we understand, be proceeded with at once.

Medical Relief in Scotland.

On the 23rd ult. a deputation of Scotch members of Parliament waited upon the Chancellor of the Exchequer to make a representation on the subject of the Government grant for medical relief in Scotland. Mr. M'Laren, who introduced the deputation, said the most important point was that whereas England got for medical relief a grant in all of £271,000, Scotland had only £11,000. He contended that Scotland was entitled to a larger grant. The Chancellor of the Exchequer said the deputation had raised a much wider question than the adequacy or inadequacy of the grant to Scotland. It should be recollected that if they applied the principle upon which the English grant was given, they must also apply the conditions attached to it. If it was the desire of members connected with Scotland to reopen the question, he was quite prepared to undertake the task, in conjunction with the Lord Advocate and the officials of the Board of Supervision in Edinburgh.

The Malay War.

A supplement to the *London Gazette* of Tuesday week contains various despatches respecting the operations of the Naval Brigade in the Malay Peninsula. For nearly a month the men had nothing to eat except preserved meats, supplemented occasionally by wild buffalo, but no vegetables or bread; they were often wet, and frequently had to wade through mud and water over their waists; for three days, in advancing to Kinta, they had to pass through dense jungle, above which the sky could not be seen, and for ten days they had no cover of any kind, but slept in the "open." Their immunity from disease on the march is attributed to the fact that they had been supplied with waterproof sheets.

The New Library and Museum of the Royal College of Surgeons of Ireland.

The building of a new library and museum to the Irish College of Surgeons, which has been so long in contemplation, was commenced some weeks since, the contract having been signed by the President and Council for the carrying out of the works within one year at a cost of £5,000. An unfortunate hindrance presented itself on the threshold of the undertaking which rendered it necessary to stop the works. The College is built on a piece of ground which was formerly a burial place of the Society of Friends, held by them from 1687 to 1805 for this purpose. At the latter date it was leased to the College, subject, however, to a covenant that a certain space containing the remains should not be dug up under a penalty of £2,000. For seventy years this space has remained without buildings, and this covenant had been long since forgotten until recalled to recollection by the inauguration of these works. It was necessary for the College to obtain the authority either of the representatives of the original lessors or of the Managing Committee of the Society of Friends before they could proceed further; and we have gratification in learning that after a conference upon the subject the necessary permission to proceed with the works has been granted under certain provisos for the respectful removal and reinterment of any remains which may be found within the same space.

The Metropolitan Asylums Board.

At the meeting of the Board on Saturday last, after the disposal of some routine business, the subject of main-

tenance of the various lunatic hospitals, and asylums under the Board's jurisdiction came on for consideration. The expenditure was estimated in advance for the half-year to Michaelmas, 1876, and the amount of precepts which will be required to be issued to the several metropolitan parishes to meet such expenditure was stated. The loan account and interest for the half-year will absorb £22,600, and office expenses and law charges £2,300; maintenance at the Leavesden Asylum, £20,600; Caterham Asylum, £23,000; Hampstead Asylum, £6,500; the Clapton Asylum, £6,500; Homerton Hospitals, £7,400; and Stockwell Hospitals, £5,250; being for maintenance account (5,030 patients), £32,775 15s., and common charges account £61,484 5s. — total £94,260. To meet this, the committee propose that the managers should raise by precept on the parishes an aggregate of £105,120, which will enable them to meet any demands which may arise in the event of the boys being maintained on board a training ship during the half-year. The report and estimates were adopted by the Board.

On the reports from the various asylums and hospitals being presented, attention was called to the increase of typhus fever cases received into the Homerton Hospital, chiefly from the district of Whitechapel.

During the week, out of eleven cases received, eight had been from that district, and the health authorities were doing all they could to ascertain the causes, and provide, if possible, remedies.

Excerpta Medica Redicula.

We clip the following advertisement from the *Dublin General Advertiser*:—

——'S WORKS.

NO MONEY REQUIRED UNTIL CURE IS EFFECTED.
NO MEDICINE OF ANY KIND PRESCRIBED.

	s.	d.
Farm Stock and Crops (Potato blight included)	21	0
Lunacy	45	0
Rheumatism	45	0
Married Woman	100	0
Scurvy	25	0
Hernia	12	6
Epilepsy	45	0
Sore Eyes	10	6
Consumption	45	0
Paralysis	45	0
All Diseases in Children	1	0
Errors of the Solar System	0	6
Darwin Confounded	0	6
Every Man his own Doctor	1	0

The above can be had, post free,
From Charles ——, Kilfinane, Ireland.

It conveys a neat compliment to our better halves to set down that the philosopher who undertakes to cure "without medicine of any kind" the errors of the solar system for the small charge of 6d. and to confound Mr. Darwin for the same small sum, finds that he cannot make the cure of "Married Women" pay a at less fee than £5, even although he can undertake the whole nursery for a shilling.

County Infirmaries in Ireland.

Neither Mr. Gibson's nor Mr. Meldon's Bills, to which we have already referred, have yet been laid on the table of the House of Commons. Mr. Gibson's, it will be recollected, proposes to throw open the surgeoncies of Irish County Infirmaries to all registered practitioners, and we anticipate that, being obviously fair in policy and indisputable in principle, it will not be opposed by the Irish College of Surgeons, who now possess the exclusive privilege of licensing surgeons for these institutions.

Mr. Meldon's Bill will endeavour to take the control of the infirmaries out of the hands of the present Board of Governors, and to relieve grand juries of the grants for their maintenance, to vest the management in a committee of Poor-law guardians, in addition to the life governors and annual subscribers, and to throw the public grants to these institutions upon the poor rates, and not, as heretofore, upon the grand jury cess. He will, we understand, also ask Parliament to assent to the granting of superannuation allowances to infirmary surgeons, a most necessary and reasonable provision, and for the sake of which we should wish the Bill to pass.

We look with the greatest apprehension upon any measure which will deliver over the special surgical hospitals of each Irish county to the Poor-law guardians, whose ideas of good surgery are usually clouded by their desire to save a half penny in the rates at any cost of efficiency or of advantage to the sick poor. They have, moreover, an hospital of their own, and they will assuredly not see the distinction which exists between infirmary patients and workhouse paupers, or recognise the necessity for maintaining a special surgical hospital in their locality.

We have two good reason to know that guardians in general are of opinion that "pass-muster" doctoring is quite good enough for the poor, and the cheaper it is the better, and—in our opinion—it would be preferable to close the doors of county infirmaries altogether than allow such a principle to pervade their management. It is, however, certain that the County Infirmary System of Ireland greatly needs reform, and that these institutions are suffering seriously from their unsatisfactory state of organisation, a condition, we are bound to say, due not a little to the neglect of some of them by their medical officers.

Ozonic Ether in the Treatment of Scarlet Fever.

The Central Board of Health having received from the Local Board of Health for the city of Melbourne copies of certain notes, by Dr. Day, of Geelong, on the use of "ozonic ether" in scarlet fever, have directed a copy of the same to be sent to each local board of health and registered medical practitioner in the colony, the marked success which has attended this treatment in Dr. Day's hands, not only in the recovery of the patient, but in the prevention of the spread of the disease, rendering it, in the opinion of the board, very desirable that it should, at the present time, be generally known.

Dr. Day's paper gives notes of the treatment of fifty-one cases, some of them resident pupils in ladies' schools, and in all of them he records a "good recovery," while in nearly all the infection was prevented from spreading to the other children or persons in the house, the exceptions being cases where this treatment was not adopted at the outset. The treatment adopted by Dr. Day was simply

having the whole surface of the body well rubbed over three times a day with a mixture of ozonic ether and lard, in the proportion of one part of the ether to eight of lard; this treatment being continued for about three weeks.

Dr. Day claims that the scarlatinal poison, as it escapes from the body, is at once destroyed, the beneficial action being purely chemical. He concludes that ozonic ether does not contain a particle of ozonic ether, but is in reality, a strong solution of peroxide of hydrogen in ether, a substance with a remarkable power of destroying zymotic poisons. He relies upon this powerful oxidiser and disinfectant in a concentrated form to destroy the poison germs of both scarlatina and small-pox as they are given off from the surface of the body. It has been said that scarlatina is most infectious during the process of desquamation, and it appears reasonable to suppose that the poison may be destroyed as it emanates from the body but the throat and the respired air are also a frequent source of infection, and doubtless also the excretions.

By the proper use of disinfectants and by very simple precautions the spread of scarlet fever might be limited, or perhaps even prevented, and the disease be absolutely eradicated, but it will be a long time before the people will understand and carry out these precautions. Whether ozonic ether is to be the chosen disinfectant remains to be seen.

The University of London and Musical Degrees.

A MEMORIAL to the Senate of London University, asking that degrees in music may be rendered available by that body upon a basis of sound general culture, has just been presented by the Council of Trinity College, supported by the signatures of Sir Julius Benedict, Sir Michael Costa, Sir John Ross, Sir George Elvey, Mr. Arthur Sullivan, and many other leading musicians.

Action of Light on Selenium.

On Friday week Mr. C. W. Siemens, F.R.S., delivered a discourse on "The Action of Light on Selenium." He said that, while Newton laid down incontrovertible principles regarding the nature of light, it has been reserved for physicists to prove the effect of light upon solids. One of the most beautiful illustrations of the permanent effects of light upon solids is furnished us through photography. Another effect is rendered visible by phosphorescent salts, which, when acted on by light, continue to glow in various colours for a length of time when taken into a dark room. Mr. Crookes had shown experiments illustrating the mechanical action of light on solids. It is, too, light that breaks up the carbonic acid in the leaves of plants in order to separate the carbon. Carbonic acid may be broken up by heat; but at a temperatuae of 2,500 deg. C., which would destroy all vegetable organisation. The influence of light on selenium makes known another action—an action which regulates the extent to which it is an electrical conductor. The history of the discovery is briefly this. Mr. May, a telegraph clerk at Valencia, noticed that a stick of crystalline selenium, such as had been used for some time in telegraphy where high electrical resistance was required, offered considerably less resistance to a battery current when exposed to light than when kept in the dark. The statement was received with some incredulity. Could it be possible that the mere superficial action of light upon a solid substance could so change instantaneously its internal condition as to open among its particles flood gates for the passage of the electric current, to close again upon the removal of the light? The question has within the last twelve months been made the matter of independent inquiry by Dr. Werner Siemens in Germany, and Professor Adams in England. By different methods these two observers have arrived at results which agree in most points of fact, though they somewhat differ in the deductions they draw from them. Selenium, an elementary body discovered by Berzelius in 1817, is placed by chemists in the border territory between metals and metalloids, and it does not seem to be amenable to the laws governing either of these natural groups. If melted it presents a brown amorphous mass of conchoidal fracture, which is a non-conductor of electricity, but if a stick of this amorphous selenium is exposed for some time to the heat of boiling water it assumes a crystalline fracture, and when again inserted in the galvanic circuit it is found to be a conductor of electricity. Experiments show the selenium under examination to be in a form in which the surface action produced by light can produce its *maximum* effect. For example, two spirals of thin wire (iron or platinum) are laid on a plate of mica in such a way that the wires lie parallel to one another without touching. While in this position a drop of fluid selenium is made to fall upon the plate, filling the interstices between the wires, and before the selenium has had time to harden another thin plate of mica is pressed down upon it so as to give firmness to the whole. The two protruding ends of the spirals serve to insert this selenium element in a galvanic circuit. Mr. Siemens calls this disc his "sensitive element." The whole arrangement is no larger than a sixpence. Its action was shown in this way:—It was placed in a galvanic circuit, at one end being a Daniell's cell, and at the other a delicate index galvanometer. The "disc" was first enclosed in a dark box; the circuit was "made" but no electricity passed through—no movement of the index was seen. The "disc" was then exposed to light; still no action was apparent. Another disc was taken that had been kept in boiling water for an hour, and gradually cooled. In a dark box it gave a slight passage to electricity as indicated by the index, but as soon as the light was admitted the index registered a great passage of electricity. Another disc heated to 210 deg. C., and allowed to cool, was then used, and a greater action still was apparent with this. The basis of the change in condition seems to lie in the fact of the extent to which the selenium is heated, for when again allowed to cool its behaviour depends on the extent to which it has been heated. The effect of different parts of the spectrum on a disc shows that the actinic ray produces no effect, while the influence increases as we approach the red end. A selenium photometer enables us to compare the relative effects of two lights in affecting the conditions for the passage of electricity. At the end of the lecture an interesting little apparatus was put at work, a selenium "eye"—a small hollow ball, with two apertures opposite to each other. In one is placed a small lens, 1½in. diameter, and at the other a "disc." The disc is connected with a Daniel cell and a galvanometer, and this represents the retina. There are two slides, which represent the eyelids. The action of

light on the disc is indicated on the galvanometer. Not only was this shown to be sensitive to white light, but sensitive in different degrees to different colours. Mr. Siemens said it would not be difficult to arrange a contact and electro-magnet in connection with the galvanometer in such a manner that a powerful action of light would cause the automatic closing of the eyelids, and thus imitate the spontaneous brain action of blinking the eyelids in consequence of a flash of light. To physiologists this analogy may be suggestive regarding the important natural functions of the human frame.

Nulla and Bona Fide Certificates.

THE position taken up by the University of Dublin with regard to sham certificates in Ireland is exciting much interest in the profession. Dr. Laffan, of Cashel, writes to Professor Haughton, thanking him for his assault on that vicious system. Dr. Laffan states that it has long been felt to be an intolerable grievance by regularly educated members of the profession. Few indeed, he thinks, will attempt to deny that it is a great injustice, that men who were engaged behind counters, when they were supposed to be attending lectures, should nevertheless be permitted to enter the lists on terms of the most perfect equality with those who have received a complete medical training.

IN the House of Commons on Friday last, the Home Secretary stated that the Vivisection Report would be in the hands of members as soon as it was free of the printer.

IT is announced that after the year 1877 candidates for the diploma in Dental Surgery of the Royal College of Surgeons will be required to pass a preliminary examination in arts similar to that which is at present undergone by students of medicine.

THE *British Medical Journal* announces with amusing *naïveté* that the proceedings of the Surgical Society of Ireland, "which heretofore have only been published in our own (the *B. M. J.'s*) pages and those of the MEDICAL PRESS," will appear in a separate form. The fact is that nothing but the briefest epitome of the proceedings of the Society have ever appeared in the pages of our contemporary, whereas the official reports in full have for forty years been published exclusively in our own pages. In any case the announcement is quite premature.

THE trustees of the late Robert Wilson, M.D., have advertised for applications of candidates willing to travel in Western Asia, or Eastern Africa, or Northern Africa, making observations of which a report is to be transmitted, and collecting antiquities and objects of interest. The allowance fixed by Dr. Wilson for travelling expenses is at the rate of 16s. per diem. The candidate selected must be a Graduate in Medicine of the University of Aberdeen, and under twenty-eight years of age.

ON Thursday, at the Liverpool Police Court, before Mr. Raffles, stipendiary magistrate, Captain Gourley, of the British ship *John Peacock*, was fined £30 and costs for having failed to provide or cause to be kept on board that vessel a sufficient quantity of antiscorbutics and medical stores. In consequence of the want of these, the greater portion of the crew were attacked by scurvy while the ship was on a voyage from Bassein to Liverpool. The prosecution was instituted by the Board of Trade.

A GALWAY newspaper reports the death of a young man who fell, and the pocket of his coat, in which he carried a file, having got under his back, the file went through him. He was conveyed to the County Infirmary, where *a magnet was provided of sufficient power to attract a large anvil*, but proved useless. It is further stated that on examination of the body, it was found that a portion of the file had gone clear through the spine between the second and third lumbar vertebræ, an observation which looks as if the magnetic notion had its origin in the brain of a medical practitioner. It would be instructive if we were informed as to the exact weight of the anvil, "large" being an indefinite term, and it cannot but be regretted that the Arctic Expedition had started too soon to convey the patient to the North Pole, where, no doubt, a still larger anvil would be "attracted." By the way, it may not be inappropriate to observe that the County Infirmary is the Clinical Surgical School, *and the only one* of the Queen's University graduates who take their education in Galway.

THE QUEEN'S UNIVERSITY AND THE PRESS.

UNDER this heading the *Students' Journal and Hospital Gazette* of Saturday last makes the following remarks:—

"The Queen's University in Ireland is receiving considerable castigation from some members of the Medical Press. The MEDICAL PRESS AND CIRCULAR has had some severe strictures recently on its educational deficiencies. It would appear from the remarks of our contemporaries that the standard of general education in the Queen's University is a very low one, and not such as to tend to raise the status of its medical graduates. Into this question, however, we will not here enter, but leave our contemporaries to deal with it. It would appear, however, that the Queen's University authorities and some of its *alumni*, smarting under the criticism of the MEDICAL PRESS AND CIRCULAR, have adopted a very petty mode of avenging themselves. This they have done by transferring their advertisements and subscriptions to other journals. Remarking on this, our contemporary the M. P. & C. says: 'We feel complimented by this display of irritation on the part of the University, because it makes us aware that our strictures upon its educational management hit the mark and produced an effect upon the medical public. We would feel greater regret for the necessity which obliged us to speak upon the subject if we saw that the representatives of the University had sense and temper to hear the truth about themselves.'"

Obituary.

DR. WARBURTON BEGBIE.

WE regret to have to announce the death of Dr. Begbie, M.D., F.R.C.P., of Edinburgh, which took place on Friday last. The event was not unexpected, as his condition for some time has been the source of very grave anxiety to his friends. Dr. Begbie was formerly Physician to the Royal Infirmary, to the Royal Hospital for Sick Children, Examiner in Medicine at the Royal College of Physicians, and also in the University of Edinburgh.

We shall next week give a notice of the life of this eminent physician.

Correspondence.

CHARITY ELECTIONEERING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—On the 31st of October, 1873, the memorable meeting on Charity Electioneering was held at the Mansion House, the whole of the London Press, with the solitary exception of one weekly paper, supporting the reform party. On that occasion the reforms which have been ever since consistently advocated by the Charity Voting Reform Association, were clearly put forward as being the alterations essential in cases where it is still desired to continue the system of voting by the whole body of subscribers. These requisite alterations are few and simple, namely—

MODE OF VOTING.

1. That it be made essential to the validity of a vote that the initials of a voter be placed against the name voted for; that the signature be appended in full, with address and date, and that the voting paper be returned by the subscriber direct to the secretary of the charity.

CANVASSING.

2. That all canvassing by circular, and all personal canvassing by the candidates or representatives be prohibited under pain of exclusion from all prospect of benefit or forfeiture of all benefits, if already elected.

POLLING DAY, ETC.

3. That the system of polling days, leading to traffic in votes, be discontinued. Subscriptions paid within a short period of the day of election not to confer the power of voting till the following election.

COMPARATIVE SELECTION.

4. That the list of condidates be not excessive in proportion to vacancies, and that admission be the result of comparative selection.

It is a great satisfaction to us to report that the Press has proved itself not only a sound guide for public opinion, but also its true exponent. For the result of that great defeat at the Mansion House, amidst noise and violence, has been up to the present time—

1st. The formation of the Charity Voting Reform Association, now counting 4,200 members, amongst whom may be found some of the most distinguished and liberal philanthropists in our land.

2ndly. The adhesion and support of 500 subscribers of the British Orphan Asylum.

3rdly. The same on the part of 1,927 subscribers of the Governess Benevolent Institution.

4thly. The same in the case of 2,098 subscribers of the Royal Medical Benevolent.

5thly. The same in regard to 675 subscribers to the Friend of the Clergy Corporation.

(These three last having memorialised their managing committees in favour of reform.)

6th. The very satisfactory result of the public meeting of the National Orphan Home at the London Tavern on the 24th of last month. On that occasion the following resolutions were proposed and carried by a decided majority of those present, and also of those who sent proxies:—

1st. That the public election of candidates from and after the present election be abolished, and that in future all votes duly filled in and signed be sent under seal addressed to the scrutineers at the office not later than the day before that fixed for the election.

2nd. That all canvassing, personally, by circular, or card, on the part of the candidates or their relatives be in future prohibited, on pain of forfeiture of all benefits of the institution, and that no addresses be inserted in the list of subscribers unless they desire the same.

3rd. That money paid on the day of election shall not secure votes at such election.

4th. That the committee shall regulate the number of candidates in accordance with the vacancies existing and the number to be elected.

On these resolutions being put and carried, several of the poor widows (allowed to be present after the polling) came forward and expressed their thankfulness for the blessing just conferred, by which they and their fellows would be released by this most happy indulgence from the heart-wearing penance to which they had hitherto been doomed. It may be added that several other institutions have taken steps towards reform in the direction you have indicated, and it is hoped that before long your suggestions and our labours may be crowned with that entire success which not only Christian charity but common humanity demands.

I am, Sir,
Your obedient servant,
R. J. SIMPSON,
Rector of St. Clement Danes, Hon. Secretary Charity Voting Reform Association.

30 Charing Cross, London,
5th February, 1876.

VIVISECTION.—UNNECESSARY CRUELTY IN MEDICAL TEACHING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I wish to ask, you is it necessary, or of benefit to the education and morality of students of medical jurisprudence, that the experiments, most, if not all of which are described in their text-books, viz., the action of poisons, &c., on dogs and other animals, should be made, as I am informed they are in one of the Queen's Colleges? And, if it is necessary, whether it ought not to be done with as little torture to the poor animals as possible.

One dog was so tortured the other day as to completely disgust a number of the class. The professsor attemped to show the effects of phosphorus on the animal's economy, and, and stuffed a lot of it into the poor dog's mouth, and wilfully or carelessly allowed him to chew it, when, horrible to relate, it took fire, and the agonies the wretched animal endured were awful to witness.

May I hope that you will publish this and also bring your influence to bear on this inhuman proceeding, and so induce the authorities to interfere.

Yours truly,
A POOR DOG.

Medical News.

Royal College of Physicians of London.—On Tuesday, February 22nd, the following gentlemen were admitted Licentiates of the College.

Frederic William Baily, St. Leonard's.
Albert De Winter Baker, 27 Trinity Street, S.E.
William Gilbert Dickinson, 2 Belle Vue, N.W.
William Edward Norton Erith, 31 Yonge Park, N.
Sidney Westbrook Iorwerth Joseph, St. Leonard's.
Alexander Gairdner Lacy, Guy's Hospital, S.E.
Henry Howard Murphy, 8 Westgate Terrace, S.W.
Walter Roughton, 42 Hammersmith Grove, W.
Arthur Huelin Wilson, St. George's Hospital, S.W.

The following candidates, having passed in Medicine and Midwifery, will receive the College Licence on obtaining a Qualification in Surgery recognised by this College:—

Joshua Sidney Pearce, University Hospital, W.C.
Herbert Sloman, Farnham.

Indian Medical Service—List of Candidates who were successful at the competitive examination held at Burlington House on 14th February 1876:—

1 Tomes, A.	13 Henderson, W. G. H.
2 Maitland, J.	14 Boyd, H. W. B.
3 Peevor, G. H.	15 Swaine, C. L.
4 Stewart, A. K.	16 Hamilton, H.
5 Dantra, S. H.	17 Cobb, R.
6 Mawson, W. A.	18 Dalal, K. A.
7 Meredith, E. B.	19 Stephens, A. E. R.
8 Macdonald, D. I.	20 Smith, M. H.
9 Walker, G. L.	21 Farrell, P. I.
10 Macgrigor, J.	22 Hunter, J.
11 Doyle, B.	23 Halpin, N. G.
12 Cadge, W. H.	

Twenty other candidates passed at the same examination, who will be required to wait until the necessary vacancies occur.

Vital Statistics.—From the Registrar-General's return we learn that during last week 5,856 births and 4,871 deaths were registered in London, and twenty-two other large towns of the

United Kingdom. The mortality from all causes was at the average rate of 32 deaths annually in every 1000 persons living. The annual death-rate was 28 per 1000 in Edinburgh, 30 in London, 35 in Glasgow, and 45 in Dublin. The annual rates of mortality during the same period in the other large towns were—Norwich 19, Hull 20, Leicester 22, Sunderland 22, Portsmouth 25, Newcastle-upon-Tyne 27, Birmingham 28, Brighton 29, Leeds 29, Wolverhampton 29, Bradford 29, Sheffield 30, Plymouth 32, Bristol 33, Oldham 37, Manchester 39, Salford 40, Nottingham 42, and Liverpool 42. The annual death-rate from the seven principal zymotic diseases averaged 4·4 per 1000 in these towns, and ranged from 0·0 and 1·0 in Norwich and Brighton, to 9·5 and 11·3 in Liverpool and Salford. The fatal cases of scarlet fever in Bristol showed a further increase upon those in recent weeks. Seven more deaths were referred to fever in Sheffield, and 10 to small-pox in Manchester and Salford; five fatal cases of small-pox also occurred in Liverpool. In London the 2,005 deaths included 40 from scarlet fever, 17 from different forms of fever, 13 from diarrhœa, and not one from small-pox; the seven principal diseases of the zymotic class causing 256 deaths against 242 and 222 in the two preceding weeks. These 256 deaths were 17 above the corrected average number from the same diseases in the corresponding week of the last ten years, and were equal to an annual rate of 3·8 per 1000. There were 130 deaths from whooping-cough, showing an increase of 30 upon those in the previous week, and exceeding by 61 the corrected average number in the corresponding week of the last ten years. The deaths referred to diseases of the respiratory organs, which in the two previous weeks had been equal to 473 and 465, rose last week to 622, which exceeded the average weekly number in the coresponding week of the last ten years by 241; 410 resulted from bronchitis and 118 from pneumonia.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Mr. Cogswell.—Letter on "Hastings Water Supply" received.

Medical Society of the College of Physicians, Ireland.—A special meeting will be held this (Wednesday) evening, at 8½ p.m., for the consideration of the new rules of the Society, as revised by the Council and approved of by the College.

The British and Indian Medical Departments.—We have received the following comparison of the two services from a correspondent who does not give his name, and does not state the origin of the extract. As it seems to state the case fairly, we give it *quantum valeat:*

"I am glad you have asked my advice as to whether you should, at the approaching examination, compete for the British or Indian Medical Department—for in the conditions of these services there are some points not generally well known.

"1st—In either service you may expect about the same number of years in India and the same number of years at home; but in the Indian Department your years at home will be on leave, in the British Department on duty.

"2nd—Whether serving in India or at home on furlough, the pay of the Indian Department is much higher.

"3rd—Promotion after twelve years is the rule in the Indian Department; after fifteen years in the British Department.

"4th—The regulations for sick leave are so much more liberal in the Indian Department, that there is much less chance of your having to resign from ill health than in the British Department.

"5th—The regimental system having been abolished, both services are now departmental, but the appointments in the Indian service are much more permanent than in the British."

The Hastings Water Supply.—We have received three letters on this subject, upon which we have recently commented. Mr. Cogswell's is too long for our present issue, and the other two correspondents write thanking us "for the valuable help we have rendered the town," at the same time stating "there are signs both in the Town Council and the local press, of a real desire to improve matters, and to place Hastings in the eyes of the profession and the public as its natural beauties warrant, and as one of the leading, most healthy, and best of our English watering places."

Communications, Enclosures, &c., have been received from—Mr. Pye Chavasse, Birmingham. Dr. Waters, Chester. Dr. Octavius Sturges, London. Mr. Alfred Smee, London. Dr. Day, Geelong. Dr. Arthur Downes, Hastings. Dr. Harvey Hilliard, Holloway. The Registrar of the College of Physicians of London. Dr. De Berdt Hovell, Clapton. Dr. Thornley, Leicester County Lunatic Asylum. Dr. Cockcroft, Hurworth. Mr. Bailey Walker, Manchester. Dr. Palfrey, London. Mr. Williams, Lincoln. Dr. Langley, London. Dr. Bramwell, University of Durham. Mr. W. T. Law, Hampton Court Palace. The Secretary of the Indian Medical Department. Mr. W. H. Preece, London. The Registrar of the Medical Council. Dr. Leared, London. Rev. J. Alton Hatchard, St. Leonards-on-Sea. Mr. Caulfield, Hastings. Rev. H. B. Wilder, Sulham, Reading. Capt. Fortescue, Bloomsbury. Dr. Ashburton Thompson, London. Dr. Gordon, India. Mr. Ifield, London. Dr. Robert McDonnell, Dublin, Mr. Swan, Dublin. Dr. Coombs, Castle-Carey. Mr. Cogswell, Hastings. Mr. Atcherley, Holloway. Dr. McDermot, Ballyfeared. Dr. Nicolls, Ballinalee. Dr. Wright, Netley. Dr. Fisher, H.M.S. *Iron Duke.* Dr. Skinkwin Cork. Dr. McCabe, Dundrum. Dr. Browne, Rathmines. Dr. O'Reilly Moville. Dr. Carleton, Delvin. Dr. Furlong, Streamville. Dr. Russell Thurles, &c., &c.

VACANCIES.

Lincoln Lunatic Hospital.—Resident Medical Superintendent. Salary £150, with board and residence. (See Advt.)

University of Durham College of Medicine.—A joint Lecturer on Anatomy and a Medical Tutor. Salary of the latter, £200. Full information of Dr. Bramwell.

Nottingham Dispensary.—Assistant Resident Surgeon. Salary, £170. Applications, with testimonials, to the Committee at the Dispensary.

Lisnaskea Union.—Medical Officer Brookeborough Dispensary District. Salary, £115, with £15 extra as Sanitary Officer. (See Advt.)

University of Glasgow.—Examiners in Medicine. Applications to be lodged with Mr. Kirkwood, 166 West George Street, Glasgow.

Kent County Lunatic Asylum.—First Assistant Medical Officer. Salary, £220, with furnished apartments, &c. Address the Clerk to the Visitors, Maidstone.

Birmingham General Hospital.—Resident Surgical Officer. Salary, £130, with board. Applications to the House Governor.

Manchester Royal Infirmary.—Hon. Assistant Surgeon. Particulars of election of the Secretary.

Camberwell Workhouse Infirmary, Surrey.—Medical Officer. Salary, £250, with house. Full particulars of the Clerk, Peckham Road, Camberwell, S.E.

Somerset County Lunatic Asylum.—Assistant Medical Officer. Salary commencing at £100, with board, &c. Apply to the Medical Superintendent.

APPOINTMENTS.

Banham, Dr. H. F., Physician to the Sheffield General Infirmary.

Barker, J. E., M.B., Medical Attendant to the Royal Irish Constabulary, Kilcullen.

Bloxam, J. A., F.R.C.S.E., Surgeon to the Out-patients at the Lock Hospital, London.

Critchett, G., F.R.C.S.E., Ophthalmic Surgeon to the Middlesex Hospital.

Griffith, G., M.R.C.P.Ed., Medical Officer of Health for the new Milford Port Sanitary District.

Herman, G. E., M.R.C.P.L., Assistant Obstetric Physician to the London Hospital.

Hill, B., M.B., F.R.C.S.E., Surgeon to the Lock Hospital, London.

Jones, A. H., M.R.C.S.E., House Surgeon to Guy's Hospital.

MacSweeney, J. P., L.K.Q.C.P.I., Medical Officer, &c., for the Ballycroy Division of the Achill Dispensary District of the Newport Union, co. Mayo.

Matupin, L., L.R.C.S.I., Medical Officer, &c., for the Achill Division of the Achill Dispensary District of the Newport Union, co. Mayo.

Miller, G., M.D., F.F.P. & S. Glas., Out-door Physician for the Western District of the Glasgow Lying-in Hospital.

Morgan, E. A., L.K.Q.C.P.I., M.R.C.S.E., a Dental Surgeon to the Liverpool Dental Hospital.

Newby, D., M.D., M.R.C.S.E., Public Analyst for Great Grimsby.

Page, H. W., M.B., F.R.C.S.E., Assistant Surgeon to St. Mary's Hospital.

Plant, H. W., M.B., C.M., a Resident Surgeon to the Birmingham General Dispensary.

Royle, A., M.R.C.S., Surgeon in Ordinary to H.R.H. the Prince Leopold.

Saunders, J. C., M.A., Lecturer on Botany at the Charing Cross Hospital Medical School.

Shera, H. A., L.R.C.P.Ed., L.M., M.R.C.S.E., House Surgeon to the Sheffield Public Hospital and Dispensary.

Smith, S. Ll., L.R.C.P.Ed., M.R.C.S.E., Medical Officer and Public Vaccinator for No. 8 District of the Parish of St. Pancras, London.

Wallace, Dr. R. S., Out-door Physician for the Central District of the Glasgow Lying-in Hospital.

Births.

Blakely.—On the 26th ult., at Fivemiletown, co. Tyrone, the wife of S. Blakely, M.D., of a son.

Winslow.—On the 26th ult., at Hammersmith, the wife of Dr. Lyttleton Forbes Winslow, of a son.

Deaths.

Begbie.—On the 25th Feb., at his residence in Edinburgh, J. Warburton Begbie, M.D., F.R.C.P., aged 52.

Day.—On the 14th Feb., at Portland Square, Bristol, Frederick A. E. Day, M.R.C.S.E., aged 41.

Duke.—On the 11th Feb., at Cadogan Terrace, South Hackney, B. Duke, M.R.C.S.E., aged 27.

Hardie.—On the 11th Feb., at Alva Street, Edinburgh, Joseph R. Hardie, M.B., aged 30.

Humfrey.—On the 8th Feb., at Malta, Alex. Humfrey, L.R.C.S.I., Surgeon-Major 98th Regt.

Hunt.—On the 14th Feb., at Silverstone, Wm. J. Hunt, L.R.C.P.L., aged 38.

Lucas.—On the 21st Feb., at Burlington Street, Liverpool, Jas. Lucas, M.R.C.S.E.

Massy.—On the 10th Feb., at Monkton-Combe, Somersetshire, Hugh N. Massy, Surgeon, aged 77.

Nason.—On the 23rd Feb., at 21 Cambridge Terrace, Kingstown, John W. W. Nason, M.D., eldest son of the Rev. W. H. Nason, of Rathcormack and Newtown, co. Cork.

IRISH POOR-LAW INTELLIGENCE.

CERTIFYING OF LUNATICS IN IRELAND.

THE case put to us a few weeks since as to whether the dispensary medical officer had the exclusive right to receive a fee for certifying dangerous lunatics under the Act of 1875, and decided by us in the affirmative, has been submitted by Dr. M'Craith, of Mitchelstown, to Mr. Gerald Fitzgibbon, Q.C., whose opinion we record below, giving the queries asked and counsel's reply to each.

ADVICE AND OPINION OF GERALD FITZGIBBON, ESQ., Q.C.

The statutes governing this case appear in my opinion to be reasonably clear under 30 and 31 Vic., cap. 118, sec, 10 : it is not lawful to commit any dangerous lunatic except upon the medical certificate thereby required—namely, a certificate (1) of the medical officer of the dispensary district in which the committing justices shall be at the time when the lunatic is brought before them. (2) If there be more than one such medical officer, *then*, and then only, of the nearest available medical officer of such district. Or, (3) If there be no such medical officer available, then, and then only, of the nearest available medical officer of any neighbouring dispensary district. The law is clear that no one except a medical offieer of a dispensary district can under this section lawfully give a certificate, and it is equally clear that the 14th section of 38 and 39 Vict., cap. 67, did not make any other alteration in the law than to allow the committing justices to order a payment to any such medical officer, not exceeding two pounds, for his remuneration and expenses in reference to the examination. Therefore Dr. O'Neill's payment cannot be legally defended unless he be such a medical officer as is mentioned in the first statute. The dispensary district medical officers are appointed under the Medical Charities Act, 1851, sec. 8 ; whereas, so far as I can ascertain, the workhouse medical officers are appointed under the Relief Act, 1838, are union officers, and are not empowered to grant any certificate under the Lunacy Acts.

Counsel is requested to advise whether Querist or Dr. Reardon has any and what remedy to recover the £2 paid Dr. O'Neill, and from whom, and how ?

It is very doubtful, however, that the £2 paid to Dr. O'Neill could be recovered back from him, though I think it could. On proof that the money was received for a service which could not be lawfully performed except by Dr. M'Craith, and obtained by forms and orders applicable only to him, I think the £2 might be recovered by Dr. M'Craith on a civil bill process as money received to his use by Dr. O'Neill, but a claim should be added seeking it as damages for interference with him in the performance of the duties of his office. However, this remedy is not certain, and it would not be likely to have as general an effect as a proceeding to quash the orders or disallow the credit, and if Dr. M'Craith can obtain the support of his professional brethren, he ought to proceed in the more formal way to get a decision upon the principle ; but the expense would be large, and an individual should not incur it without consideration.

Have Querist or Dr. Reardon any and what rights to proceed in the Queen's Bench, or other Court, by application for mandamus or certiorari, or in any other manner ? and if so, will Querist or Dr. Reardon get their costs of such proceedings against any and what persons ? and if so, Counsel is requested to direct fully the course to be pursued, and to draft any affidavits if necessary.

Is the detention and support of Margaret Hannon in the Cork District Lunntic Asylum under the circumstances illegal ? and are any and what persons liable to an action at suit of said Margaret Hannon or other person for such detention ? and is it not illegal to charge the cost of the support of said Margaret Hannon on the funds of said Cork District Lunatic Asylum ? and is not Querist, as a ratepayer under the Poor-laws for Mitchelstown, which contributes to the funds of said Cork Asylum, entitled to require the Board of said Asylum not to charge said Margaret Hannon's support on the funds of said Asylum, but against some other and what persons ? And should said Board not comply with such request of Querist, has not Querist a remedy, and what is it, whereby to compel said Board not to charge said fund with her support ?

Said Margaret Hannon having been committed from Querist's Dispensary District without Querist's certificate, is not Querist entitled to require said Board or other person to have said Margaret Hannon certified by Querist, and to pay Querist's fee therefor ?

The Mitchelstown Board of Guardians having paid Dr. O'Neill said fee of £2, is not Querist entitled to object to same being allowed by Auditor, when auditing said Board of Guardians' next accounts, and if allowed then by the Auditor, cannot Querist successfully dispute same in the Queen's Bench or other Court ? and who will have to bear the expense of such proceedings ? Also, cannot Querist, as such ratepayer, successfully make a similar objection before the Auditor, when auditing the Cork District Lunatic Asylum accounts, as to the support of said Margaret Hannon being charged on the Asylum's funds ? and, if same be overruled, cannot Querist likewise successfully dispute same in the Queen's Bench, and with whom ?

If the warrants of committal have been filled up by the magistrates describing Dr. O'Neill as the nearest available dispensary district medical officer, and are good on the face of them, I do not think the committals void until quashed, and the detention and support of the lunatics under them would not be illegal. If the warrants do not show on the face of them that Dr. O'Neill was qualified to certify, then I think the officers of the asylum were not justified in receiving the lunatics, and the detentions are illegal, and the discharge of the lunatics might be formally ordered on Habeas

Corpus, but new and correct warrants could be immediately obtained, and any proceeding taken to make any one responsible in damages or otherwise for the detention of persons who are, I presume, proper subjects of restraint, would, if instigated by a medical officer to enforce payment of his fees, be justly censured. The same observation, but less strongly, applies to any proceeding to surcharge the maintenance of the lunatics in question.

Querist cannot now require Margaret Hannon to be certified by him, nor can he maintain any proceeding for his fee against any other person than Dr. O'Neill, as to whose liability I have advised above. The justices cannot be in any wise *compelled* to order payment of the fee, and the dispensary officers cannot refuse to examine lunatics when required by the justices to do so; therefore, as a matter of prudence, any hostile proceedings should be avoided if possible.

Querist is in my opinion clearly as a ratepayer entitled to dispute the allowance by the auditor of any fee paid to any other person than himself for the examination of dangerous lunatics within his district, and if the auditor allows the credit, I think the order of the justices for the payment could be successfully assailed and quashed in the Queen's Bench on certiorari. The expense of the proceedings would be in the discretion of the Court, who might, if there had been wilful misconduct on the part of the justices, order them to pay the costs, but in all probability no costs would be given on either side. A similar application may be made in the case of the Asylum, but its result will depend, as I have mentioned, on the formal sufficiency of the committal. I advise Querist—1st. To object to the credit for the £2 in the guardians' accounts, and if it be allowed by the auditor, to proceed in the Queen's Bench. 2nd. To object to the credits in the Asylum accounts, and to insist, if the warrants do not show the certifying officer to be qualified, that the officers of the Asylum shall be disallowed the credits, thus showing them that it is their duty to see that the warrants show the proper officers to have certified before they receive the patients. In this instance, also, if the credits be allowed, a proceeding to surcharge them may be taken, but its form would depend on the terms of the warrant in each case, and on whether it described on the face of it the rectifying medical officer or an authorised officer.

It is unnecessary to observe that Dr. M'Craith is animated by no spirit of hostility whatever with regard to Dr. O'Neill, the workhouse medical officer, but desired simply to establish in legal form, either by a process in the inferior or a mandamus in the superior courts, or in such way as he might be advised, the legal right of the dispensary medical officers to the emoluments of certifying in lunacy. If the Local Government Board had taken the responsibility of declaring *ex cathedra* the state of the law on the subject, Dr. M'Craith's purpose would have been served. It was strictly their function to do so, inasmuch as the Guardians were called upon to pay an illegal charge; and it was the duty of the Local Government Board auditor to see that no such charge was paid. The Commissioners decided to shirk the responsibility, as they have done in other questions of law interpretation, in which it was plainly their duty to express an opinion; and we entirely concur in the regret expressed by the learned counsel that they should pursue this policy of reticence. In bringing his opinion to a termination, Mr. Fitzgibbon says:

Before taking either of these proceedings, I would advise Mr. M'Craith to send forward a memorial to the Chief Secretary, and another to the Local Government Board, stating what has occurred, and praying that directions to observe the law in future may be given to the justices. I cannot concur in the view of the Local Government Board expressed in the letter of 22nd December, 1875, that "the question whether the magistrates have acted correctly in making an order in favour of Dr. O'Neill is not one for the Local Government Board to decide, but the guardians being served with the order would be justified in paying it." It seems to me, with all due respect to the Board, that the Act of Parliament very distinctly provides that the only orders which the guardians can lawfully pay are orders made in favour of dispensary district medical officers, and any other orders are illegal, do not justify any payment, and afford no protection against surcharge. Having regard to the public inconvenience which would arise if I be right in this view, and to the danger that the legal authority to detain lunatics may be affected by the neglect to obtain the proper certificate, I would suggest that Mr. M'Craith should call the attention of the Local Government Board in any memorial that he may forward to these considerations, and it possibly might be useful to annex a copy of this opinion.

GERALD FITZGIBBON, Q.C.

10 Merrion Square North.

As the result of this correspondence, the following letters have been addressed to Dr. M'Craith:—

Dublin Castle, 26th January, 1876.

SIR,—I am directed by the Lord-Lieutenant to inform you that his Grace has caused inquiry to be made as to the warrant under which Mary Anne Hannon was committed as a dangerous lunatic to the District Lunatic Asylum at Cork, referred to in your letters of the 16th and 30th ult., and he is advised that the committal having taken place in the Mitchelstown Dispensary District, of which you are the medical officer, you, and not Dr. O'Neill, should have been called in by the magistrates.

I am to add that a communication has been made to the magistrates on the subject for their future guidance.

The enclosures of your letter are herewith returned.

I am, Sir, your obedient servant,

T. H. BURKE.

Edward M'Craith, Esq., M.D.,
Mitchelstown.

Local Government Board, Dublin,
18th February, 1876.

SIR,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 29th ult., enclosing copy of a communication which you have received from the Under-Secretary to his Grace the Lord Lieutenant relative to the warrant of the magistrates, upon which a woman named Margaret Hannon was recently committed as a dangerous lunatic to the District Lunatic Asylum at Cork; and also forwarding copy of an opinion which you have obtained from Mr. Gerald Fitzgibbon, Q.C., on the question of legality of the warrant of committal, and of the order made on the Board of Guardians of the Mitchelstown Union for payment of the fee provided by the 14th Section of the Lunatic Asylums (Ireland) Act, to Dr. O'Neill, who is not the medical officer of the dispensary district in which the committing justices were at the time the lunatic was brought before them.

The Local Government Board have brought the case under the consideration of the gentleman who audits the accounts of the Union, and also the accounts of the Lunatic Asylum. But as the magistrates have received directions from Chief Secretary's office, they are not likely in future to adopt a course similar to that pursued by them in the present instance.

By order of the Board,

B. BANKS, Secretary.

CERTIFYING DANGEROUS LUNATICS.

TO THE EDITOR.

SIR,—I perceive there is a paragraph on this subject in the last MEDICAL PRESS AND CIRCULAR, in which my case is mentioned, and the editor makes the following remark :—"He cannot see why they (the workhouse medical officers) should be disentitled to certify a dangerous lunatic." My answer to that is simply the following :—Why should the Legislature consider that a dispensary medical officer is not qualified or considered worthy to receive a fee for examining and certifying a dangerous lunatic until very lately? Has not such been the law for years past? Is not the labourer worthy of his hire? Would a workhouse medical officer attend were he informed he would get no fee? *Dare* a dispensary medical officer refuse to attend, examine, and certify even at present without fee or reward? The act, you know, is compulsory. Why should the workhouse medical officers come in now and reap the benefit of the gratuitous services performed by the dispensary officers during many years past? Does it stand to reason, or would it be in accordance with law or equity? Why did not the Act order them, as it did the dispensary medical officers, to examine and certify without fee or reward?

If a mistake has been made, I hold that it was in compelling the dispensary officers to render gratuitous services to the public. I ran a very great risk on one occasion in going to visit a dangerous lunatic, and for which I was to receive neither fee nor reward. The lunatic on seeing me approaching fastened the door, refused to admit me, and deliberately cut his throat. I believe his first intention was to cut my throat or run me through with a pitchfork, I being alone, and the Legislature until very recently considered such services were undeserving of fee or reward. And now other claimants are to reap the benefit. Why not share the danger? As you have published a portion of my first letter, which called forth the editorial remark, I hope and expect you will publish this my answer thereto, and I remain,

Yours very sincerely,
E. M'CRAITH.

[It is true that dispensary medical officers were most unjustly saddled with the gratuitous discharge of a very unpleasant duty. Also true that they are now legally entitled to a monopoly of the emoluments from certifying dangerous lunatics. Not proven, however, that these circstances give them a claim morally superior to that of the workhouse medical officer. If it becomes necessary for the Legislature to select a local medical officer for a certain duty, it is perhaps reasonable that the dispensary surgeon shall be selected, he being the officer of a district, and therefore more easily to be found than the workhouse medical officer, who is the official of a union which may be situated at a distance. In all other respects the equal rights of workhouse medical officers ought, in our opinion, to be recognised.—ED. M. P. & C.]

CARLOW UNION.

BAGENALSTOWN DISPENSARY AND FEVER HOSPITAL.

A LETTER was read from the Local Government Board, enclosing copy of a communication forwarded by them to the Bagenalstown Dispensary Committee relative to explanation given by Dr. Scott as to reply to certain queries submitted to them on his election by the Committee as Dispensary Medical Officer of the district. In their reply the Local Government Board declined to sanction the appointment, observing that it would appear Dr. Scott was one year older than Dr. Trayer, who had retired from the appointment.

A second letter was read from the Local Government Board relative to superannuation allowance granted to Dr. Trayer on his resigning the appointment of Dispensary Medicrl Officer, owiug to ill health. The Board in their letter observed that Dr. Trayer hitherto held the appointment of medical officer of the Bagenalstown Fever Hospital, and they wished to be informed if he intended to resign that appointment.

BALLINA UNION.

EXAMINATION OF ANOTHER LUNATIC.

AN order under the hands and seals of Mr. Mitchell and Mr. Geo. Orme, two justices, directing the payment of £1 1s. to Dr. Scott, for examining Thomas William Lougheed, a supposed lunatic, was laid before the board.

The Chairman suggested that the opinion of the Local Government Board be obtained as to whether the justices could order payment of a doctor's fee where the lunatic was not destitute ; whatever the letter of the law might be, in spirit it could scarcely be that the examination of lunatics who were not destitute was directed, the doctor's fee being paid out of the rates.

Dr. Scott—I attended this person on a red ticket.

Mr. Crean—That proves nothing. *Dr. Thompson here has attended a member of the dispensary committee on a red ticket.*

Mr. Little—It shows there must be something wrong in the law when this can be done.

Mr. Crean—No doubt of it.

Chairman—We think a great deal of giving 2s. a week to a poor person as out-door relief, but here every other week an order is made upon us to pay doctors' fees, no matter what the circumstances of the party.

Clerk—That is the law.

Chiarman—It is strange if the law provides for the payment of a doctor where the person examined can himself pay, as this patient.

Mr. Thompson—Your question cannot apply to this case, for if the boy applied for admission to the house you could not refuse him. His father could not be compelled to support him.

Chairman—It can do no harm to ask the question.

Mr. Crean thought the magistrates should inquire into the means of lunatics before making an order for payment on the board of guardians.

The following minute was approved of :—

"Approved for payment in this case, but the guardians request the Local Government Board will inform them if the guardians are bound to pay a fee to a doctor for examining a lunatic whose parents are not destitute."

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING FEB. 19, 1876.

Total registered deaths in Dublin and suburbs *	...	...	269
Ten years average of same week	...	...	191
Excess of mortality above average	...	...	78
Ratio of deaths, suburb of Rathmines	...	32 per	1,000
" " " Donnybrook†		22	"
" " " Blackrock	...	29	"
" " " Kingstown	...	42	"
" " Entire Dublin district	...	44	"
COMPARATIVE RATIOS—London	...	30	"
" " Glasgow	...	34	"
" " Edinburgh	...	28	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The number of deaths from zymotic diseases registered during the week was 41, including 5 from fever (4 typhoid and 1 simple continued fever), 13 from whooping-cough, 7 from scarlet fever—5 of which occurred in No. 1 North City (Summer-hill) District, 4 from croup, 2 each from erysipelas, influenza, and diarrhœa, 1 from measles, &c. Sixteen children died from convulsions.

Bronchitis caused 73 deaths (against an average of 38 for the correspouding week of the previous ten years), pneumonia 9, pleurisy 1, asthma 1, and lung disease unspecified 7.

Six deaths were attributed to paralysis, 1 each to apoplexy and epilepsy, and 3 to brain disease unspecified.

Eight deaths resulted from heart disease, 3 each from liver disease and Bright's disease, and 1 from kidney disease unspecified.

Phthisis caused 32 deaths (being 10 over the average for the seventh week of the ten years 1866-75), hydrocephalus 4, mesenteric disease 2, scrofula 1, and cancer 3.

Six accidental deaths were registered, viz., 3 from burns 1 from scalds, and 2 from fractures and contusions.

Two deaths from fever, 2 from whooping-cough, and 1 each from scarlet fever and diarrhœa were registered in Belfast.

Four deaths from measles and 1 from whooping-cough were registered in Cork.

Five deaths from whooping-cough and 1 from diarrhœa were registered in Limerick.

REPORT OF THE INSPECTORS ON THE LUNATIC ASYLUMS IN IRELAND.

(Continued.)

The expediency of instituting some countervailing influence against the undue repletion of asylums from poorhouses can probably be best upheld by a power of removal with the sanction of the Inspectors, and on definite certificates to the safety thereof from visiting and medical physicians to these establishments is so clear as to require little comment. For our own part we are satisfied that the permanent utility of the lunatic department will be best consulted by confining expenditure within reasonable limits, at the same time not omitting to watch over the comfort and requirements of all denominations.

Without entering into the relationship of cause and effect as regards our inspections, it may be safely said, that from year to year a progressive amelioration has been noticeable in the condition of the mentaliy affected in the poorhouses of Ireland who, as a rule, have come to be recognised in a proper light, and made objects of kindly consideration by Boards of Guardians. They are afforded a special dietary, with animal food from three to six days in the week. Their clothing and bedding are improved, and personal cleanliness more carefully looked after. When the number of insane is large, separate apartments with a paid attendant for each sex is usually provided, or well disposed paupers, encouraged by some additional domestic allowances, are employed, and when grounds or open airing yards are available full opportunity for exercise is afforded. In a few workhouses we have found many of the imbecile and idiotic industriously employed in day-ro oms set apart for them and, we not unfrequently learn from both masters and matrons that some of them are the most useful and willing of the inmates.

(To be continued.)

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Population of District	Acreage of District 640 Acres to the square Mile	Date of Election	Distance of Dispensary from Railway Station.
Inishowen... ...	Clonmany... ...	£135	£3 11 0	111	97	5,780	23,375	Mar. 2	
Lisnaskea... ...	Brookborough..	£130	£10 5 0	343	151	8,759	35,193	Mar. 21	Maguiresbridge, 3 m.
Thomastown ...	Knocktopher ...	£118 15	£6 14 0	427	175	7,101	28,356	Mar. 2	Ballyhale, 1 m.

ABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, February* 19*th*, 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	Area in Statute Acres.	Population in 1871.	WEEK ENDING SATURDAY, FEBRUARY 19TH, 1876. Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . . .	10,050	314,666	44	208	269	49	69	...	1	7	...	13	5	2	6	4	66
BELFAST . . .	20,687	182,082	28	124	99	10	28	...	...	1	...	2	2	1	...	...	15
CORK . . .	13,816	91,965	32	50	56	9	14	...	4	...	...	1	...	...	...	2	3
LIMERICK . . .	8,509	44,209	51	20	43	5	16	...	..	..	...	5	...	1	..	2	16
LONDONDERRY . .	21,865	30,884	2	22	17	3	5	...	..	1	...	1	...	...	...	...	...
WATERFORD . .	17,209	30,626	37	24	22	2	6	...	..	...	...	..	...	...	...	2	5
GALWAY . . .	21,358	19,692	21	5	8	1	2	...	...	...	...	...	...	...	...	...	4
SLIGO . . .	30,835	17,285	27	8	9	...	4	...	...	...	...	..	1	...	...	...	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

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FOR AND AGAINST ANIMAL VACCINATION. (a)

By Charles R. Drysdale, M.D., M.R.C.P. Lond., F.R.C.S. Eng.,

Senior Physician to the Metropolitan Free Hospital; Physician to the North London Consumption Hospital; and Consulting Physician to the Farringdon General Dispensary.

(Continued from p. 87.)

It is, again, objected to animal vaccine that it cannot be kept in tubes, in this being inferior to human lymph. It is alleged against the practice of animal vaccination by Bousquet, of Paris, and Crocq, of Brussels, that by making use of it to vaccinate children at the various institutes it diminishes the supply of humanised vaccine in many quarters, that it turns away the public from arm to arm vaccination, and concentrates the vaccine in a few hands as a species of monopoly. Crocq criticises with much force the opinion emitted by the Academy of Medicine of Brussels in 1857, that "Human vaccine lymph gradually becomes weakened by successive transmissions, without, however, on that account losing its preservative property. It is, then, useful, and even necessary, to renew the vaccine virus whenever it is possible to procure cow-pox." If this were true, says Crocq, small-pox, syphilis, and other viruses would tend to become extinct in course of time, which, alas! is only too untrue. The acarus scabiei and the trychophyton never change their virulence: it is the soil that makes viruses flourish or decay. The vaccine vesicle of our day is as well-marked as it was in the days of Edward Jenner, and as it is figured in his work on Variolæ Vaccinæ. Warlomont alleges that one cause of the degeneration of vaccine lymph is the use of lymph from revaccinations. Nine times out of ten, he alleges, vaccination fails when made with this lymph. In armies, when it is thought right to revaccinate the men suddenly, it is often the practice to procure vaccine lymph from an infant, and with it to vaccinate some adult whose arm has only slight traces of a first vaccination, and make such persons the vaccinifers of the whole troop. In such a case animal vaccine, he points out, would be far preferable.

Marson and others say that if revaccination be carefully performed, it completely shelters those on whom it is practised. The well-known example of the servants of the London Small-pox Hospital is given, where, for thirty years, not a single servant contracted the disease, one of the rules being that they should be revaccinated before admission. Dr. Balfour ("Med. Chir. Transactions," 1862) mentioned that the number of cases of small-pox in the British army had not been more than 6·6 per 10,000 men for a long series of years, one-fifth of these men being protected by previous small-pox, and four-fifths by revaccination. Animal vaccination could not have done more than that. Seaton also expresses his opinion that he has never seen anything to warrant the notion that the general supply of lymph of this country had undergone any necessary deterioration. He finds the vaccinators of the present day, who are masters of their craft, doing their work with ordinary long-humanised lymph, and infecting their patients as completely as the earlier vaccinators did (Reynolds' "System of Medicine," 1866, p. 505). In Germany the same arguments are used. Thus Heim found that in five years there had occurred among 14,384 revaccinated soldiers in Würtemberg only one instance of modified small-pox.

Marson, West, Paget, and others are cited by Seaton (*Pa. C. J.*, p. 509) as saying *they* have never witnessed any case of vaccino-syphilitic contagion. Seaton, in 1866, too, was a disbeliever in vaccino-syphilitic contagion.

In attempting to come to a provisional conclusion after hearing what has to be said for and against animal vac-

(a) Read at the Medical Society of London on the 15th November, 1875. Dr. Routh, President, in the chair.

cination, perhaps I may be permitted to state that it seems at present to me—

1st. That the addition of animal vaccination to the duties of our State Vaccine Department in Whitehall might be advisable for the following reason: In times when small-pox is epidemic, as it has so frequently been of late years (and in Paris in 1870 as many as 3000 persons in one day presented themselves for revaccination at the vaccine department of the Academy of Medicine), it would be possible, by employing animal vaccination, to obtain in a few days an unlimited amount of admirable vaccine matter, capable of being at once transmitted on points to all practitioners in infected districts. Dr. C. Paul used to inoculate two calves daily in the epidemic of Paris in 1870.

2nd. I think there can be no doubt in the minds of instructed and unprejudiced medical men that syphilis has occasionally been rather widely propagated by means of vaccination. In all countries, then, where vaccination is rendered obligatory, it would seem but fair to give to very scrupulous persons the choice, whether they would allow their children to be vaccinated from another infant, or from the calf. Doubtless, most of us would continue to make use of the Jennerian lymph, seeing that syphilis is so very rarely conveyed by it; but we need no longer force any other practitioner or layman to do so against his will.

3rd. Although I am convinced that Jennerian lymph when carefully inoculated, and, of course, reinoculated at puberty, is a perfect prophylactic against small-pox, there seems yet to be a possibility that cow-pox is yet more preservative; nay, it seems to be thought by some authors that one inoculation by animal vaccine would act as a lifelong preservative. This remains to be seen.

Taking all these things into consideration, I think it must be admitted by all that the world owes a debt of gratitude to those Italian physicians who have commenced the practice of vaccination from the calf; and also to Dr Warlomont of Brussels, for his most unwearied perseverance in perfecting the process of Animal Vaccination.

Mr. President and Gentlemen, I thank you for the attention you have given to my paper.

After the reading of the paper, and the thanks of the Society having been voted to the writer, Mr. Victor de Meric, late President of the Society, expressed his great satisfaction with the way in which the subject of animal vaccination had been dealt with by Dr. Drysdale He doubted whether animal vaccination was more permanent in its preservative influence than Jennerian vaccine. In the year 1867, when he visited Paris, and saw the inoculation of calves by Dr. Lanoix, who used to make some fifty or sixty inoculations on the abdomen of the animals, he thought the practice of animal vaccination might prove a great boon, especially in this great metropolis, London. He therefore called and saw Mr. Seaton on his return to London; but that gentleman threw cold water on the idea, and he had hence himself cooled down, seeing that the idea did not seem to be entertained in this country. There can be no doubt, continued Mr. De Meric, that syphilis can be communicated by vaccination. Mr. Hutchinson's cases made a deep impression, and the profession in this country had come to believe in the reality of vaccino-syphilitic contagion. Dr. Blanc, a very competent Indian medical officer, had tried to introduce animal vaccination, at great expense to himself, and established a cow-house near Bedford Square; but this was an experiment that should be made by Government, and not by private practitioners. Suppose there comes an epidemic of small-pox, like what we have passed through of late years, it becomes sometimes very difficult to get reliable lymph quickly. Some persons do not like to take tubes, and it is impossible for the public vaccinators, who have many cases to attend to, to be always as careful in examining the infants as might be desired. So that he did not see why animal vaccination should not be had recourse to in such epidemic times.

Dr. Theodore Williams said that it had struck him during the last epidemic of small-pox that there was no small difficulty in getting reliable lymph for vaccination; and this was certainly a great argument in favour of animal vaccination being added to the State department. Dr. Drysdale had quite exhausted the literature of the subject in his paper.

Dr. Cooke said that, when he attended Dr. Simpson, formerly vaccinator in Tottenham Court Road, he asked him why animal vaccination should not be used. His reply was, that animal vaccination caused far greater disturbance locally and constitutionally than Jennerian lymph.

Dr. de Gorrequer Griffiths had listened with great pleasure to the author's paper. A child was brought to him lately, which had been vaccinated, and from whose arm lymph was to be taken by the public vaccinator. He, Dr. Griffith, at once wrote to the public vaccinator, telling him on no account to take lymph from the infant, as it was syphilitic, and was born of syphilitic parents. The child was affected by herpetiform syphilitic eruption, which appeared shortly after vaccination. In this case, many children might easily have been vaccinated from a syphilitic child. He quite concurred in the advisability of adding animal vaccination to the State department.

Dr. Rogers had only once seen a bad case result from vaccination, and that was the inoculation of a strumous sore by vaccination. It was remarkable what a number of persons of good education still were prejudiced against the practice of vaccination. He thought that Government should take up the question of animal vaccination.

Dr. Drysdale, in reply, warmly thanked Mr. De Meric for his remarks, and for the kind way in which he had encouraged him in proposing that Government should take up animal vaccination. He believed that the idea that animal vaccination excited severer local and constitutional effects than humanised lymph had been shown by Warlemont and others to be quite a mistake. Dr. Griffith's case was similar to some he had met with, and he could quite corroborate Dr. Roger's statement as to the occasional rooted prejudices against vaccination still existing. He had last week vaccinated a young lady, aged four, not before vaccinated, the daughter of a foreign nobleman, who had always resisted the child being vaccinated, until he had shown him the error of his views by conversation.

CASE OF ANEURISMAL HÆMORRHAGE FROM A DISEASED LUNG.

By Kendal Franks, L.R.C.S.I. (*a*)

Dr. Kendal Franks showed a specimen which he had removed from the body of a young man, æt. 22, who died suddenly on the morning of the 5th of January, of hæmorrhage from the lungs. The history of the disease extended over a period of five years, during which period the subject of it had frequent hæmoptyses. The disease originated whilst he was in the employment of a grocer, and he himself attributed it to several severe wettings, and the constant lifting of heavy weights. The first symptom of phthisis of which he was cognisant was a sharp attack of hæmoptysis. Since this he had a cough, which he never completely got rid of. About two years after this he had a second hæmoptysis, which was followed a short time afterwards by œdema of the feet. The third bout of hæmorrhage took place in April, 1874, and was so severe as to confine him to his bed for nearly three weeks. The fourth and last copious hæmorrhage terminated fatally. In the intervals of these severer attacks he had frequently minor attacks of "spitting of blood," the sputa being constantly tinged, besides having frequent epistaxes. In May last a physical examination showed the state of his lungs,

(*a*) Abstract of a communication made to the Dublin Pathological Society, from a shorthand report.

signs of vomicæ being found at both apices. The most remarkable feature then was the position of the cardiac organ. The impulse was strong and distinctly seen between the second and third costal cartilages of the right side, and about two inches from the sternum. The sounds were normal. The boy continued to work as an out-door servant till the 5th inst., when he was discovered lying on the floor in a comatose condition, with a large quantity of blood in front of him, and clots hanging from the mouth. He died within half-an-hour.

About eleven hours after death a post-mortem was effected. On opening the thorax the left lung, uncollapsed, was found to extend a good way across the mesian line towards the right side; the right lung was contracted and firm, and so adherent to the pleura that it was with great difficulty removed. Several large cavities were found in the upper part of the lung. On section, it showed various stages of caseous degeneration; here and there small nodules of calcified matter were met with. The left lung was remarkably emphysematous; cavities were met with in its apex, as well as in the upper part of the lower lobe. With the kind assistance of Dr. Bennett, a careful search was made for the source of the hæmorrhage. In a small cavity, about the size of a walnut, which communicated with another about the size of a hen's egg, a small aneurism was found projecting from the upper wall of the cavity. The appearance of it was very striking, and formed a strong contrast to the wall of the cavity in which it was situated. It was of a pale yellowish colour, except on its anterior surface, where there were some red fungus-looking eminences. In size it was about that of a small pea. The point of rupture, which was situated at the side furthest removed from its attachment, was a narrow slit, about 1-8th of an inch in length. A bristle was passed up through a branch of the pulmonary artery, and it emerged through the opening in the aneurism; another was passed through a small opening close to the aneurism, and was subsequently seen in one of the larger bronchial tubes. Dark coagula were found filling the cavities in this situation, and others were traced in the bronchial tubes leading from this part of the lung and opening into the trachea. The artery upon which the aneurism was situated was one of very small size, though readily allowing a bristle or a small probe to pass. Both lungs were plentifully studded all through their substance with miliary tubercles evidently but of recent occurrence. But one similar case had been laid before the Pathological Society in this country, and that was by Dr. Bennett, in 1871, in which death had been sudden from the rupture of a pulmonary aneurism of the size of a walnut into a phthisical cavity. Attention had first been called to these aneurisms by Dr. Rasmussen, who attributes their formation to the loss of support experienced by a vessel on that side which lies exposed in a cavity, and also to the increased blood pressure occasioned by the obstruction to the circulation in the diseased lung. Dr. Powell, of London, has also shown that an inflammatory change in the wall of the vessel is also a pregnant cause, destroying its elasticity, and necessarily inducing a degenerating process which leads to the gradual yielding of the wall at the point affected.

ON ASSIMILATIVE FOOD. (a)

By W. J. Cooper.

Nutriment properly defined consists of all the various alimentary substances necessary to build up the human body. And as starch forms the greatest proportion of the necessary aliment so starch is in one sense the most important element of nutrition. Some statements have recently appeared to the effect that starch was in no sense nutritious, and if taken alone must lead to starvation. If this argument was intended to prevent people from partaking of starchy foods, it must have been put forward without that careful consideration which the importance of the subject demands. As I stated in a paper read in the Chemical Section of the British Association at Belfast, I once lived for a month upon arrowroot and water, and I have been grateful to starchy food ever since. I should be the last person to recommend such a diet to anybody, or indeed any dietary whatever as a universal remedy for weak digestion or malassimilation of food. Many people have endeavoured to concoct a complete dietary and have signally failed. The only complete dietary known is the milk which the mammalia provide for their young, but even that diet must not be interchanged without caution. If cow's milk be given to an infant child as a substitute for its mother's milk, it should be diluted to the extent of one-half for the first three months of the child's life and one-third for the second three months, and sugar should be added, otherwise it would not be properly assimilated.

Thus it is necessary in this instance to deprive this natural dietary of some of its nutritive properties, and add known quantities of other substances. Starch is as necessary to the structure of the human body as bricks or stones in the construction of a house, and an attempt to build a house of mortar alone or cement alone would be as abortive as an attempt to rear a child upon gluten or nitrogenous matter exclusively. It has been objected to such foods as arrowroot, corn-flour, and especially in the case of corn flour, that the gluten is entirely extracted, and that therefore these finely divided powders are not nutritious. Such objections are somewhat similar to the objections made some years ago to extraction of quinine from bark or morphia from opium. At the beginning of this century opium was known, but its active principle was unknown. And bark, the ancient remedy for ague, was used for centuries before its active principle was found to be quinine. It was imagined that there were hidden and mysterious virtues in the combination which would be lost if a separation was attempted. It is of the utmost importance that medical men should be able to administer exact quantities of any active medicine; and it is of no less importance that invalids and children should be fed with such proportions of assimilable food suitable to their various constitutions. Arrowroot and corn-flour, from the delicacy of their structure, are easily converted into gelatinous and readily assimilable aliments, and the fact that they consist almost entirely of starch enables the doctor or the nurse to admix with other alimentary substances the proper quantity of this nutriment, which forms four-fifths the weight of the food of a large proportion of the inhabitants of the world. There is also another very sound for the abstraction of the nitrogenous matter from corn-flour, it enables the manufacturer to grind it finer and get into a form which renders it, when boiled, gelatinous and digestible. There is no doubt much infantile mortality is caused by ignorance in the matter of children's diet. Some people are in the habit of giving meat to young children. Children should be fed on milk as long as they thrive upon it. But no child less than twelve months old should have anythihg but milk or milk with sugar and water. If people are anxious that their children should thrive and grow up healthy and strong too much attention cannot be given to the matter of their daily food; and great care should be taken that thedainty child has sufficient nourishment.

It is not only that the quality of the food must be good, and the quantity sufficient, but the child's constitution should be studied with the object of ascertaining the nature of the food which is likely to be assimilated. It should be well understood that large quantities of food may pass through the body without nourishing it any more than the odd articles which children sometimes swallow, such as paper, grass, packets of pins, or even street door keys, of the swallowing of which last article I remember an instance. It is notorious that some lean people have voracious appetites, while the fat ones eat comparatively little.

(a) Abstract from a paper read at the Social Science Congress, Brighton.

The reminiscences of the objectionable lump of fat or raw meat of school-boy days, which it was treason to leave on the plate, must be present to the recollection of many people. Fortunately, there was always a boy of carbonaceous proclivity to whom the objectionable morsel could be furtively passed, and who would devour it with the avidity of an Esquimaux.

Too much meat is eaten in this country, and the cattle disease and increasing price of meat may prove a positive benefit if it should prevent some people from eating more than is good for them. Excess of nitrogenous food is believed to be the cause of many of the diseases of the kidneys, which are so prevalent in England. As nitrogen is excreted by the kidneys, those organs, if overworked, will in time degenerate, and not being able to perform their proper functions, their work is thrown upon the other excretory organs, and if they fail blood poisoning takes place, and the victim of an excessive nitrogenous diet is killed as if by an overdose of a narcotic.

The natives of the Sandwich Islands have a favourite food, which they subsist on almost entirely; it is a kind of paste made from the root of the kalo (*Arum esculentum*), a plant cultivated throughout their country. The root when boiled is made into a paste and called "poi." This is the food of all classes of Sandwich society, and according to the wealth of the individual so is the consistency of his food. Knives and forks are not fashionable among the natives of the Sandwich Islands, and they eat "poi" with their fingers. The most expensive kind of "poi" is the thickest, and a sufficient quantity of it can be conveyed to the mouth by one finger; it is therefore called "one-fingered poi." The second quality being more diluted, requires the assistance of two fingers to convey it to the mouth, and that is called "two-fingered poi." The third quality, and most dilute, is called "three-fingered poi." Abyssinians eat raw meat and praise the cordial and warming effects upon the system produced by its assimilation. According to Burton, the Arabs of East Africa say that vegetables cause heartburn and acidity, and Livingstone found that ground-nuts containing oil would neutralise this tendency. One of the most objectionable things that can be given to children are the stimulants or narcotics which are used in enormous quantities in all our large towns. It is of little use to lay down any general rules of diet. Different climates and different constitutions necessitate alterations in dietary. Gardeners have learnt how to supply the food which different plants require for their development. Parents and those who have the rearing of children should study the food which children of differing constitutions require, and secure to them the inestimable benefit of assimilable food, bearing in mind the ancient but literally truthful adage, that "what is one man's meat is another man's poison."

Clinical Records.

DELUSIONS OF THE INSANE.

By J. G. Thornley, M.D.,
Asst. Medical Officer Leicester County Asylum.

It is recorded by Esquirol that there was a female patient at Salpetrière who fancied that she had in her intestines all the personages of the New Testament, and occasionally those of the whole Bible. When she died an examination revealed adhesions of the intestines to the peritoneum and to each other.

In this asylum there was a male patient who had been here for many years, and who for a considerable number of years past was in the habit of stating that there was a a hundred-weight of iron in his abdomen; he would occasionally put his hands to his abdomen, as if to support this weight of metal which he believed to be there, and it was impossible in any way to shake this rooted delusion. He was a strong and healthy man, and was in the habit of working daily on the farm as a labourer. This man suffered from melancholia, was often very reticent, and never communicative. Some time ago he was observed not to take his food so well as usual; he more frequently pressed his hands against his abdomen; and when standing he leaned slightly forward; but he never even once complained of pain or other uneasiness; he was persuaded to go to bed. Afterwards the symptoms increased in severity: the abdomen became very tender on pressure, the appetite failed, and the pulse became weak and thready. During the whole of his illness he was very silent and uncommunicative, so that no information could be obtained by asking him questions. He died a few days after taking to bed, and a post-mortem examination revealed a perforation of the intestine, near the junction of the ascending and transverse colon, sufficiently large to admit the tip of the little finger. Through this opening some liquid fæces had passed into the peritoneal cavity. There were signs of inflammatory action in the neighbourhood of, and for some distance around, the aperture, but not to the extent which might have been expected.

CASES IN PRACTICE.

Reported by John W. Martin, M.D.,
Assistant-Surgeon, Mayfield Factory Dispensary, Portlaw, &c.

Case XIII.—*Pain and Sense of Oppression about the Heart—Area of præcardiac dulness enlarged—First sound replaced by a prolonged murmur—Impulse diffused and weakened—Palpitations—Headaches—Noises in the ears—Dyspnœa—Vertigo—Treatment—Recovery.*

B. H., æt. 30, factory operative, six years married, with but one child, born a year after marriage, presented herself for treatment at the dispensary on the 17th of February, 1875. This patient was tall, well-made, and well-nourished, with a bright florid complexion; her general appearance was that of good health. The following is the history of her case. Previous to her marriage, with the exception of a severe attack of typhus fever some twelve or thirteen years ago, from which she made a good recovery, she had always been a strong, healthy girl. During pregnancy her health remained good. She had a short, favourable labour, perfectly natural. Subsequent to her confinement she noticed her health failing, experiencing, apparently without sufficient cause, a great sense of weakness, and suffering almost constantly from severe headache. In the month of August, 1874, six months before seeking treatment, she was attacked with pain in the left side, under the left breast, and over the whole region of the heart, accompanied by a sense of oppression; this was daily growing worse. The slightest exertion induced severe attacks of palpitation and dyspnœa. If she stooped she was seized with vertigo and singing noises in the ears. At the date of examination she stated that she had no cough, and that the catamenial periods were regular in every respect. Her bowels were confined; she had loss of appetite, and complained much of flatulence, which had however been less troublesome since than before the setting-in of the pain about the heart. Pulse 84, full and hard. The area of dulness over the heart was greatly enlarged, extending five inches downwards from the lower border of the third rib on the left side in the vertical direction, and seven inches under the left breast from the right border of the sternum over towards the left side. The heart's action was slow, regular, and laboured; its impulse much weakened and diffused; the sounds altered. The first sound was lost, being replaced by a long, soft, superficial, and widely diffused murmur, synchronous with the systole of the ventricles. The character of this murmur led me to suppose it was caused by friction. The second sound was heard much more distinctly towards the apex than the base. There was no murmur present at the

base of the heart. The lungs were healthy. She passed about a pint and a-half of water during the day, clear, free from deposit, sugar, or albumen. As treatment I applied a blister over the præcardium, the seat of pain and tenderness, and directed the following mixture to be taken :—

℞ Potass. iodidi, ℥i.;
Potass. bicarb., ℥iij.;
Acid. citric., ℥iij.;
Tr. digitalis, ℥ij.;
Cit. ferri amm., ℥i.;
Sp. am. aromat.,
Sp. chloroformi, aa ℥iss.;
Aqua ad ℥xij. M.

Two tablespoonsful to be taken three times a day.

February 25.—Blister acted well, giving almost immediate relief to the pain and tenderness in the region of the heart. Felt her general health improving. Treatment ontinued.

April 9.—Improved steadily under the above treatment. With the exception of the headaches, from which she still uffered, but less violently than before, there was decided melioration of all the symptoms described when she first ame under notice. There was no longer the slightest enderness to pressure over the heart, or pain in that egion ; the tendency to palpitation, dyspnœa, or vertigo, upon making any exertion, almost gone ; the area of dulness was diminished to a diameter of about three inches in each direction ; the heart's action decidedly improved, the impulse being much stronger than before. The first sound heard very faintly, but distinctly ; it was still marked by the long soft, brushing friction murmur, already described as heard over the apex of the heart. The second sound heard distinctly, both at the apex and the base. Her general health was much improved. In consequence of the continuance of the headaches, I omitted the amm. citrate of iron from her mixture, placing her upon iodide of potass and bark :—

℞ Potass. iodidi, ℥i.;
Tr. cinchonæ, ℥ss.;
Liq. cinchonæ, ℥i.;
Sp. am. aromat., ℥iij.;
Sp. chloroformi, ℥i.;
Infusi cinchonæ ad ℥xij. M.

Two tablespoonsful to be taken three times a day.

April 13.—General health still improving, but thought she must have caught a slight cold, as she felt some return of the pain in the chest. In addition to the continuance of the above mixture I ordered counter-irritation, by means of an ointment containing croton-oil and tartar emetic, to be applied twice daily to the pericardium until the characteristic rash should be produced.

April 26.—Felt much stronger, and better, than she had been for a long time. The headaches were diminished in severity, and recurring at longer intervals. She was able to undergo severe exertion, without the smallest distress. The dulness over the heart still remained, greater, than what it ought to be in perfect health. The friction murmur present, much as before, but no longer masking the first sound of the heart, which was now heard, clearly and distinctly, over the apex, and base, of the cardiac region.

All tenderness to pressure, and pain, gone. Had a good appetite, and felt no inconvenience after meals.

Her treatment was continued.

She asked, and received permission to resume work.

I have no further regular notes of her case, but know, that she still continues to enjoy good health, free from every symptom of the distress, from which she formerly suffered ; and that she is able to fulfil every duty of her occupation as a factory operative.

The following are, I think points of interest, to which I wish to direct attention, in connection with the foregoing case :—

1st. The enjoyment of good health by the patient, previous to the date of her first confinement, with the exception of the attack of typhus, from which she made a good recovery.

2nd. The setting in of the headaches and sense of weakness almost immediately after the birth of her child.

3rd. The absence of any reason to suspect renal affection.

4th. The duration of the headaches, and increasing sense of weakness, for over four years, before the pain under the breast, and, in the region of the heart, made itself felt.

5th. The gradual onset of this pain, unattended by any history of acute inflammation, and its consequences.

6th. The absence of any symptoms pointing to the existence of the rheumatic dyscrasia.

7th. The superficial character of the murmur, and its diffusion over a large area of the heart's surface, supports the idea, that it was not in any way due to valvular disease.

8th. The enlargement of the area of dulness, was decidely over the left side of the heart, involving the left ventricle. The character of the pulse, which was full, and even, and the healthy state of the lungs negative the idea, that the aortic, or mitral valves, were in any way engaged.

Taking these points into consideration, the question presents itself : What was the nature of the case ?

Were the symptoms due to subacute pericarditis and effusion ; or to eccentric hypertrophy of the left ventricle ; or to both these affections combined ?

I am of opinion, that the last of these suppositions is the correct one ; yet there are some difficulties in the way of accepting it, without consideration. The character, and wide diffusion of the murmur described, leave little doubt in my mind, that it was exocardial in its nature, due to roughening of the opposing surfaces of the pericardium. There being no reason then, to suspect valvular disease, to what are we to ascribe the dilatation and hypertrophy, as due ?

That such existed, is rendered probable, by the fact, that the heart's impulse was felt, and seen, over a much wider area than in health. Had the area of heart dulness been altogether due to pericardiac effusion, it would have been scarcely possible to have felt any impulse whatever ; on the other hand, had it been due to hypertrophy pure and simple, the heart-stroke would have been much more vigorous than it was.

Bearing in mind, the absence of any evidence of disease of the aortic valves, how are we to account for the occurrence of eccentric hypertrophy. The following seems to me a probable explanation of the matter.

Previous to the date of her confinement, the patient declared that she always enjoyed good health ; its failure commenced immediately after that event, with the evolution of all the symptoms described. We know that the blood at this time, is laden with effete materials, the products of the process of involution, by which, the womb is restored to its ordinary size, and which, in the usual course of events, are got rid of by the organs of excretion. It does not seem too great a begging of the question, to suppose, that derangement of the excretory functions existed, and that depuration of the blood was not properly performed. As a consequence, spasm of the capillary system of blood-vessels may have been excited, inducing arterial tension, and increased heart action, at a time, when the walls of the last-named organ, were incapable of offering a proper amount of resistance to the opposing force.

Note.—Since writing the above, this patient has again come under my care. She suffers from pain in the region of the heart for the past few days, and headache, together with a rheumatic pain in the right ankle and instep. The enlargement of the area of dulness over the heart permanent ; impulse increased and diffused. A loud single systolic friction murmur heard over the whole extent of the heart's surface, of equal intensity in all parts. She is however able to follow her occupation and is no longer

troubled with the dyspnœa, palpitation or vertigo which were formerly so distressing. The heart stroke is accompanied with very strong *frémissement*. The lungs are healthy. Appetite good. General health fair. I shall watch the further progress of the case with interest.

REPLY OF THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND TO THE RECOMMENDATIONS OF THE GENERAL MEDICAL COUNCIL.

THE Council of the Irish College of Surgeons have just forwarded to the General Medical Council their "Observations" upon the recommendations of the latter body, of which we reproduce the important portions :—

RECOMMENDATION AS TO PRELIMINARY EXAMINATIONS.

1. That testimonials of proficiency granted by the National Educational Bodies, according to the subjoined list, may be accepted ; the Council reserving the right to add to or take from the list.

Hereupon follows a long list of examining bodies whose examinations are stated to meet the views of the Medical Council, but the Council of this College are at a loss to ascertain the grounds upon which the General Medical Council have arrived at this conclusion, inasmuch as there is no evidence adduced of their having had these examinations inspected and reported upon; whilst, on the other hand, examining bodies of undoubted repute have been omitted from the list.

2. That it be recommended to the licensing boards not to accept the certificate of proficiency in general education from any of the bodies, unless such certificate testify that the student to whom it has been granted has been examined in—

1. English language.
2. Arithmetic.
3. Geometry.
4. Latin.

And in one of the following optional subjects—

Greek.
French.
German.
Natural Philosophy.

The Council of this College beg leave to state that they cannot (in accordance with their bye-laws) accept the certificate of proficiency in general education from any of the bodies whose curriculum does not include "Greek" as a compulsory subject.

REGISTRATION OF MEDICAL STUDENTS.

1. Every medical student shall be registered.

2. No medical student shall be registered until he has passed a preliminary examination.

3. The commencement of professional study shall not be reckoned as dating earlier than fifteen days before registration.

11. Qualifying bodies are recommended not to admit to the final examination any candidate who had not been registered at least four years previously.

With reference to the foregoing recommendations this Council would wish to remark that the history of their College proves beyond question the great importance it has from its foundation attached to a sound preliminary education on the part of candidates for its qualifications ; since the incorporation of this College up to the present date, its authorities having invariably insisted upon candidates for their licence producing satisfactory evidence of a sound preliminary education. With reference to Section 3 of the foregoing recommendations, this College has always encouraged its students to pass a preliminary examination previous to the commencement of their professional studies, and in the vast majority of cases this practice has been observed. Exceptional cases, however, have arisen where it has been considered expedient (and that in the interest of sound preliminary education) to relax the stringency of this rule. Upon such cases this Council feel themselves to be competent judges, and therefore must decline to forego their hitherto unquestioned prerogative in favour of any other authority, as recommended in Sections 9 and 11.

PROFESSIONAL EDUCATION.

3. That it be recommended to licensing bodies that their regulations should be such as to prevent attendance upon lectures from interfering with hospital and clinical study.

The Council of the College state that the regulations in force in this city have always been such as to prevent the possibility of any interference similar to that alluded to.

PROFESSIONAL EXAMINATION.

6. That not less than two examiners, or one examiner with an assessor, should be present at every oral examination.

The Council of this College have had their bye-law altered with the view of having two examiners present at each candidate's examination, by which regulation each candidate, at his oral and clinical examination, undergoes the ordeal of eight examiners.

7. That the oral examinations should be open at least to members of the examining body.

The examinations of the College have always been open to its fellows and licentiates.

10. That excellence in one or more subjects should not be allowed to compensate for failure in others.

11. That if a candidate be rejected for failure in any one subject, he should be re-examined in all.

If the candidate fails on any one subject at either of the written or the viva voce examinations, he is not allowed credit for the examination, and on coming up again must be re-examined on all the subjects comprised in that group.

12. That examiners should only be elected for definite periods, with power of re-appointment.

The examiners of this College hold office for the term of one year only, but are eligible for re-election.

15. That licensing bodies should distinguish separately in their returns the names and numbers of candidates examined, and the numbers of those passed and rejected.

The wording of this recommendation seems very obscure. The habit of this College has been to furnish the General Medical Council with the names of the candidates passed and the number, but not the names, of those rejected, a practice from which this Council sees no reason to depart.

17. That in the case of certificates presented before admission to examination, each should include a statement from the teacher that the candidate had satisfactorily attended examinations from time to time held on the subject of study to which the certificate relates.

The College Council are of opinion that every candidate should have his merits decided upon by his several examiners on such evidence as he affords them at the time of his examination. They cannot, therefore, approve of any extraneous influence being brought to bear on such decision.

20. That it be recommended that in no case should the examination of a candidate by any of the licensing bodies in any subject be conducted wholly or in great part by the lecturer or teacher in that subject in the school in which the candidate has been educated.

The examiners of this College cannot, according to its charter, whilst they hold office, be either lecturers or teachers.

22. That it is desirable that candidates in examinations in anatomy should understand that they may be called upon to perform actual dissections, and that candidates in examinations in surgery should understand that they may be

called upon to perform one or more operations on the dead subject. (Minutes of General Council, June 22, 1875, p. 54.)

With reference to this very mild expression of opinion upon the part of the General Medical Council, the Council of this College regret extremely that it is not of a more mandatory character. Such methods of testing candidates for their qualifications have been for some time in force at their several examinations, and have proved themselves in every respect to be attended with most beneficial results. No doubt difficulties can be alleged as existing in the way of carrying into effect this much to be desired reform.

REGISTRATION OF WOMEN.

On Friday the Duke of Richmond and Gordon received at the Privy Council Office a deputation of ladies and gentlemen interested in the question of the registration of properly-educated women as practitioners of medicine in terms of the Medical Act of 1858. The deputation included Lord Aberdare, Mrs. Garrett Anderson, M.D., Miss Baily, Dr. King Chambers, Mr. Forsyth, M.P., Miss Jex-Blake, Mrs. Pennington, the Right Hon. J. Stansfeld, M.P., and the Dean of the London School of Medicine for Women.

Mr. Stansfeld introduced the deputation as representing the London School of Medicine for Women. The object was to ascertain the intention of her Majesty's Government with reference to this question. Certain ladies had already spent much time and much money in preparation and study for the profession of medicine, and every year that passed added to the loss and injustice which they had already suffered. He believed that the question had now passed beyond the phase suitable to legislation by a Bill introduced by a private member, and that the time had come for action on the part of the Government. The question now was what that action should be. In answer to an inquiry addressed to his noble friend Lord Sandon, he had been informed last session that the Government would consider the matter during the recess, and the present deputation was anxious to learn the result of such deliberations. The letter addressed by order of his Grace to the President of the Medical Council had occasioned a three days' debate in the Medical Council, and at its close they reported in reply that they were "not prepared to say that women ought to be excluded from the profession."

Mr. Forsyth, M.P., specially desired to draw attention to the fact that no law prohibited the admission of women to the medical profession. The Act of 1858 contemplated the admission to the Register of all persons who had complied with certain conditions. The word "male" did not once occur in the Act; but a certificate of competency was required, and the 19 examining boards by whom such certificates were granted had, it seemed, combined to refuse to examine women with a view of ascertaining their competency for practice.

Dr. King Chambers felt sure that the Government could now deal with this question with less difficulty than at any previous time. The prejudices of medical men on the subject were gradually diminishing, and the study of medicine by women was becoming more generally popular. A majority of the medical journals were now either in favour of the women or at least neutral. This change of feeling on the part of the profession would certainly render the action of the Government easier.

Mrs. Garrett Anderson explained that the only body that did not profess to be able to exclude women was the Society of Apothecaries, and they practically refused them admission, inasmuch as they would only examine those who were educated at the public medical schools, from which women were excluded.

Lord Aberdare said on all sides there seemed a resolution to shut out the women. He might remind the Lord President of a certain room in the South Kensington Museum which was expressly set apart as a refuge for those women who had been driven forth from the china painting works at Stoke by the jealousy of the male china painters. He confessed that the injustice under which these women suffered seemed to him no greater than that now complained of. He trusted that the Government would follow up the course they had begun by the letter to the Medical Council, and he could assure the Lord President that strong support would not be wanting from those on the opposite side of the House.

The Duke of Richmond and Gordon expressed his gratification at receiving the deputation, and his sense of obligation for the clear manner in which the facts had been laid before him. It was true that the Government had the matter under consideration, but he could not at that moment state the course which they would ultimately adopt. He quite saw the force of all that had been put forth by Mr. Stansfeld, and by Lord Aberdare, but he could not a present announce a distinct line of action. The question seemed in the first instance to rest with the examining boards, as if they consented to admit the women, *cadit quæstio*, the need for legislation would disappear

Lord Sandon inquired whether he correctly understood that no special privileges were desired, but merely the removal of special disabilities.

Mr. Stansfeld replied that this was exactly the case, and that if only women were placed on an equality as regarded examination and registration, the friends of the movement would see that all other facilities, such as hospitals, were provided if necessary.

Miss Jex-Blake remarked that on the other hand it had never yet been decided that any of the examining boards had the power to refuse to examine women. It was true that they had assumed that power, but it never had been conceded to them by any legal tribunal, except in the case of the Scotch Universities, where a decision was given by a bare majority of the Lords of Session, and on quite different grounds.

Mr. Forsyth urged that the Bill should be a general one, including all the examining bodies, and referred to the fact that the Scotch Universities Bill had been opposed on the plea of its limited application.

Lord Aberdare then expressed his opinion that the true way of meeting the difficulty would be to require all the nineteen examining bodies to examine candidates without distinction of person, just as the Act of 1858 expressly bound them to examine all candidates irrespective of their holding or not holding certain medical theories.

The Duke of Richmond and Gordon having promised his best attention to the subject,

The deputation then withdrew.

Parliamentary Intelligence.

MR. GATHORNE HARDY'S ARMY MEDICAL SCHEME.

Mr. Gathorne Hardy, in introducing the army estimates, entered *in extenso* into the changes which he proposed to make in the Army Medical Department. He thought the time had come when he ought to pronounce his opinion on the question of general or regimental hospitals, and he had come to the conclusion that the idea of going back to the regimental system after what had been done was simply out of the question. It was impossible that it should be done without making rearrangements and alterations which never could work in time of war. The system which he had approved enabled them to apply forces at the places where they were wanted, whereas under the regimental system they were bound to have medical men in particular positions where they might not be wanted. By the control which could be exercised they could have a larger consulting staff, they would be able to select the best operators and the best physicians, and they would have larger means and appliances than was possible under the regimental system. He believed that the effect of all these advantages would be that the health and efficiency of the soldier would be improved. He could not help saying that this system seemed to bring more immediately under the eye of the chiefs of departments every one qualified to rise; that it would tend to make the Medical Department more efficient—although he was far from saying that it was not efficient—and enable promotion to go on; and that it would enable them to pass by those who did not wish to go forward without the necessity of bringing them forward in the hope of obtaining that to which they would be entitled if they continued to serve—namely, a pension. There were two points that were brought prominently before him with respect to the

Medical Department—first, the want of candidates to enter the service; and, secondly, the want of promotion for those who were in it. These points he hoped to meet by the scheme he was about to lay before the House. He approved, then, of the general hospital system, and he ventured, with great distinctness and plainness, to say that he was not prepared any longer to listen to complaints on that subject. He had come to a conclusion upon the subject, and it was a conclusion on which he meant firmly to act. His new scheme was this. He proposed most liberal terms. The candidates who would have to undergo a severer examination would, on entering the service, have 250*l.* a year from the beginning, and at the end of ten years they would be presented with 1,000*l.* on leaving, and the heads of the Medical Department would have the power of selecting from among them such a number as would be sufficient to fill the vacancies in the higher ranks and to keep up the flow of promotion. That might be regarded as being a very dear system, but he believed it would ultimately be found to be a cheap one. In the first place, much less would come upon the non-effective vote, and in the second place the mobilisation scheme would be assisted by the fact that there would be numbers of medical men who would be able to act upon an emergency, and, who, although, because of being married or from other causes, they might desire to retire at the end of ten years, yet would continue to retain their military predilections, and would not regret to find themselves again among their old comrades. Then, the sum of 1,000*l.*, though not a very considerable amount, was one which might enable a man to purchase a practice, while it would be known throughout the country that the service was a good service, that the pay was fair, and that it opened to those who were clever and skilful in their profession, the prospect of promotion by selection. But, in order to carry out the scheme fully he must go a step further, and he proposed that those who went on after the ten years, for the first two years should have their pay increased and should have 17*s.* 6*d.* a day; that at the expiration of twelve years they should become Surgeon-Majors with 1*l.* a day, and that five years after that they should have 1*l.* 5*s.* per day. Thus, by diminishing the supply below, too many would not be brought into the upper ranks, for it was a mistake to suppose that by tapping the top way was made for everybody below, for the body of a bottle was a great deal larger than the neck. He should not on the present occasion enter into details, which would appear in the warrant in due course; but he might mention that if a man during his ten years of service should, from sickness or otherwise, require a provision at certain periods, he would receive a portion of the 1,000*l.*, so that he would not go away as a pauper, but as a man who had done something for his country. The medical officers then would have 250*l.* a year for ten years, 320*l.* for two years after that, beyond that time they would have 365*l.*, and after five years more 1*l.* 5*s.* a day, or 456*l.* a year, A good prospect would, therefore, he thought, be held out to them, and for those who went on in the service there was rank, money, or pension, and distinction by selection. As things at present stood the medical schools did not, he was sorry to say, send up some of their best young men to the examinations for the Army. There were forty-five vacancies, for which there were only twelve candidates, and they were obliged to take some candidates who had been previously rejected, and he was opinion that it was very undesirable that a class of medical men whose atttainments might be said to be low should be placed in a very difficult service, in which they would have great dangers to encounter. He proposed, he might add, that the Surgeon-General and the Deputy Surgeon-General should retire at the age of sixty instead of sixty-five, and that their retirement should be compulsory, without any exception, for the making of exceptions only tended to all sorts of inconveniences. Great pressure was sometimes put on the Department to retain men under special circumstances, but it was better that they should receive just compensation for the net loss the might sustain, as in the present instance by the substitution of the age of sixty for sixty-five. He hoped the committee would see that the proposal which he had sketched was a fair one. The non-effective vote would of course be increased by the fact that a certain number of men would have to retire at the age of sixty, and it would go up for a certain number of years, but it would then begin to diminish again, Up to 1880 it would, he thought, practically remain at about the same point, £90,000 or £91,000. The effective vote, which was about £200,000 this year, would vary also; but if the system of which he spoke went on it would in 1912 be £150,000 instead of £200,000. He could not, he might add, hope to please everybody; he had long ago given up the idea. As for pleasing all the members of the medical profession, that also was a thing he was afraid he could not accomplish. He had read a great many pamphlets on the subject, and he had been very slow in arriving at a conclusion with regard to it; but every sort of scheme had been tested by calculations, and he must say that that which he had first laid before the committee seemed to him to be the most effective, and likely to be [the most beneficial to the soldier. By its means talented, earnest, and able men would, he believed, be induced to enter the army, some of whom afterwards the heads of departments might feel justified in promoting to very difficult situations.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 8, 1876.

THE ATMOSPHERIC GERM THEORY OF DISEASE.

We gather from Professor Tyndall's later contributions to the columns of our contemporaries that he, at least, is firmly impressed with a belief in the atmospheric germ theory of disease. He now reproduces a letter from M. Pasteur filled with protestations of gratitude to one who has brought "the high authority of his philosophic mind" to bear upon views which so entirely accord with his own. It is almost unnecessary to say that both before and after M. Pasteur published his results on the germ theory in 1863 that numerous investigations were made to determine the ultimate nature of the floating germs of the atmosphere—of that dust which constitutes the

"cloud of witnesses" to the truth of Professor Tyndall's theory. No new light has been shed upon the discussion; it has been long known that the atmosphere contains fragments of organic and inorganic matter varying to an appreciable extent in different localities; so much so, as to enable careful observers to say whence the dust was collected. But, although these constituents of the air vary in different localities, the infusorial life produced is nearly always almost identically the same. M. Pasteur is a chemist, and, by his published writings, we learn that he contents himself by employing a magnifying power of 180 diameters for determining the nature of the atmospheric dust and the contents of his infusions. It is by no means surprising that he concludes, in a confident tone, that "Elle est inattaquable cette conclusion qui j'ai déjà formulée dans l'état actuel de la science, l'hypothèse de la génération spontanée est une chimère," for he evidently looked for his "witnesses" in the shape of cheese-mites rather than in "the finest ultra-microscopic particles" spoken of by Professor Tyndall, and amongst which we shall find "the matter potential as regards the development of bacterial life." But Professor Tyndall does not care to enlighten us too much on this point, for while he asserts again and again that 139 flasks were "sterile," he only mentions the examination of one infusion of turnip in which "no amount of searching with the microscope could reveal the trace of a living bacterium." It is absolutely necessary we should know what magnifying power was used to ascertain this, for it will not be denied that nothing short of a power of two or three thousand diameters will enable microscopists to link particular forms with special effects. For determining the precise characteristics of the various objects taken in the air so that we may hereafter identify them, and connect them with a deranged condition of health a much higher power than that spoken of by Pasteur is absolutely required. Dr. Beale is therefore perfectly justified in asking for further evidence of the sterility of Professor Tyndall's flasks, for histologists, and not a few medical men, are not quite convinced that a few hundreds or thousands of bacteria in a clear fluid or atmosphere might not be made manifest by the magnifying power we have indicated. For the detection of the lowest forms of life, not only the highest powers of the microscope, but also the most skilful illumination, is required, and it is almost unnecessary to say "multitudes of bacteria may exist in a fluid that has not fallen into a state of 'rottenness,'" or in one "muddy, having mould above and slime below." In fact, until some kind of chemical or mechanical disturbance has taken place in the infusion, bacteria and the smaller forms of organic life will enjoy a *still* state of existence, float in a very fine, pellucid film on the surface of a fluid, or become encysted and fall in an amorphous, impalpable condition to the bottom of a flask; in either case a "searching beam" of light sent through them will not detect the smallest trace.

It is perfectly obvious, therefore, that the various substances contained in any particularly prepared infusion must remain to some extent in a state of molecular combination, forming compounds with the water, and which no "searching beam" would detect or demonstrate. If, however, minute atmospheric germs retain the power of setting up putrefactive changes, it must be admitted they also have some sort of structural characters, probably approximating closely to the state of minute spheres, molecules consisting of water and albumen. If microscopic power is unequal to the detection of such bodies, chemistry should certainly be quite equal to the task; and as Mr. Sorby observes, "the relation between the size of the ultimate particles of living matter, capable of propagating itself, is manifestly a question of the very greatest importance in connection with the atmospheric germ theory of disease." Admitting, then, that these ultimate molecules are larger than they are imagined to be by Professor Tyndall, there are other and serious objections to his theory, for these bacteria and monads, we learn from Professor Huxley, present a great variety in form, and no doubt their chemical and structural arrangements must equally differ, but if the test tube and the microscope should both prove unequal to the task of determining this, we should think it scarcely possible to offer an opinion upon, the final velocity with which such extremely minute molecules of matter would subside in air, or even in "wooden filter boxes" not air-tight; at all events, we may conclude it would be so slow, that they would require years, and in the meantime they would certainly penetrate into every place to which air has excess.

The idea that minute atmospheric germs were the cause of diseases, as well as putrefactive changes, is no new theory; it originated with Kircher and the pathologists of the seventeenth century. Since their time it has been frequently revived, and hundreds of more carefully conducted experiments than those made in their days have certainly done very little towards confirming it in the minds of the profession. The late Professor Hughes Bennett and his able assistants conclusively proved the fallacy of the theory; in fact, their numerous experiments indicate that the production of infusorial life depends, for the most part, upon temperature, chemical constitution, density, and other equally important physical properties of the air, rather than on living floating organisms. Nevertheless, in Professor Bennett's series of experiments, as well as of other observers, it has been noticed that there were exceptions to the general rule, and these Pasteur and Tyndall attribute to currents or limited portions of air being richer in germs, whilst others are free from them. But that this explanation applies generally and especially to the experiments of Dr. Bastian and those who agree with him is not at all probable, nor does it at all enable us to say whether it is or is not "possible to remove parasitic diseases from the earth."

HAYES COTTAGE HOSPITAL.

A NEW building for a Cottage Hospital has been recently opened in the village of Hayes, near London, in the presence of the most influential inhabitants of the neighbourhood.

After the usual ceremony had been observed, the treasurer, in a few remarks, stated that the total cost of the building was £525, of which about £50 was yet owing. The sum was at once collected or promised.

The hospital is substantially built with 14-inch walls, and yellow bricks, relieved with red brick, stone and

terra cotta, and the roof is covered with tiles. The building faces towards the south, and the accommodation on the upper floor consists of two wards for two beds each, and a nurse's room between, with inspection windows while the ground floor has a special case ward, dispensary kitchen and day-room, back-kitchen, larder, large linen closet and store place for baths, &c., with soft-water pump There is also a shaft from the upper floor to the back kitchen for dirty linen. Great pains have been taken to provide a good system of ventilation for the comfort and health of the patients, air-shafts being placed in the angles of the wards, and the windows being formed so as, if required, to admit air at the meeting rail without creating an aperture elsewhere. There are also ventilators in the ceilings, and a good entrance and staircase in the centre give ready access and add to the airiness of the building. Both the day room and the back kitchen are fitted with good cooking ranges, with ovens and large boilers. These boilers have feed-cisterns attached, which are supplied by pipes from a cistern connected with a pump in the back kitchen, and so arranged that no water can be drawn from the pump unless the boilers are charged. There are likewise a well of good water and a large rain-water tank. The grounds (in a corner of which is a small mortuary) are enclosed with brick walls, the front being dwarf and the upper part in open timber-work corresponding with the two wide gates.

The site was the gift of Sir Charles Mills, Bart.

The hospital is intended for the benefit of poor persons resident in the parish of Hayes who may be suffering from accident or non-infectious disease, and who cannot be properly attended in their own homes. Cases of advanced consumption or hopeless chronic disease cannot be received.

Patients are required to pay, in advance, from 2s. to 7s. per week, according to their circumstances ; the amount in each case to be decided by the Working Committee, in conjunction with the patients' employers or friends. Cases of severe accident or emergency are received without a recommendation.

The medical officer to the hospital is Mr. Edward Parrott, of Hayes.

We wish the managing committee every success. Our views are greatly in favour of cottage hospitals. Thousands, we might say tens of thousands, of cottagers, the majority of whom are in a position to pay their expenses if received into a cottage hospital, die annually from the want of properly prepared food and proper nursing, and from the complications of disease induced by the draughts from which no cottage is free. Every village might have its cottage hospital, and the expenses could be mainly defrayed by club arrangements among all the cottagers around. Just as now labourers pay a small annual subscription in order that they may have the services of a medical man in time of sickness, so might a small subscription gain for them the advantage of hospital accommodation, provided that the managing committee and the medical attendant were of opinion that the case was a fit one. Employers of labour would all be willing to co-operate in such a movement, for they too would be gainers.

Such institutions should not have any special medical officer; on the contrary, any patient admitted should have the opportunity of being attended by the practitioner who would have attended him had he remained at home, and the practitioner should receive remuneration as though attending the patient at his own residence.

Cottage hospitals under such management would be of immense value to the community, for it must be admitted that the hard-worked country practitioner finds no scientific attraction in the case of a poor labourer in a damp and wretched hovel dying under circumstances which cannot be controlled by any skill or knowledge which he may possess ; but if those same cases were under treatment in a well-managed hospital they would become a source of instruction from which the ablest medical practitioner could not but derive benefit, and in turn the knowledge so obtained would be brought to bear upon the treatment of disease in the higher classes.

We recommend the importance of cottage hospital accommodation to the consideration of those who manage the affairs of the many wealthy club charities, for it is not our desire to increase medical charities, many of which are at the present time grossly abused, but to call the attention of the poor to a means whereby they may be enabled by a moderate saving to alleviate their suffering and prolong their lives.

THE MEDICAL COUNCIL AND THE IRISH COLLEGE OF SURGEONS.

We publish elsewhere a lengthened abstract of the reply of the Irish College of Surgeons to the recommendations of the Medical Council. With most of these recommendations the Council of the College is already in accord; but there are others from which it dissents, and respecting which its views will demand the consideration of the Medical Council when it meets.

Firstly—As regards preliminary education, the College demurs to recognise the long list of outside examinations of the merits of which they know nothing, and the Medical Council probably almost as little, and they decline, moreover, to accept any examination which does not include Greek. This tends all in the direction of a high-class general education for its Licentiates ; but the College moves quite in the opposite direction, and lowers its academic position by continuing to permit its candidates to pass their preliminary examination at any time before they become Surgeons. As a matter of fact, few students do postpone their preliminary until the eve of their qualification, but the College permits them to do so, and declines to accept the recommendation of the Medical Council, or to follow the example of all respectable surgical licensing bodies; thus sanctioning the student in proceeding with his medical studies before he has shown that he can read, write, and cipher, or translate a prescription. No doubt the Council of the College is compelled to a laxity in this matter by the competition of the Queen's University, which—as is the wont of that august body—is the only University and almost the only qualifying body in the United Kingdom which recognises medical studies before proof of general education. It is impossible that the Medical Council can exercise any pressure upon other licensing bodies until they have dragged the Queen's up to a moderate educational level. As regards the enforce-

ment of practical examination in dissection and operative surgery, the College expresses a very strong opinion, in which we most cordially concur, and we trust that the Medical Council will make the effort to induce the Scotch Colleges to reform their examinations in this respect. It is futile for the northern representatives to say "it can't be done" now that the Irish College has shown them the way to hold a *bonâ fide* test of operative proficiency. "Where there's a will there's a way;" and if the Scotch bodies had a mind to it, they could do it.

Notes on Current Topics.

The Medical Department of the Army and Navy.

Our contemporary representatives of the interests of the Army and Navy manifest much interest and sympathy with the medical grievances of the service. The *Broad Arrow* observes, with reference to this very important matter:—

"The break-up of the regimental system in the Medical Department of the Army is likely to be evidenced in an additionally forcible manner sooner than we expected. In our remarks the other day we alluded to the wholesale severance of medical officers from corps which, under the present unpopular *régime*, may be anticipated in 1878; but a blow of a like character is yet nearer at hand, unless by good chance the forthcoming warrant should avert it. The appointments to brigade depots were some time ago fixed for three years on the apparently justifiable ground that being home berths the tenure of them should be shorter than that of 'attachments' to regiments; but, though it is well a difference between the two classes of appointments should be observed, the brevity of regimental 'attachments' makes those of brigade depots short indeed, and on the 1st of next month a large number may be expected to fall vacant. The consequent evacuation will be a foretaste of what is to follow two years hence, and, doubtless, this fact alone will serve, together with the pressure which is now being put upon the Secretary of State, to ensure the adoption of some medium course between the extinct regimental system and its unworthy, inefficient, and unpractical substitute."

Hospital Saturday.

The second meeting of the newly-elected Council and Committee of this Fund was held last week in the board-room of the London Hospital, which had been kindly lent for the occasion. The chairman, Capt. Mercier, expressed the gratification he felt that the authorities of both King's and the London Hospitals had recognised the usefulness and importance of the Saturday Fund by lending their rooms for the purpose of meetings; he had no doubt that when the request was made others would follow the example. He also announced that Messrs. Milner had presented the Fund with an iron safe for the keeping of their books and effects. Dr. Ambler's resignation as Hon. Sec. was accepted, and a resolution was carried appointing a paid secretary at £150, and an organising agent at £130 per annum. The most important business of the meeting was the decision with regard to the day of collection. The idea that it should take place on the Saturday immediately preceding Hospital Sunday was negatived, so to avoid the possibility of misconstruction; and the "First Saturday in September" was finally decided as Hospital Saturday for 1876.

Charing Cross Hospital.

By direction of the Council of Management this hospital will be closed from the 15th of March till the 1st of May, for important alterations to the building, which, when completed, will add greatly to the comfort of the patients, and to the number of beds at the disposal of the authorities. No patients can therefore be received during the period mentioned, nor can any patients be received after this date, except such cases as can be relieved by the 15th of March. On the 1st of May 30 beds will be opened for the reception of accidents and urgent cases. On the 1st of June about 75 more beds will be opened for general cases, including a ward for children, and it is expected that in October the number of beds will be increased to 200.

To enable the Council to meet the enormous expense connected with these important alterations and additions, it appeals for funds to a generous public, which will we trust not be slow to recognise the value of such an institution to the poor, and for the advancement of medical science.

Hydrophobia.

Last week a boy 14 years of age was admitted into St. Mary's Hospital, London, under the care of Dr. Broadbent, suffering from all the symptoms of hydrophobia. He was immediately treated with large doses of hydrate of chloral, and the paroxysms became less frequent and less severe. It is now ascertained that he and another boy unknown were bitten by a dog some few months back, and the scar upon the finger still remains. The case is beyond a doubt one of hydrophobia, and, regardless of the ultimate result, is rendered of extreme interest and importance by the peculiar course followed by the symptoms.

The Effect of Colours on the Mind.

A Dr. Ponza, the Director of the Lunatic Asylum at Alessandria, in Piedmont, has suggested and is carrying out the use of coloured glass in the windows and in the ornamentation of the rooms as a treatment of lunacy. The *Daily News* gives a humorous article upon the effect of certain colours upon the minds of men—green and orange to arouse theological bitterness; blue and buff to set a whole constituency raving; and red to drive all roughs mad; and it adds, "it is difficult to avoid feeling sceptical about some of Dr. Ponza's lunatics. The gentleman who declared himself quite recovered after a night in the violet room was very properly refused permission to return to the bosom of his family. A yellow paper might have set him off again, or he might have imitated an unfortunate artist of promise, who conceived such a hostility to black that he smashed in the hats of all his friends." It is too much to expect to cure or even to relieve lunacy by confining a patient in a room in which the light falls in shades of violet or of any other colour; but still the surroundings of a man tend to elevate or depress his spirits, and among those surroundings colour and light play an important part. In a climate

like that of England, where during so many months in the year the sun scarcely makes its appearance, the study of colour in decorations might be made to serve a useful purpose. Many hospital and sick asylum wards are stained with the notoriously depressing buff or brown wash, and if such were replaced by a violet or light grey tone, we doubt not that many a sick or convalescent patient would be found to declare, like Dr. Ponza's lunatic, that he was decidedly better, if not *quite* recovered.

The Assessment of St. Thomas's Hospital.

A QUESTION of considerable interest to hospital authorities was decided at the Court of General Assessment Sessions last week, the overseers of Lambeth having appealed against the assessment of St. Thomas's Hospital. In 1872 the Court reduced the rateable value from £17,580 to £10,900, and the same figures have been now fixed upon. The overseers could not understand why the assessment of this hospital had been reduced, and now sought to have it raised to its original standard. On the part of the hospital it was contended that in consequence of the high rating five wards of this hospital were closed and 140 beds empty, which was something like refusing admission to 1,200 patients every year.

After hearing counsel on both sides, the Court decided that the reduced rating of 1872 was the more equitable, and must be adopted. We congratulate St. Thomas's on the result, albeit we would rather see the rating of hospitals removed altogether.

Public Analysts.

IN the House of Commons on Friday last, a weak point in the Adulteration Act was selected by Mr. W. Williams to draw out an official opinion upon the anomalous position in which the appointment of public analysts is found in some districts.

Mr. Sclater-Booth stated in reply that so far as he knew there were 34 analysts appointed in the counties, and 42 in boroughs; but he had no means of knowing in how many cases arrangements had been made by which analysts could be supplied from adjoining districts as provided by the Act. He was not aware that no practical result had followed from the act owing to the absence of any provision for the payment of a salary to the analyst; no doubt practical results had not followed in all cases, but that was principally from the impossibility of employing the police previous to the Food and Drugs Act of last session; but he hoped that this evil would be remedied. He should be glad if the case was made out to put in force the powers for the compulsory appointment of analysts' but he had no information to induce him to think that the time had arrived for the exercise of such powers.

We regret that Mr. Williams had not taken the trouble to satisfy himself with sufficient data so as to have prevented the expression of such an evasive and unsatisfactory reply from the Government.

Army Medical Department.

IN his statement on the Army Estimates, Mr. Hardy has finally pronounced for the retention of the general staff system as more economical and efficient, and because by the power of selecting officers for positions suitable to them as physicians or surgeons the health and efficiency of the army would be improved; and he asserts with great distinctness "that he is not prepared any longer to listen to complaints on this subject." For the various grievances alleged he proposes a short service system, giving candidates who have passed a severe examination £250 for ten years, with £1000 at the end of that period if not selected for vacancies on the permanent establishment. All administrative officers are to be compulsorily retired at 60 years of age without exception. We shall enter more fully into the question next week.

The Medical Inspectorship of the Irish Local Government Board.

WE have good authority for the belief that the feeling of the profession in Ireland, as expressed through the Council of the Irish Medical Association, and by the MEDICAL PRESS AND CIRCULAR, as well as by influential individuals of its members, has decided the authorities to appoint a medical man to the Inspectorship vacant by Dr. Croker King's promotion. The selection made is pretty well known, but we feel it to be premature to state the name of the gentleman who has been chosen. The following memorial has been forwarded by the Committee of the Council of the Irish Medical Association to his Grace the Lord Lieutenant, under the apprehension that the Government might imagine that medical men were indifferent upon the subject, or might be still undecided as to the necessity for appointing a medical man:—

MEMORIAL.

TO HIS GRACE THE DUKE OF ABERCORN, K.G., LORD LIEUTENANT AND GOVERNOR GENERAL OF IRELAND.

The Memorial of the President, Vice-Presidents, and Council of the Irish Medical Association,

Sheweth,

That your Grace's memorialists have become aware of a public report to the effect that it is in contemplation to appoint to the office of Inspector under the Local Government Board, in the room of Dr. Croker King, a person who is not a member of the medical profesion, and who has received no special education in medical or hygienic science.

That, for nearly thirty years since the creation of this office by the Poor Relief (Ireland) Act of 1847, a certain number of the Inspectorships have always been held by duly qualified medical practitioners, it having been the intention of Parliament that the Commissioners should have the advantage of sufficient professional advice and assistance in their administration of the medical charities and the Poor-law medical relief system of Ireland, which intention was recognised and carried into effect for a period of more than a quarter of a century.

That by the various Poor Relief, Medical Charities, Vaccination, and Public Health Acts, and by the regulations made under the authority of these Acts, the Inspectors under the Local Government Board are charged with the inspection of drugs and with the supervision of more than one thousand medical officers of workhouses and dispensaries, both in their capacities as such and as sanitary officers as well as public vaccinators, and are frequently called upon to hold sworn inquiries, and to make reports upon charges of neglect of medical duty, upon which no person can form a competent opinion except a duly qualified medical man.

Your Grace's memorialists respectfully submit that to

entrust such supervision to any person not possessed of a special knowledge of those duties or of the surgical questions involved in such charges would be detrimental to the service, and unjust to the medical officers who are subject to such supervision, and are, moreover, liable to severe penalties upon the authority of the report of such Inspector.

That the Irish Poor-law Medical Department deals with numbers of sick persons, far surpassing that of either Medical Department of the Navy or Army with a medical staff larger than that of either service, and with an expenditure almost equalling that of the Army Medical Department, and three times that of the Naval Medical Department.

That within recent years the functions of Inspectors in connection with the medical and sanitary services of Ireland have been greatly increased in consequence of the wide extension of the medical charities system; and, furthermore, new duties of the greatest importance have been entrusted to them in connection with the public health of the country, which is administered by the workhouse and dispensary medical officers; and your Grace's memorialists respectfully submit that the necessities of the services indicate rather an increase in the medical inspecting staff of the Local Government Department than any curtailment, especially as in our short experience of the working of the sanitary system many questions have arisen which would need a special professional knowledge for their adjustment.

For these and other equally weighty reasons your Grace's memorialists respectfully request that, if the selection of a non-medical inspector in the room of Dr. Croker King be in contemplation, your Grace's assent will not be accorded to such appointment, and your memorialists pray the exercise of your Grace's authority to prevent such a policy being carried into effect in future.

Signed on behalf of the Memorialists.

The Opium Trade.

A DEPUTATION, headed by Lord Shaftesbury, and including several Members of Parliament from the Anglo-Oriental Society for the Suppression of the Opium Trade, waited on the Marquis of Salisbury, urging upon the Government the desirability of restricting the opium traffic in China and the Indian Archipelago. The noble Marquis pointed out the great financial difficulties in the way of abandoning the existing system of collecting the revenue, which, he said, restricted rather than encouraged the growth of opium. He promised, however, that the matter should receive the attention of the Government.

Excerpta Medica Ridicula.

WE clip the following from a north of Ireland paper:—

"A REPTILE IN A COW'S HEART.—The other day a cow, after labouring under some peculiar disease, died, and on being opened, it was found that the heart was larger than usual. It was consequently opened, when an animal resembling an eel in shape, measuring about three inches in circumference and six inches in the body, with a tail split up into fibres, was found occupying the centre cavity of the heart. That organ was, indeed, nothing but a shell, the creature, *which had a nose and ears like a squirrel*, and seemed to be almost entirely composed of blood, having eaten and appropriated the whole of the interior of the distressed animal's heart."

Diet Cure for Intemperance.

DR. TURNER, of New York, writes to Mr. C. O. Groom Napier, who read a paper last year upon the above subject, to inform him of miraculous cures of intemperance made by him by means of a vegetable diet. We have been requested to publish the letter, but we think it sufficient to comment upon one or two of the chief statements. Dr. Turner, after referring to two brothers whom he cured and restored to society, observes that he has since treated upwards of 1,000 cases of intemperance by vegetable diet with marked success, in a majority of instances, and that he has made notes sufficient to fill an octavo book of six hundred pages. It is his intention to prepare a paper on "Vegetarianism as a Certain Cure for Intemperance," to be read at the British Association next year. We agree with Dr. Turner that intemperance is the most monstrous evil that afflicts society, and had almost hoped that there might be some real value in the treatment suggested; but as his book is to contain notes on the cure of cases of consumption, cancer, and some other supposed incurable diseases by the same treatment, we cannot but conclude that his evidence is wholly unreliable.

Brighton and the British Medical Association.

AT a numerously attended meeting of medical men recently held, a resolution was passed determining that inasmuch as the Committee of the British Medical Association had, in their appointment of readers of addresses, ignored the claims of the profession in Brighton, it was not expedient for the medical men of that town to take any official part in the annual meeting of the Association to be held in Brighton in August. On Tuesday a special meeting of the Committee of the Council of the Association was held at the office in London for the purpose of considering this resolution. The matter was discussed at length, and it was proposed to appoint a sub-committee to confer with the Brighton practitioners as to the best means of ensuring a successful meeting there. To that an amendment was submitted to the effect that the annual meeting in August be held at Brighton, and expressing a hope that the medical men there would cordially co-operate in furthering its objects. In the result the amendment was carried, and the decision was ordered to be communicated to the members of the profession in Brighton.

Medical Education of Women.

IT is clear that those who are in favour of the medical education of women do not intend to let the matter drop. In the present number we report the reception by the Lord President of the Privy Council of a deputation from the Governors of the London School of Medicine for Women. The object of the deputation was to ascertain the intention of the Government with reference to the question of the registration of women as qualified to practise medicine. It was explained in the speeches that there is no law prohibiting the admission of women to the medical profession, and that in the Act of 1858 the word male does not once occur. Lord Aberdare, the late Lord President of the Privy Council under the Liberal Government, assured the Duke of Richmond that strong support would not be wanting from the opposite side of the House should the Government take action upon the question, and suggested that the true way of meeting the difficulty would be

to require the nineteen examining bodies to examine candidates without distinction of person. From Mr. Stansfeld's speech we learn that women require to be placed on an equality as regards examination and registration, and funds will not be wanting to supply them with hospital instruction and other requirements. The Duke, in reply, said he quite saw the force of the arguments put forward, and promised his best attention to the subject, but he could not at present announce a distinct line of action.

George Green Gascoyen.

On Wednesday last a meeting of the staff and the students of St. Mary's Hospital was held to consider the question of founding a memorial to the late Mr. George Gascoyen. Mr. Spencer Smith, who occupied the chair, briefly reviewed his life as a student successful in the prize examinations, as House Surgeon, Curator of the Museum, Registrar, Demonstrator, and afterwards Lecturer on Anatomy, Surgeon and joint Lecturer on Surgery, and Dean of the Medical School. Mr. Smith, together with Mr. Samuel Lane, Mr. James Lane, Dr. Broadbent, and Mr. Woodman, referred in terms of affection to his truthfulness and to his devotion to duty, to his amiability as a colleague, and to the quiet and unostentatious manner in which he had effected real and hard work. A committee was formed consisting of the staff of some of the past and of the present students, and a subscription list was at once opened. It will be left to the committee to decide what form the memorial shall assume.

London Hospital Sunday.

The treasurers and governors of all hospitals and dispensaries within the metropolitan area who desire that their institutions shall participate in this year's distribution have been requested to send in their applications to the Secretary before the 8th day of March. A copy of the last published report, with the accounts and balance-sheet of each institution for the past year, must accompany all applications to participate, otherwise no notice will be taken of the application.

The Dwellings of the Poor and Post-mortem Examinations.

Some time ago we referred to the holding of wakes in houses in which several families resided. Last week a medical practitioner received a notice to make a post-mortem examination upon the body of a woman who had died suddenly. This woman had resided with her husband and two daughters in a back kitchen. The dead body was kept in the same room, and after the wake the family slept and took their food whilst the corpse was still there Fortunately the cause of death proved to be syncope ; but had it been an infectious disease probably the arrangements of the family would not have been altered. The guardians of the workhouse had refused to allow post-mortem examinations to be made at the workhouse, except on bodies found in the street ; after some difficulty, however, sanction was obtained to perform the post-mortem in the case referred to at the workhouse.

The above is only a solitary instance among the many which prove the necessity of increasing the number of public mortuaries and post-mortem rooms.

Telegrams have been received announcing the appearance of the plague on the banks of the Euphrates.

In the House of Commons, on Thursday last, Sir Michael Beach obtained leave to introduce a Bill to amend the law relating to cattle disease.

Dr. A. B. Shepherd will lecture on the Natural History of Pulmonary Consumption at the Royal College of Physicians of London on March 10, 15, and 17.

The Skinners' Company have given 250 guineas towards the fund now being raised for the new Grocers' Company's wing of the London Hospital.

On Thursday last, at Banbury, ten men were fined 30s. each for refusing to vaccinate their children. The men and a number of their friends were driven round the town in vehicles drawn by three horses.

The selection of a gentleman to fill the Professorship of Midwifery in the Queen's College, Galway, is postponed until the 1st of September next, up to which date applications will be received from candidates.

On Thursday last, at a meeting of the Bolton Infirmary, two donations of £5,000 each were announced. One was from Messrs. Musgrave, ironfounders ; the name of the other donor was not disclosed. The donations are towards the erection of a new infirmary which is to be built.

Mr. R. A. Milner, Chairman of the Keighley Board of Guardians, has been summoned before the magistrates of that town for refusing to vaccinate his children. The bench allowed a fortnight's time for compliance with the law, the defendant protesting he would never have his children vaccinated.

The Medical Society of the College of Physicians, Ireland, will meet this day (Wednesday) in the College Hall, Kildare Street, at 8 p.m. The following business is on the paper :—

1. Adjourned discussion on Dr. Hayden's paper on "Biliary Colic."
2. Dr. Grimshaw: "A Case of Abdominal Aneurism resulting in Recovery."
3. Mr. E. Lapper, F.C.S. : "On the Antiseptic Power of Salicylic Acid and certain of its Compounds compared with other Antiseptics therapeutically considered."

Rejections at the College of Physicians.

A copy of the following extract from the Report of the Examiners for the Licence of the College of Physicians of London has been sent to the medical schools :—

"The examiners feel it to be their duty to inform the College that candidates for its licence present themselves for the pass examination very imperfectly prepared, as a rule, on the subject of chemistry in its applications to pharmacy, pathology, and toxicology ; and some have been rejected on account of their ignorance of this subject whose attainments in other respects were satisfactory.

"The examiners venture to suggest that the College

might with advantage take some step to make generally known to students at the several medical schools the imperative necessity for candidates for the College licence, in order to avoid disgrace and disappointment, to present themselves as well prepared on the subject of chemistry in its applications to pharmacy, pathology, and toxicology, as on the other subjects of the pass examination."

We may remark that the examining bodies have hitherto been so lax in their examination upon chemistry that we are not surprised that students almost altogether avoid its study. Ridiculously short is the extent of time which the student allots to this subject. He knows that he will require only a very superficial knowledge of chemistry to pass either the College of Physicians, the Hall, or the College of Surgeons, and the result is, that unless he is preparing for the University of London, he neglects the subject *in toto* until within a few days of the examination, when he contents himself with but little more than a general idea of the atmosphere, water, the gases, and one or two of the more important metals.

The examining bodies alone are answerable for the gross ignorance of the subject of chemisty displayed by the majority who enter medical practice in the present day. We have repeatedly called attention to the fact, and though the College of Physicians has the credit of being the first to take up the matter, we feel bound to add that it is to be regretted that it has been allowed to rest so long unheeded.

Literature.

THE CHARACTER AND LOGICAL METHOD OF POLITICAL ECONOMY. (a)

This is the second edition of Professor Cairnes' Lectures on Political Economy delivered some years ago in the Dublin University. In this edition numerous passages have been recast, and that increased prominence has been given to aspects of the subject only touched on in the former edition, and some entirely new topics have been introduced. He disclaims all pretence to the enunciation of any *new* method of conducting economic inquiries, contenting himself with bringing back the discussion of political economy to those tests and standards which he considers have been completely lost sight of in many modern publications. He at once avows his object to be to state clearly the character of the science as it appears to have been conceived by that succession of writers of which Adam Smith, Malthus, Ricardo, and J. S. Mill are the most distinguished names.

In his introductory chapter Professor Cairnes attacks those writers who enrol themselves as political economists, not because they have made a serious study of the subject, but merely to qualify them to seek popular favour; and he contrasts the vulgar superficiality of those new pretenders with the severe and logical style which characterised the cultivators of the science in the early part of the century. He shows that the most modern views have been constantly assuming more of a statistical character, that results are appealed to instead of principles, and that *statistics*—the mere collection and classification of numerical results—are superseding the canons of inductive reasoning, and that so the true purpose of the science has been well-nigh forgotten.

The author takes for granted that "wealth," the subject-matter of political economy, is susceptible of scientific treatment, that there *are* laws of its production and distribution, that mankind, in their industrial operations, are *not* governed by caprice and accident only, but by motives which act extensively and constantly, which may, therefore, be discovered and classified, and made to serve as the principles of subsequent deductions. He also takes for granted that a knowledge of these laws is a useful study, well fitting to be part of a liberal education, independently of its practical utility; and he considers this knowledge far more likely to be obtained by systematic inquiry than by trusting to what is called the *common sense* of practical men, which he terms "the crude guesses of unmethodised experience."

Professor Cairnes gives an eloquent exposition of what he considers political economy to be. He says: " . . . Political economy is a science in the same sense in which astronomy, dynamics, chemistry, physiology are sciences. The subject-matter is different: it deals with the phenomena of wealth, while they deal with the phenomena of the physical universe; but its methods, its aims, the character of its conclusions are the same as theirs. What astronomy does for the phenomena of the heavenly bodies; what dynamics does for the phenomena of motion; what chemistry does for the phenomena of chemical combination; what physiology does for the phenomena of the functions of organic life;—that political economy does for the phenomena of wealth—it expounds the laws, according to which these phenomena coexist with or succeed each other—that is to say, it expounds the laws of the phenomena of wealth. . . . If you ask me wherein lies the utility of such an exposition, I answer, in precisely the same circumstance which constitutes the utility of all scientific knowledge. It teaches us the conditions of our power in relation to the facts of economic existence, the means by which, in the domain of material well-being, to attain our ends. It is by such knowledge that man becomes the minister and interpreter of Nature, and learns to control Nature by obeying her."

The lectures abound in fine passages of this kind, in which our author developes an enthusiasm without which teaching must necessarily be the dreariest of commonplace. That he was a master of his subject, and had bright and happy modes of attracting the attention of his pupils thereon, has been well attested by many of them. The volume must be looked upon as a popular exposition of political economy; as such it has few rivals, and none in which greater clearness of apprehension is displayed. Many will read it who would turn aside from Mill's didactic and elaborate treatise, fearing to encounter his massive collection of facts and inferences; the one is a fluent lucid *résumé*, while the other is the cyclopædia of the science. There is no suggestion of rivalry. Professor Cairnes would have been the last to think his book in any measure a substitute for Mill's great work. His object was to present the subject in an attractive form; this he has done admirably.

(a) "The Character and Logical Method of Political Economy." By J. E. Cairnes, LL.D., Emeritus Professor of Political Economy in University College. London: Macmillan. New York: Harper.

Correspondence.

THE HASTINGS WATER SUPPLY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The divergence of statement between "M.D." and myself, and the variance of opinion, are so wide, that I could not hope to satisfy either "M.D." or yourself on these in the space which I could reasonably expect to occupy. I shall venture to ask insertion to replies to only two or three points brought forward in your last number.

The most important of "M.D.'s" statements is that concerning the assumed deficiency of quantity in the water. The figures quoted are undoubtedly found in Mr. Topley's report; so also is there a table (p. 8) showing the "mean annual daily flow" to be 254,525 gallons, which is rather less than half the quantity which "M.D." quoted. It would be logical sequence to calculate that quantity at seven gallons per head, and to assume it to be the whole supply to the borough. Mr. Topley also quotes figures (p. 3) showing 741,000 gallons per day supplied during the year 1869, and on page 8 that the "maximum daily flow," in 1874, into Old Roar reservoir *alone* was 614,800 gallons. What becomes of the differences in quantity now stated? It is used to strengthen the weak link in the chain which "M.D." hangs up for exposure. The Town Council possess storage space for 70,000,000 gallons of

water, and this is reserved for use in periods of mean daily flow. Every one of those store places are filled during maximum flow. Those who desire to get at truth only may feel that I have disposed of one highly important discrepancy between us.

The "constant service" question is the next point at which we are at direct issue. "M.D.'s" assertion, "their mouthpieces have of late told us positively that the expense is too great," would be accurate with the qualification, "on the high levels." Hence my "guarded" expression, "a partial trial." My assertion would have been more accurate by the omission of "nor water enough" in the sentence "there is neither pumping power nor water enough to do so." Water is now actually running to waste from the reservoirs, and in certain portions of the low levels it has been "on" day and night—which I suppose to be "constant service"—for some time. From Fairlight alone, at the present moment, the town is receiving 253,000 gallons per day. This may be as mystifying to "M.D." as the statement that £41,000 has been borrowed or asked for; but both are true.

The grounds for charges against the Council respecting the water are about as strong as those which induced the attack on the magistrates in the columns of the *Daily Telegraph*.

I will not trust myself to mention any of the other points introduced in the letter of "M.D.," or the article on the subject in your last. Cogent and sufficient answers can be furnished, but I shall not attempt it in your pages.

Yours faithfully,

Feb. 25, 1876. J. COGSWELL.

HASTINGS WATER SUPPLY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As Mr. Cogswell has already published in a local paper a letter, a duplicate of which he states that he has sent to you, I am enabled to place my reply by its side.

The table on page 8 of Mr. Topley's report, referred to by Mr. Cogswell, gives the mean annual daily flow in 1874 of the *springs and streams only*—it does not include the *wells*, which supply more than 300,000 gallons per diem. It would not, therefore, be "logical sequence," but absurdly fallacious, to "assume that 254,525 gallons a day represent the *whole* supply to the borough."

Mr. Cogswell then goes on to say that 741,000 gallons a day were supplied during the year 1869.

We have nothing here to do with 1869. As I said in my former letter, we must test a water source by *unfavourable* years in order to discover its real value. I will, however, state, parenthetically, that even that quantity, including the additional sources of supply since that time, is 300,000 gallons too little.

When Mr. Cogswell tells us that the *maximum* daily flow into Old Roar reservoir in 1874 was 614,800 gallons, he overlooks the fact, stated in my letter, that Mr. Topley condemns 88,351 gallons as surface-water of an objectionable kind. These 88,351 gallons were furnished as follows:—

Old Roar reservoir	62,141	Mean daily flow in 1874.
No. 1 ,,	26,210	
No. 2 ,,		
	88,351	

Of course Mr. Cogswell cannot intend that I should deduct the *maximum* flow of Old Roar from the average daily supply of the year. That would give us rather less than nothing for our water supply. But neither can he mean that it should be stored for future use; for I must again remind him the water of Old Roar is thrice condemned in Mr. Topley's report, and *should not be used at all*.

Nevertheless, *storage* appears to be Mr. Cogswell's only argument.

Now the fact that after a rainy season there should be a phethora of water running to waste, while at other times scarcity amounts to famine, only shows how dependent we are upon *surface-water*. It is chiefly surface-water which is stored in our reservoirs, and to point out that the water of this borough *will not bear storage*, I quote from Mr. Topley's report, p. 8—9, the following extracts:—"The reservoirs of the Hastings Water-works are uncovered, and are constructed with sloping sides. With these arrangements the water cannot continue pure when stored, even if it be of tolerable purity when first admitted into the reservoirs."

"The water *stored* in the Hastings reservoirs is mainly the surface drainage of more or less cultivated land."

"It is proposed to construct reservoirs in the Fairlight and Warren valleys. It is probable that the water of these streams, although of fair quality for immediate use, cannot safely be stored in open reservoirs for any length of time."

I must not encroach further on your valuable space, but I have stated enough to indicate Mr. Topley's opinion on storage of Hastings water.

Mr. Cogswell affirms his belief that my statement about the wells here is a fiction. I can only say that I am prepared with indubitable evidence to maintain the truth of all that I have written.

I remain, Sir,

Your obedient servant,

M.D.

St. Leonard's Club, March 3, 1876.

ON THE ORIGIN OF SYPHILIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reference to your remark on the above subject, although it seems doubtful whether it existed in Europe before 1493, may it not have been in other countries centuries previous to that date? Without having any wish to magnify the failings of the great Psalmist, I must say it has often forcibly struck me on reading the Bible version of the thirty-eighth Psalm, that it is a very good description by David, as if he was suffering from the disease. Any attempt to spiritualise away those plain expressions would not satisfy my mind. I am not aware if there is any record of the Israelites having suffered from the disease, but it has been supposed circumcision was ordained as a prophylactic. This would only help to prove there is "nothing new under the sun."

Yours truly,

GREGORY SALE, L.R.C.S.I., &c.

P.S.—As I have not a copy of the Septuagint at hand, I am not aware what is the original Greek word, as the word translated loins may be indifferently translated groin, reins, testicles, &c., *kenεon*, for example.

ABSENCE OF VAGINA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—A young woman who was married for some years came here a few days ago requesting surgical aid, as she never could perfectly cohabit. On making a very careful examination I found the vagina was absent; she had in place of it a sack or hollow inside the external parts about one inch deep, with the urethra very wide, from constant attempts to force a finger into it in the usual situation, but otherwise quite natural. On passing my finger into this passage, through which I drew off her urine, and through which she menstuated, I found the neck of the uterus unusually long, presenting its usual feel, and in every particular, otherwise than its length, natural, coming from the posterior superior wall of the bladder. She is a healthy woman, but always menstruated rather scantily, and rather later than natural. This unusual malformation I wish to notice, as I have never met a like one.

Yours faithfully,

VERNON WM. RUSSELL,

Surgeon County Tipperary Infirmary.

The Infirmary, Cashel, Feb. 21, 1876.

CAPILLARY BRONCHITIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following case of modified capillary bronchitis, which has been described by Dr. Parrish, of Philadelphia, may be interesting to your readers:—

Charles C——, aged one year and eight months had recovered from measles a fortnight ago.

On the night of February 12 I was sent for in a great hurry, and on arriving found the child in a collapsed state.

The eyelids were half-closed, the eyeballs turned up, the lips bloodless, the cheeks deadly cold, while the other parts of the body were warm; the skin moist and soft; the countenance had an anxious expression; the tongue was covered with a white thick fur; the bowels regular. He breathed with a peculiar grunt at the end of each expiration. There was a short dry cough, great difficulty in breathing, muco-crepitant râles at inspiration and expiration heard from apex to base of both lungs. T. 103, R. 72, P. 172.

I prescribed—

℞ Ol. tereb., ℥xvi.;
Mucil. tragac., ʒiv.;
Antim. tart., gr. i.;
Infus senegæ, ad ʒij.

A teaspoonful every ten minutes. A teaspoonful of punch every fifteen minutes. Poultices of linseed back and front of the lungs.

After taking about eight doses of the bottle, he vomited up a great quantity of white frothy mucus. I now omitted the antimonum tartaratum.

Feb. 13th.—The child had brightened up; the lips were a better colour; the grunting at the end of expiration had ceased; but there was still difficulty in breathing; the cheeks had lost their deadly coldness, but a profuse perspiration had broken out over the whole head, saturating the pillow; there was no perspiration from the rest of the body. T. 102, R. 72, P. 172.

I took an ounce of blood by wet cupping over the first bone of the sternum. Treatment as before.

14th.—The perspiration from the head still continuing; breathing with a wheezing sound, but much easier. The palms of the hands and soles of the feet have become quite livid in appearance. T. 100·4, R. 72, P. 148. Ordered the bottle to be given only every third hour, and the punch every hour. Flying blisters to the front of both lungs,

The child continued to improve in every way. The perspiration from the head had ceased; the difficulty of breathing had disappeared; the cough had become quite soft; the temperature had fallen to normal, and the respiration and pulse nearly so, when diarrhœa set in on the 16th, which carried him off on the night of the 19th, in spite of every remedy that was tried. A few hours before death the cheeks became deadly cold again, the rest of the body being normal heat.

MARTIN O'CARROLL,
66 Amiens Street, Dublin. Lic. Med. Univ. Dub.

Obituary.

JOHN MORGAN, F.R.C.S.I.,

Professor of Anatomy in the Royal College of Surgeons in Ireland.

No death within the profession in Dublin—even in Ireland—has produced so profound a sensation as that of Professor Morgan; no event has, for several years, so deeply agitated or shocked the personal feelings of his brethren in Dublin as this most melancholy occurrence. No loss to the profession will be felt throughout Ireland to come nearer to the hearts of each of our readers than the removal of John Morgan under the solemn circumstances which have attended it. But two days before the news of his untimely death he had been seen actively engaged in his practice, and had met his brethren in those terms of friendship and of genial intercourse which marked his relations to them through his professional life; and almost as soon as the rumour that he had been stricken down in illness had reached them came the tidings of his desperate state, and close upon it the shocking tidings that he was no more. Even the stranger, who knew him only by repute and by the affectionate mention of his name, the violence and suddenness of the blow brought solemn thoughts; to those who had been his associates and friends it brought deep grief and unavailing recollections of his genial qualities, now extinguished by the inflexible hand of Death. These feelings of distress and of affectionate regret were intensified by the recollection that the poor fellow himself had suffered but recently the anguish of domestic bereavement, which had overwhelmed him under exactly similar circumstances of painful suddenness, and from the shock of which his spirit had but imperfectly recovered itself. For three days before his death Professor Morgan had suffered from a *malaise* which he felt himself to be peculiar in its nature, and which had caused him to be indisposed for active business, but which, nevertheless, did not prevent his attending to his hospitals, his College duties, and his private practice, or meeting his friends without any obvious change in his spirits, his manner, or his appearance. On Thursday evening he showed signs of being seriously ill, and on Friday morning was so alarmingly worse that all the resources of medicine were called to his help—alas! without effect—for steadily and rapidly, and almost without rally, he sank and died of rapid enteric fever on Saturday, at 2.30 p.m.

Professor Morgan was the second son of Thomas Morgan, Esq., of the Bank of Ireland, his mother being the elder sister of Dr. Arthur Jacob, and he was born in the year 1829. His early education was obtained in Dublin, and after his academic career in Trinity College, during which, with the independence so characteristic of the man, he acted as a classical teacher, Mr. Morgan obtained the Arts Degree in 1849, and in the following year became a Licentiate of the Royal College of Surgeons. He was at once appointed a demonstrator of anatomy in the School of the College, and under the auspices of his uncle, Arthur Jacob, entered into active professional life as an anatomical teacher, joined first by Dr. Malcolmson (now of Cavan) and then by Dr. Mapother, with whom he formed classes for private instruction, which, as regards numbers, have never been approached in the Dublin or perhaps any other Medical School. During the years of the Crimean War we are informed that these classes consisted of over two hundred pupils annually; and the energy and talent which he applied to their education bore its natural result, not only in the remarkable successes in life of those who had studied beneath his rostrum, but in the life-long respect and friendship of those who had profited by his exertions. In 1861, the late John Hatch Power having been transferred from the Anatomy to the Surgery Chair in the Royal College of Surgeons, Dr. Morgan was unanimously elected thereto, and there never was a more popular lecturer. His facility of expression, energy, and great accuracy were indeed remarkable; the most intricate subject being treated most fully without a note or any other aid to memory. Like his uncle, Prof. Jacob, he was devoted to the pursuit of mcoparative anatomy, and for three years in the College of Science delivered courses upon that subject which delighted both scientific and popular audiences.

Previous to this time he had been chosen Surgeon to the Adelaide Hospital, where he had acquired his first character as a skilful and well-judging surgeon, which he afterwards confirmed in his connection with Mercer's, and which secured for him the Surgeoncy of the Lock Hospital, and placed him in a position to command the honours of the profession. At the early age at which he has been removed from his professional sphere of life he had achieved such a position in his own College that he might with every probability of success have claimed its Presidency, and, it may be said without offence to the many eminent and competent men amongst his colleagues, was *facile princeps* in the School of the College. While so busily engaged in special surgical work, he had not been indifferent to the claims of his less fortunateiy situated brethren, and he devoted himself with characteristic vigour to the working of the Irish Medical Association, in the management of which he was one of the most earnest and most judicious actors, and in the future of which he evinced a more firm belief and a greater zeal than very many who profited by his exertions.

Professor Morgan's attainments as an anatomist and teacher are but household words in Ireland, which need no

repetition in these pages. His robust and lucid style, his fluency of speech, his clearness of illustration, and his joviality of manner will recur to the mind of many of those who read these words, and who have listened with admiration to his lectures. He knew his subject—felt it a pleasure to elucidate it, and possessed a remarkable power of expressing himself, and was altogether a teacher amongst a thousand, and by a geniality which was consistent with professorial dignity he endeared himself to his pupils not only as an instructor, but as a friend. As a surgeon, Professor Morgan was bold, yet judicious, and all his contributions to the literature of the profession bore a stamp of originality and close observation. His connection with the Lock Hospital (in the Surgeoncy of which he succeeded Dr. Thomas Byrne about six years since) caused him to adopt the treatment of venereal disease as one of his specialities. He held strong views as to the unity of syphilitic virus, and in his work, "Practical Lessons on the Treatment of Contagious Diseases," he gave expression to his opinion, and brought a strong force of experimental evidence to confirm it. He had been the first to disinter the valuable inoculation experiments of Mr. Wallace, which had remained for many years unused in the archives of the College of Surgeons, and at the time of his death, being engaged on a second edition of his work, he had but a few weeks since made a journey to Spike Island for the purpose of obtaining information from the convict Kirwan in reference to certain illustrations of syphilitic disease which had been executed by him for Mr. Wallace.

His labours in the investigation of anæsthetics are well known, and he is entitled to the credit of having reintroduced the use of ether to Irish surgery. By the inhaler which bears his name he placed at the disposal of the profession the only really satisfactory means of administering that anæsthetic, and by the influence of his writings and example he succeeded in great measure in banishing chloroform from a place in Irish surgery. His numerous contributions to the Surgical Society of Ireland and his paper on the "Immediate Treatment of Contracted Joints by Extension" marked him as a surgeon of judgment and of large experience, which, no less than his suave and jovial manner, was rapidly obtaining for him the public confidence.

The critic whose task it is to review the professional life and personal qualities of John Morgan finds it an easy task to keep his eulogium within the limit of severe truth; it would be well for the good name of the profession if—when the obituary of each of us comes to be written—as much that is approving and as little that is censorious could be set down.

Scanning the career of John Morgan within the profession, or his personal characteristics without it, there will scarcely be found a fault which would be worthy to be inscribed upon his life history, while his qualities as a surgeon and a friend will not cease to overshadow those foibles from which none of us are free.

In the memories of the present generation of Irish surgeons none but feelings of affectionate regard will be recalled by the regretful mention of his name.

JAMES WARBURTON BEGBIE, M.D.

James Warburton Begbie was the second son of Dr. James Begbie, long well known and highly esteemed as a consulting physician in Edinburgh. He was born in 1826, and being from boyhood destined to follow his father's profession, he was educated at Edinburgh University and Surgeon's Hall, and afterwards studied in the Continental schools of Paris, Vienna, and Italy. He obtained the degree of M.D. in 1847, and was elected a Fellow of the Royal College of Physicians in 1852. In 1855 he was appointed a physician and clinical lecturer in the Royal Infirmary; and about the same time he began to lecture on the practice of medicine in the Extra-Academical School. In the session of 1856-7, he delivered at Surgeon's Hall an extra course of lectures on the "History of Medicine," a series which was continued through several subsequent summer sessions. Dr. Begbie was appointed Examiner in Medicine for the Edinburgh University, in succession to Dr. Sellar, in 1869; but he had only acted in that capacity for about a year when the pressure of other engagements obliged him to resign the office.

On the death of his father, which occurred in 1870, his engagements as a consultant became so numerous that he abandoned all ordinary practice, his services being called for not only in Edinburgh and throughout Scotland, but even in many parts of England.

In August last, in recognition of his professional eminence, Dr. Begbie received from his Alma Mater the degree of LL.D., and in the same month he delivered the address on the ancient and modern practice of medicine at the meeting of the British Medical Association. Dr. Begbie was second to none in the thorough knowledge he had of his profession, and in the unsparing pains and devotion with which he applied himself to its study. His contributions to literature were very numerous, most of them in the form of papers in the *Edinburgh Medical Journal*. His articles on "Diseases of the Liver," and "Diseases of the Nerves," in "Reynolds' System of Medicine" are well known.

He was an excellent classical scholar and an accomplished modern linguist, an able and attractive lecturer. As a clinical teacher he was distinguished, and by his impressive manner and desire to instruct, he gained the esteem and confidence of every pupil who attended his wards.

His considerate and amiable demeanour and the interest he took in those who consulted him gained for him an unusually large circle of friends. It is not then surprising that his practice became unusually large, and it is believed that his health was impaired by the overwork entailed upon him by his professional position. He had suffered for some years at times from weakness of the action of the heart, but only lately had he determined to take some rest. On the 7th ult. he left Edinburgh with the intention of proceeding to Italy, but the symptoms increasing, he found himself unable to travel beyond Carlisle, and he consequently returned home.

The symptoms of nervous exhaustion now gradually increased, and though suffering no pain, dyspnœa became a source of trouble to him. He was suffering from the effects of an enlarged heart with fatty degeneration, as proved afterwards by post-mortem examination. He was conscious throughout, but sank gradually, and died at two p.m. on Friday the 25th ult.

DR. CUTHBERT OF DERRY.

We have pain in recording the death from typhus fever on the 1st of March of Dr. Alexander Cuthbert, of Derry, a surgeon of considerable culture and much esteemed in his county. Dr. Cuthbert was comparatively young in his profession, having received his qualification in 1856. In 1860 he was appointed to the Glendermot District of the Londonderry Union and afterwards became House-Surgeon to the Derry Infirmary, under the late Dr. Babington. Finally he succeeded to the Londonderry Workhouse and Fever Hospital in the year 1873, which he held up to his death. He was the author of several papers of note—one on "Prominent Features of Ulster Revival," published in the *Medical Times* in 1859; and another on "Paralysis caused by Working under Compressed Air," published conjointly with the late Dr. Babington in 1866. He has fallen a victim to the conscientious discharge of his duty, and his sad end has evoked much sympathy.

Medical News.

Vital Statistics.—From the Registrar-General's return we learn that during last week 5,936 births and 4,129 deaths were registered in London, and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 27 deaths annually in every 1000 persons living. The annual death-rate was 25 per 1000 in Edinburgh, 25 in London, 31 in Glasgow, and 37 in Dublin. The annual rates of mortality during the same period in the other large towns were—Norwich 21, Hull 20, Leicester 17, Sunderland 11, Portsmouth 20, Newcastle-upon-Tyne 22, Birmingham 24, Brighton 22, Leeds 27, Wolverhampton 28, Bradford 29, Sheffield 25, Plymouth 20, Bristol 23, Oldham 25, Manchester 36, Salford 32, Nottingham 26, and Liverpool 36. The annual death-rate from the seven principal zymotic diseases averaged 3·7 per 1000 in these towns, and ranged from 1·4. and 1·5 in Wolverhampton and Newcastle-upon-Tyne, to 6·5 and 7·9 in Sheffield and Liverpool. Small-pox caused 9 more deaths in Manchester and Salford. Measles and whooping-cough are fatally prevalent in Liverpool. The fatal cases of fever in Sheffield were 11, against 7 in each of the two previous weeks; 249 deaths have been referred to fever in this borough since the end of July last. In London, the 1,691 deaths included 2 from small-pox, 44 from measles, 47 from scarlet fever, 2 from diphtheria, 88 from whooping-cough, 15 from different forms of fever, and 17 from diarrhœa; thus to the seven principal diseases of the zymotic class 215 deaths were referred, a lower number than in any week since the end of May last. These 215 deaths were 34 below the corrected average number from the same diseases in the corresponding week of the last ten years.

The Queen at the London Hospital.—Yesterday (Tuesday) was a grand gala in East London. For several days past the local authorities and the public on the route through which her Majesty would pass to open the new "Grocers' Wing" have been busily engaged in decoration, and when Tuesday dawned with truly magnificent weather, all hearts were glad. Indeed her Majesty must have been highly gratified with her reception as she passed under the triumphal arches, and with the words of welcome from myriads of Stentorian throats and the tastefully devised and well chosen mottoes on all sides. Even the historic "Aldgate pump" was clothed in velvet and gold in honour of the occasion, whilst the trophy at the entrance of the hospital surmounted with the words. "I was sick and ye visited me," formed a most appropriate and impressive welcome as she entered that vast building she had come to declare open for the good of humanity. Owing to our being compelled to go to press before the ceremony was concluded, we must defer details for our next. Suffice it to say that the arrangements were in harmony with the beauty of the morning, and reflected the greatest credit upon all concerned.

Cloth Tents.

Dr. C. Henri Leonard, of Detroit, Michigan, writes to the *Chicago Medical Journal*:—

I have been using, quite extensively, in my gynecological practice, a tent that I have made out of cloth. It has proven of so much service to me that I have thought it might be of value to give it to the profession.

Some time ago I had occasion to make Emmet's operation upon a conoid cervix, for the relief of dysmenorrhœa and sterility, and I made use of them for intra-cervical packing; that is, to keep the cut edges of the cervical canal from uniting. At the first application they were very readily introduced (a sponge-tent having previously been used), and seemed to be just the thing. On the next day's visit, the neck having contracted somewhat, I was completely foiled in their introduction, and so had to resort to lint plugging. It at once struck me that if a *wire* could be introduced, in some way, *into* the cloth cone (Hippocrates had stiffened them by wrapping them around with horse-hair), their objectionable feature would be entirely removed.

On my return to the office, I tried rolling a piece of hair wire into the cone, and found that it answered exactly. Since then I have made use of them for almost all purposes as a dressing-applicator to the uterine cavity. They are equally applicable for dressing any other sinus-like canal, whether from wounds or otherwise.

To make one, you need but a strip of linen six inches in length, by three-fourths of an inch in width, a piece of hair wire four inches long and a few inches of common thread. Roll one corner of the linen strip lightly between the thumb and finger, then unroll and place the centre of the wire at the corner so rolled, and then roll the cloth at this corner over it (*spirally*, just as you would go to work to make a paper lamp-lighter), till you get *almost* to the other corner of the same end, then bend the wire upon itself (double it, in other words), so that the two extremities will point to the unwound portion of the linen; this done, continue rolling the linen, in a *spiral* manner, about the double wire till exhausted, then tie with the thread the last spiral turn about the wire. You now have a tent about two and a-half inches in length, and one sufficiently firm to enter *any* normal uterine canal, and most any abnormal one. You can bend it to any curve you choose, to facilitate its introduction. It has still another advantage over all other tents, in that you can leave it *in sitû* (as I frequently do for twenty-four hours), with *no* danger to your patient, as it is inexpansible, and hence no excitor of metritis, though a stimulator (from its very slight mechanical irritation) to the endometrium. By so doing you can get a *prolonged* action of a medicament upon the lining membrane of the uterus, which is impossible to get by any other method of application. Further, you need not use such energetic local applications, and you may be sure that they reach the *whole* uterine cavity; something you cannot do with our intra-uterine applicators, unless you are a very skilful manipulator. The shape of the fundus-cavity is an anatomical proof of the great difficulty of making a complete application with the common metal applicators; whereas the czoth tent, by meeting with resistance at the fundus, immediately doubles upon itself, thus occupying the whole cavity.

You cac make them of any *size*, and of any degree of stiffness, by increasing the thickness of cloth, and the size, or number of doublings, of your wire. I have them of all sizes, from those suitable for an ante-puberic uterus, to one as large as your index finger.

I use them now for cleansing the uterine tract previous to an application of astringents or other medicaments thereto, and find they clean away the tenacious mucus much better than a syringe or a wisp of cotton on Emmet's applicator. Indeed, it is invaluable in many ways. By leaving the thread without the vulva, the patient can as easily and safely remove it at her residence, as can her physician. You have only to remember to tie a string (or a coloured thread) to the cotton pledget you leave in the vagina, so that she may be made aware which to remove (pull) first.

Taking all these points into consideration, with their plea of cheapness and cleanliness (to the operator, for they are thrown away as fast as used, and need be touched only with the tip of the dressing forceps), I am sure they will commend themselves to any one who will take the trouble to make up a half-dozen for trial.

Detection of Arsenic.

M. Armand Gautier recommends a new method for the destruction of organic matter in searching for arsenic in the animal fluids and tissues, by means of which he has certainly obtained most excellent results. His method is as follows.

About one hundred grammes of the tissues are cut up, placed in an evaporating dish, thirty grammes of concentrated nitric acid added, and the whole warmed gently. It is not necessary to divide the organs into such small fragments as when the other processes are used. The heat should be withdrawn when the mass becomes viscous and tends to attach itself to the sides of the vessel. Then add six grammes of concentrated sulphuric acid, and heat moderately till the brownish-black mass begins to adhere to the bottom of the dish. Next add, drop by drop, fifteen grammes of nitric acid, continuing the heat just to the point of vaporising the sulphuric acid. The whole liquefies, and nitrous fumes are evolved. Continue the heat till the mass begins to carbonize, and dense fumes are given off. The black residue is then easily reduced to powder and extracted with boiling water. Filter, reduce the filtrate by boiling with the acid sulphide of sodium, and precipitate the arsenic with sulphuretted hydrogen in the ordinary way.

The advantages of this method are that no arsenic is volatilised as the terchloride, that the carbonaceous mass left upon the filter paper contains no arsenic, and that all the arsenic originally present can be isolated and estimated.—*Boston Medical and Surgical Journal.*

VACANCIES CREATED BY THE DEATH OF DR. MORGAN.

By the lamented death of Professor Morgan many valuable appointments in the Irish surgical profession are opened to competition. The Professorship of Anatomy in the Royal College of Surgeons, which he held conjointly with Dr. Bevan is worth about £350 or £400 a year, according to the number of the class. The selection of his successor is in the hands of seven of the Council of the College, who shall (according to Charter) be selected by lot for the purpose, and, in the ordinary course of events, the appointment would be made within a fortnight or three weeks. It is possible, however, that, as the Anatomical Lecture Session is approaching its termination, the Council may defer their choice of a successor until the advent of the next winter's teaching. His office of Surgeon to Mercer's Hospital will be filled by the medical staff of the hospital, while his appointment in connection with the Lock Hospital is in the hands of the Lord-Lieutenant, under recommendation from the Board of Governors.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Notice to Subscribers.—The Publishers will be glad to receive the subscriptions for the past year, 1875—£1 2s. 6d. Subscriptions in advance for 1876, at the reduced tariff of 21s. per annum, post free, must be paid before the end of this month in London, Dublin, or Edinburgh.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

"Another Dispensary Doctor."—Your letter was omitted through want of space, but will appear in our next Supplement.

Royal College of Surgeons of England.—On Wednesday and Friday, at 4 p.m., Prof. W. K. Parker will lecture "On the Shoulder-girdle and Fore-limb of Vertebrata."

Medical Society of London.—This evening, at 7 p.m., Dinner of the 103rd Anniversary.

Obstetrical Society of London.—This evening, at 8 p.m, Presentation of Models, &c., with Remarks by Dr. Arthur Farre. Mr. Jonathan Hutchinson, "On the Importance of Studying the Diseases incidental to Parturition in the Lower Animals, with especial reference to those in the Sheep." Dr. John Williams, "On the Mechanical Action of Pessaries." Dr. Cooper Rose, "A Contribution to the Statistics of Midwifery in General Practice."

Dr. A. B. Shepherd will deliver the Gulstonian Lectures at the Royal College of Physicians of London on March 10, 15, and 17 at 5 o'clock. Members of the profession will be admitted on presentation of their cards.

Epidemiological Society.—This evening, at 8 p.m., Dr. W. E. Smart, "On the Cholera Epidemic of 1873 in the Basin of the Mississippi, chiefly with relation to its Importation in Fomites."

Clinical Society of London.—On Friday evening, at 8½ p.m., Mr. Maunder, "On a Successful Case of Gastro-enterotomy (Artificial Anus in the Small Intestine) in a Male aged 68" (the Patient will be present). Dr. Greenhow, "Aneurism of the Arch of the Aorta spontaneously Cured, with Obstruction of the Left Carotid and Subclavian Arteries." Mr. Holmes, "On a Case of Distal Ligature of the Left Carotid Artery for Aortic Aneurism"; "On a Case illustrating the Utility of Linhart's Chisel in Excisions."

How to Dine.—We have received A Family Dinner Carte from the publishers, Messrs. Cassell, Petter, and Galpin, which is intended to be hung on the wall deemed most suitable for every-day reference. The compilers of this chart have taken the pains to think for those to whom the question of "how shall we dine?" is a source of anxiety and annoyance, and have arranged each day's repast, mindful both of economy and of the changes of viands which each season of the year necessarily entails. To housewives with moderate pecuniary allowances for the weekly fare this chart will doubtless be found useful.

Society for Relief of Widows and Orphans of Medical Men.—A quarterly court of this Society will be held on the 12th proximo for the election of candidates to participate in the funds at the disposal of the committee. Forms of application can be had at the Society's offices.

Dr. B. T. B., Paris.—We do not know the book you mention, and cannot therefore give you any idea of its chances of acceptance in this country. If you will send a copy we will look through it.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Diseases of the Eye. Third Edition. By C. Macnamara, F.C.U. London: J. and A. Churchill.

Lectures on Surgery. Vols. I. II. By James Spence, F.R.S.E. Edinburgh: A. and C. Black.

Outline Drawings for Recording Cases of Skin Disease. By Balmanno Squire, M.D.

A Dictionary of Hygiene and Public Health. By A. W. Blyth, M.R.C.S. London: Chas. Griffin and Co.

The Non-Alcoholic Treatment of Disease. London: Baillière, Tindall, and Cox.

The Student's Guide to Dental Surgery. By Hy. Sewill, M.R.C.S. London: J. and A. Churchill.

Helmick's List of Counterfeits.

The Practitioner. The Veterinary Journal. The Obstetrical Journal. New York Medical Record. Canada Lancet. Melbourne Medical Record. The Clinic. Philadelphia Medical Times. Le Progrès Médical. Allgemeine Wiener Medizinische Zeitung. Boston Medical Journal. Students' Journal, &c., &c.

VACANCIES.

Queen's University.—Examinerships in Medicine, Surgery, Midwifery, Materia Medica, and Jurisprudence. For the value of each and other particulars see Advt.

Manchester Royal Infirmary.—Hon. Assistant Surgeon. Particulars of election of the Secretary.

Kent County Lunatic Asylum.—First Assistant Medical Officer. Salary, £220, with furnished apartments, &c. Address the Clerk to the Visitors, Maidstone.

Nottingham Dispensary.—Assistant Resident Surgeon. Salary, £100. Applications, with testimonials, to the Committee at the Dispensary.

Lisnaskea Union.—Medical Officer Brookeborough Dispensary District. Salary, £115, with £15 extra as Sanitary Officer.

Hospital for Diseases of the Throat, London.—Physician. Honorary. Applications to the Secretary, Golden Square, W.

Infirmary for Consumption, Margaret Street, London.—Physician. Honorary. Applications to the Secretary.

Carlisle Dispensary.—Assistant House Surgeon. Salary, £90, with apartments. Address Mr. Davidson, 8 Devonshire Street.

South Devon Hospital.—House Surgeon. Salary, £80, with board. Testimonials to the House Surgeon, Plymouth.

APPOINTMENTS.

Davis, H., M.R.C.S.E., L.S.A.L., Resident Medical Officer to the Lewes Dispensary and Infirmary.

Dunlop, W. M., Medical Officer to the Suffolk Provident Dispensary.

Eyedey, J. F., L.R.C.P.L., M.R.C.S.E., Medical Officer for the No. 1 or Northern District of the Plymouth Incorporation of the Poor.

Farquharson, P. D., M.B., C.M. Univ. Aberd., Medical Officer for the Parish of Applecross, Ross and Cromarty.

Fox, J. M., M.R.C.S.E., L.S.A.L., Medical Officer of Health for the Workington Urban Sanitary District.

Herman, G. E., M.R.C.P.L., F.R.C.S.E., Medical Registrar to the London Hospital.

Hyde, G. E., L.R.C.P.L., M.R.C.S.E., a Surgeon to the General Infirmary, Worcester.

Maybury, W. A., M.D.Q.U.I., M.R.C.S.E., Medical Officer for No. 1 Ward District of the Colchester Union.

Morgan, W., Ph.D., Public Analyst for Carmarthen.

Parker, R. W., M.R.C.S., Surgical Registrar to the London Hospital.

Purcell, R., L.A.H.D., Apothecary to the Workhouse and Croom Dispensary District of the Croom Union, co. Limerick.

Reed, J., M.R.C.S.E., L.S.A.L., Medical Officer for No. 2 District of the Westbourne Union, Sussex.

Marriages.

Freeland—Gilkinson.—On the 23th ult., at Glenhuntly, Port Glasgow, John Ellis Freeland, M.D.C.M., to Margaret, fourth daughter of the late David Gilkinson, Esq., of Glenhuntly.

Deaths.

Damant.—On the 23rd Feb., at Fakenham, Thomas W. Damant, M.D., aged 56.

Dyce.—On the 1st March, Thomas Rose Dyce, M.R.C.S.Eng., Deputy Inspector-General of Hospitals, aged 59.

Jolliffe.—On the 25th Feb., at 16 Godolphin Road, Shepherd's Bush, John Jolliffe, M.R.C.S.Eng., aged 61.

Lewis.—On the 23rd Feb., at 6a St. Mary's Terrace, Maida Hill, Alfred Lewis, M.D., Surgeon, Army, aged 34.

Marshall.—On the 29th Feb., at Padiham, John Marshall, M.D., aged 31.

Newsam.—On the 16th Feb., at Pembroke, Thomas Henry Newsam, L.R.C.P.Ed., aged 48.

O'Sullivan.—On the 21st Feb., at 56 Rupert Street, Haymarket, London, Robert Collis O'Sullivan, M.R.C.S.E., aged 58.

Pettinger.—On the 27th Feb., George Pettinger, M.D., Manchester, aged 73.

Smith.—On the 2nd Feb., at Loftus-in-Cleveland, James Broom Smith, M.D., M.C., and L.R.C.P.Ed., aged 35.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 15, 1876.

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ON TUBERCULOSIS IN CHILDREN AND THE CONDITIONS WHICH RESEMBLE IT.

By W. H. DAY, M.D., M.R.C.P.Lond.,

Physician to the Samaritan Hospital for Women and Children.

BY the term tuberculosis we mean a general condition of ill-health, associated with the deposition of tubercle in one or more organs of the body: it is a constitutional febrile affection which usually succeeds inflammatory action in the lungs, bronchial glands, cerebral meninges, and peritoneum. In childhood it has some special and characteristic symptoms which we do not observe in later life, and the causes and history have a separate and distinct character. In well marked cases of tuberculosis the children are usually good looking, with prominent veins, long eyelashes, and dilated pupils; the figure is erect and slim, the joints are small and slender, and the shafts of the bone thin and straight; the growth of mind and body is active, and the nervous system is highly impressible; the child is sensitive to reproof or kindness, quick and clever at his lessons, and he does not exhibit the backwardness which belongs to the phlegmatic temperament. These children are not subject to enlargement of the lymphatic glands, nor have they the thick lips and dull expression of the truly scrofulous diathesis. Tuberculosis, then, or the tuberculous cachexia, signifies that state of constitution which arises from the presence of tubercles, and by tubercles is meant a species of new matter, or growth, prone to degeneration and decay. In its crude condition it resembles concrete albumen, and consequently becomes soft and friable, and acquires the consistence and appearance of thick cream, or cheese, or pus. But a variety of circumstances will determine the character of the exudation, and it may abound in elements at one time which are not to be detected in it at another. It is a non-plastic serous exudation, derived from the liquor sanguinis of the blood, which is poured out upon the surface of the mucous membrane of the air cells, or deposited within the parenchymatous structure of the lungs, where, instead of being absorbed or excreted, as happens in the simple exudative inflammations of the healthy, it slowly degenerates by reason of its inherent faulty composition and deficient vitality. Tubercles, which may be the result of the inflammatory process when the blood is wanting in nutritive materials, may possibly be independent of inflammation, and exist as the consequence of morbid action, possessing no resemblance to the healthy tissues in which they are found. They are the local expression of a depraved constitutional state, and are most likely, in many instances, the products of a low scrofulous degeneration. When few in number they occasionally become hard and indurated, and do not interfere with the patient's daily habits; but when they are numerous they affect the general health, and if deposited in the lungs, cause in most instances an alteration in the physical signs, and lead to softening and suppuration of the tissues in which they are deposited. Under the microscope irregular bodies (tubercle corpuscles) are seen, having an oval or triangular form, and in their longest diameter, vary from the 1-2000th to the 1-1200th of an inch, according to Hughes Bennett.

Tubercular exudation is most commonly met with in children and young persons who have reached adult age. It occurs in the lymphatic glands, the lungs, and serous membranes, and its progress is generally slow and insidious; but, on the other hand, it is sometimes rapidly roused from latency into activity, or set up anew by some common-place disorder. There is no attempt at absorption, or perfect cell formation, but a tendency to ulceration and disintegration with a certain train of general sym-

ptoms, recognised by failing health and strength, and persistent derangement of the digestive functions.

According to Virchow, although tubercle is a result of the death of healthy or diseased tissues, the local process —tuberculosis—also results in the exudation of a material during tuberculous inflammation; such material undergoing a kind of organisation, succeeded by its death, and by its breaking and shrivelling up into a tubercle. This gradual change is termed tuberculisation. (*a*) There is much evidence to be adduced in support of that theory which classifies tubercle as a primary formation like cancer and epithelial and melanotic growths. All the changes that take place are secondary, and without the presence of malnutrition it seems highly probable that no lesion can produce it. (*b*)

The conditions, then, under which tuberculosis originates are not precisely known, as low inflammatory products may cause induration or suppuration, and yet the disease may not be developed. It is not known whether the disease is specific or not, or how it is generated within the body. When the sputa of phthisical patients have been given to dogs and poultry, tuberculosis has sprung up; and the same has been the case with cattle fed with tubercular or scrofulous products. Villemin was the first to show, by a series of experiments, that when finely divided masses of grey or yellow tubercle were introduced under the skin of guinea pigs, rabbits, and some other animals, a local form of inflammation ensued, and at the end of two or three weeks miliary tubercles were discovered in the lungs, and at a later period in the intestines and peritoneum. Villemin therefore concluded that it was possible to propagate tuberculosis by inoculation in the same way that occurs with small-pox and syphilis. Many pathologists have carried out Villemin's experiments, and they have arrived at precisely the same results, whilst Burdon Sanderson and Wilson Fox made the further discovery that miliary granulations arose in some of the chief organs of the body when pus, putrid tissue, and portions of a pneumonic lung were introduced subcutaneously. Dr. Burdon Sanderson's (*c*) experiments on the artificial production of tubercle in the lower animals diffuses much light on the pathology of the affection as it occurs in man. He found that it is most readily produced in the guinea-pig, next in the rabbit, and lastly in the dog. "For three reasons," says Dr. Sanderson, "the guinea-pig is preferable: (1) because it is absolutely free from liability to natural tubercle; (2) because it is little liable to acute inflammation; and (3) because it can be inoculated with absolute certainty." An infinitesimal dose of the infective material is taken from the diseased gland of an infected animal, and after being mixed with a little distilled water, is injected into the peritoneum, the pleura, or subcutaneous areolar tissue. Drs. Sanderson and Wilson Fox, in 1868, produced tuberculosis in the guinea pig by the insertion of setons and non-tubercular products. An abscess followed around the foreign body, and tuberculosis supervened. Professor Cohnheim also confirmed these experiments, and produced tuberculosis traumatically, by introducing harmless foreign bodies into the peritoneum. The result obtained by these researches was to produce nodules of new growth, having a lymphatic structure, and termed lymphomas by Virchow, because they are commonly found in certain organs of the lymphatic system. Dr. Sanderson proposes the term adenoid, because he says in certain parts of the body there are organs like these growths we are considering which possess a structure identical with the follicles of the lymphatic glands, and that where they exist naturally, as beneath the pleura and peritoneum, there these tubercular nodules or overgrowths are most frequently found. These nodules or tubercles appear in fact to be nothing more than overgrown masses of pre-existing tissue, or enlarged anedoid bodies. (*a*)

In fact, these pathologists ascertained that simple mechanical irritation set up the same morbid processes as the inoculation of the specific products I have alluded to. Thus it seems satisfactorily demonstrated that general tuberculosis may arise from the inoculation of a morbid poison into a wound, or from the absorption of inflammatory products; and although the injection of tubercular matter does appear to induce the disease with greater certainty and celerity, there is no reason whatever to suppose that any specific inoculation is necessary. These carefully conducted experiments have had a surprising effect in modifying our views regarding the prevailing doctrine of tubercle, and as we shall subsequently see, they have an important practical bearing. It decides the long disputed question that low forms of simple or even acute inflammation in some subjects may eventuate in tubercular disease, without any original deposition of tubercle; and in support of this view, I may allude to the circumstance that neglected pleuritic effusion in children is occasionally followed by empyema and tuberculosis. A common cold in delicate children, or those predisposed to the affection, will now and then give rise to it; no vascular excitement in such subjects is to be disregarded.

The exact nature of tubercle has led to much controversy and difference of opinion. Mr. Gulliver describes grey tubercle to consist of cells, and yellow tubercle of degenerating cells, granular matter and oily particles. He regarded tubercle as a low form of organisation, and Dr. Addison entertained a similar view. Rokitansky was of opinion that tubercles consisted of nucleated cells of various sizes, and to be an exudation of altered fibrin from the vessels—miliary tubercle to be a fibrinous variety of lymph, and yellow tubercle to be a croupous or corpuscular variety. Niemeyer considers that tubercle has very little to do with the production of phthisis. Dr. Beale defines tubercle to consist of living matter, and like pus and cancer possesses the power of growth and multiplication; (*b*) but he considers it impossible to distinguish the living matter of tubercle from the living mass of pus and cancer.

The grey and yellow varieties are the kinds with which we are familiar. The grey granulations are composed of minute red cells, about the size of a white blood corpuscle, and with a nucleus smaller than a red corpuscle, separated by a delicate reticular network, except where they are densely massed together. The reticulum is the germinal matter of Dr. Beale.

It may be stated that, for the last 200 years, tubercles were considered to be allied to scrofulous lymphatic glands till the time of Bayle, who regarded turbercle as a peculiar product, and the result of a special constitutional diathesis—a deposit depending on a morbid state of the blood. Bayle gave the name of tubercle to the grey and yellow masses which he found in the lungs. The *grey tubercle* of Laennec and Bayle has been considered pneumonic by most persons; the *yellow* and *caseous* tubercle was only a transformation of the grey. Virchow proved that yellow caseous matter was not the character of true tubercle, and that it might arise from fatty degeneration, and the products of pus, and cancer, and so forth. He

(*a*) "Dictionary of Medical Sciences" (Dunglison), article, Tubercle, p. 1062.

(*b*) "Jones and Sieveking's Pathological Anatomy," by Payne, p. 203.

(*c*) "Recent Researches on Artificial Tuberculosis." *Edinburgh Medical Journal*, November 1869.

(*a*) I am quite willing to acknowledge a close affinity between lymphatic glandular swellings and tubercles, for they affect the same subjects and run a similar course. But these glandular swellings also have a close resemblance on the one hand to swellings from inflammation, and on the other to the simple enlargement of the spleen and liver occurring in lucæmia. In both these cases there is doubtless hypertrophy or hyperplasia, but this may be in the way of exudation or cell proliferation, without the development of complex tissue which constitutes a *growth*. If the addition of cells, fibres, and other products of inflammation in a tissue, constitutes a growth, then common cutaneous pimples, tubercles, and boils, are growths, and the swelling from erysipelas or cellulitis must be included under the same term; but this surely would exceed its usual acceptation.—"Pulmonary Consumption," by D. Williams, p. 17.

(*b*) "Trans. Path. Soc.," 1873. Vol. xxv., p. 316.

called the *grey* granulation of Bayle the typical form of tubercle, and considered infiltrated tubercle and caseous masses as the consequence of inflammation. Dr Wilson Fox takes the view that the caseous products arising in the lung in phthisis are due to the destruction of vessels by a new growth in the walls of the air vesicles, and that the typical grey granulation is not the only form in which tubercle occurs.(*a*) Niemeyer, as I have before stated, considers that phthisis as a disease has nothing to do with tubercle, which is only an accidental and secondary product when found in the lung, and the result of inspissation of inflammatory products, leading to destructive and ulcerative changes in the lung tissue.

Dr. Fox's researches seem to show that the changes found in the lungs, in acute tuberculosis in children, are the same as those observed in the ordinary forms of phthisis; but there are certainly some anatomical characters which distinguish the disease in early life.

According to this authority, (*b*) the following are the chief appearances found in the lungs of children dying of acute tuberculosis:—"The semi-transparent granulation of Bayle. Opaque white granulations, for the most part soft, but with varying degrees of firmness and difficulty of crushing. Granulations like the semi-transparent granulations of Bayle, and also like the soft granulations, but more or less caseous in their centres. Yellow soft granulations, easily crushed, but not easily removed from the pulmonary tissue, varying in size from that of a poppy seed to a mustard seed, rarely of the size of a hemp seed, and still more rarely of the size of a split pea. Caseous granulations, dry, opaque, and friable: sometimes with, sometimes without, a grey transparent zone of induration surrounding them. Groups of granulations, mostly like the semi opaque, sometimss entirely opaque, rarely semi-transparent; two, or three, or four, or more in number, reaching the size of a split pea, or a bean, or even a small walnut, or hazel nut. Indurated pigmented granulations, singly or in groups like the last described. And lastly, tracts of indefinite extent, one or two or more inches in diameter, irregular in outline, prominent above the surface, granular on section or tearing of the tissue, but passing sometimes insensibly into the so-called grey infiltration. Cavities, from infinitesimal specks to the size of a hazel nut or larger. Granulations softening into cavities—either the softer—the white or the yellow. The semi-transparent granulation is not, as far as I have seen in the lung, found softening into a cavity without some intermediate change. Tracts of grey semi-transparent appearance, known as the "grey pneumonia" or "gelatinous pneumonia," or "grey infiltration" or gelatinous infiltration of Laennec; spots also of red pneumonia; in some cases œdema; in some cases injection or punctiform extravasation; in some cases emphysema and collapse; in some cases capillary bronchitis and dilatation of bronchi. The point on which I wish especially to insist, is that the grey granulation of Bayle is very seldom found alone. They are sometimes found as isolated structures scattered throughout the whole lung, but this is comparately rare. In the combinations of eleven cases they were only found alone in two. They either co-existed with caseous, or with the white and the soft, or with the caseous, or with the soft and caseous, or with the indurated, or with the soft, yellow, and caseous, or with the soft and caseous alone; most of these being combined either with red or grey pneumonia, or with tracts of caseous infiltration. Those are the forms of the combinations of which I made notes in eleven cases that died under my own observation. The grey granulation of Bayle, the typical tubercle of Virchow, does not therefore exist alone in the majority of cases of acute tuberculosis in the lungs of children. It is most commonly associated with other granulations, which have a different appearance to the naked eye, and also a different anatomical structure; and the latter, in some cases, are the predominant change, so that in some lungs the grey granulation is comparatively rare."

Unlike the case of adults, grey granulations and crude miliary granulations frequently exist in children as the only form of tubercular deposit. In the adult M. Louis discovered miliary tubercles alone in 2 out of 123 cases (1·6 per cent.), and grey granulations alone only in 5 more (4 per cent). In the child Rilliet and Barthez found miliary tubercles without grey granulations in 107 cases out of 265 cases, and grey granulations alone in 36 out of the same number of cases. In 102 cases of phthisis in children, Dr. West (*a*) found miliary tubercles alone in the lungs in 20 instances, and grey granulations alone in 17 more. Another anatomical peculiarity in early life is the great frequency of yellow infiltrated tubercle. It seldom exists alone, but is generally associated with crude yellow tubercle and grey granulations, and sometimes with advanced disease of the bronchical glands. Rilliet and Barthez met with it in 88 out of 265 children, or in 33 per cent. of their cases.

(*To be continued.*)

(*a*) "Trans. Path. Soc.," 1873. Vol. xxiv., p. 287.
(*b*) "Discussion on the Anatomical Relations of Pulmonary Phthisis to Tubercle of the Lung." "Trans. Path. Soc.," 1873. Vol. xxiv., p. 291.

THROMBOSIS—ILLUSTRATED BY CASES. (*b*)

By W. I. Wheeler, F.R.C.S.,

Member of Council, Surgeon to the City of Dublin Hospital, Licentiate of the Royal College of Physicians, M.D. Trinity College, Dublin, &c.

The subject which I have the honour to bring under the notice of this Society, namely, Thrombosis, or the coagulation of blood in vessels, being full of interest, and having been described by earlier and even recent writers under different nomenclature, as phlebitis, pyæmia, &c., I purpose giving a brief outline of the views of some of the authors on this subject.

Artæus was the first, as far as I can ascertain, who attempted any description of venous inflammation, but with such inaccuracy and vagueness that to John Hunter is generally attributed the credit of describing inflammation of the lining membranes of veins. Ambrose Paré says, sometimes in the limbs they contain a thrombus of blood dry and hard, which the vein being opened should be evacuated. Petit writes of clots in veins and also of changes they suffer. Due attention was, however, paid at this period to wounds of veins and to clots within their channels, with varices and obstruction. Michel and Frank, after Hunter, have described inflammation of the inner coats of veins, and from thence phlebits appears to have been divided into adhesive and suppurative.

Gardien ("Histoire Anatomique des Inflammations") "finds the inner coat of an inflamed vein of a red colour, and on separating the inner from the middle coat the injected capillaries became more distinct, even in the structure connecting the inner with the middle coat. Afterwards the inner coat becomes uniformly red, and is less transparent, so that vessels beneath are no longer distinguishable; it loses its polish and becomes somewhat rough. If the disease advances it becomes swollen, and has a villous appearance, and could be readily detached from the middle coat but for its tearing so easily. The latter or middle coat quickly thickens, so that the vessel resembles an artery, but not so resisting. The external coat is infiltrated with blood. A membrane sometimes lines the vessel, of little consistence, forming a cheesy pulp when pressed between the fingers." Ribes has observed this membrane to be firm and resisting and organised, although slightly adherent to the adjacent wall. The blood now forms on the walls of the vessel fibrinous clots, by which the tube becomes blocked up. The clots are not formed immediately, but "fresh fibrinous layers

(*a*) "Diseases of Infancy and Childhood." 4th Edition. 1859. P. 448.

(*b*) Read before the Surgical Society of Ireland, Friday, February 18, 1876. The discussion will be found at p. 220.

are being added, and in a short time a plug is formed, which fills the entire of the vein." This fibrinous coagulum extends above and below, beyond the limits of the portion inflamed The plug by degrees ceasing to be made up of concentric "layers, gradually passes into a tapering coagulum," more or less tinged with the colour of the blood, and little if at all adherent. In all the branches of veins which immediately lead to the plugged portion, save those which have other channels, the blood stagnates and coagulates. The plug seldom extends beyond the point of junction with the nearest venous trunk. Such is the description of changes stated to take place in adhesive inflammation of veins; or, as it is summed up by Mr. Callender in his excellent paper on this subject in "Holmes' System of Surgery," that their inner and middle-coats become inflamed, lymph is exuded and clings to the surface next the blood; the latter coagulates, and so the vein is filled partly with lymph and partly with clots. Then, as in every other inflammation, the mingled products undergo further changes. There is a difficulty (as expressed by Mr. Callender) in receiving such statements in the face of facts which throw doubt upon the existence of an adhesive phlebitis. Every pathologist is aware how quickly after death veins become stained, and occasionally the adjacent tissues. Ribes, in writing on inflammatory action in the radicals of the vena portæ of persons dying of adynamic fever, calls attention to this. Guthrie, in his treatise on gun-shot wounds, doubts that adhesive inflammation of veins exists, being entirely at variance with Gardien. Frank saw differently, and observed "a sort of false membrane, resulting from the inflammatory action." Cruveilhier did not regard phlebitis as the first change, but considered coagulation anterior to it. Nor did he observe on the lining membrane of veins vascularity, even when the blood, charged with irritants from the inflamed part, caused inflammation. Hunter (*a*) did not understand how adhesions could take place on the inner surface of veins, when it was plain that the lymph thrown out on the internal surface of the vein, mingling with the same fluid circulating with the other parts of the blood, would be carried away without producing any effect; but that since adhesions do happen, the coagulable lymph must undergo some change connected with the disposition which produces its extravasation.

According to Callender, Travers was the first to show that veins after ligature or division repair without adhesive inflammation; and preparations at St. Thomas's and St. George's Hospitals verify this fact. And from the experiments made by Callender and others there is no doubt that the lining membrane of these vessels does not inflame when irritated. Obvious it is, from the very contradictory statements, that adhesive phlebitis has been very differently described, and not admitted by some pathologists.

Before passing on from the term phlebitis, I cannot help alluding to the interesting papers written by the late Dr. Robert Mayne, Physician to the Adelaide Hospital, on Adhesive Phlebitis in connection with Chronic Dysentery, published in the *Dublin Pathological Reports;* also a case of adhesive phlebitis after parturition, by Dr. M'Clintock, which he associates with pyæmia, published in the *Dublin Quarterly Journal* of 1856.

The drawings illustrating these cases have been most kindly lent to me by Mr. B. W. Richardson, Surgeon to the Adelaide Hospital.

Both these cases are remarkable, showing phlebitis of the venæ innominatæ. I may here state I have met one case of phlebitis with dysentery occurring in the person of Gunner Michael King, Royal Artillery, who died at Zoola Camp during the Abyssinian campaign. The right axillary and the basilic veins were plugged; the veins of the forearm were much enlarged.

The term thrombosis, or thromballosis, under which term Mr. Callender treats of adhesive phlebitis, I understand to mean a coagulation of the blood during life; and thrombus, the coagulum within the vessel, occurring most commonly in veins. I shall merely draw attention to the fact—as it is unnecessary for me here to do more—that ante-mortem and post-mortem thrombi are vastly different; and I will briefly mention some of the causes of thrombosis and its result thrombus:—

Stoppage or extreme slowness of the current;
Contact with an abnormal surface;
Increase of fibrine in the blood;
Pressure on the vessel.

Such are some of the more common causes of thrombosis; and when a thrombus is formed it is liable to undergo changes of various kinds. It may become organised; it may disintegrate, or pass away; the exterior of the clot may harden and unite with the thickened wall of the vessel, and the centre of the clot soften and open up as a channel (described by Mr. Gay); or, after some time, both the clot and the vessel may dwindle away, and become a fibrous cord; or the coagulum may soften into a puriform fluid, turbulent with white corpuscles. But this puriform matter, accepted as purulent, was denied by Goodsir and his followers, as from microscopical observation it was believed that this puriform matter was molecular detritus, and not pus. This assertion was adhered to for a long period, till it had to be admitted that the non-purulent character of this puriform matter was not conclusive. Virchow states a large quantity of pus-like corpuscles are present in this puriform matter, but these corpuscles have been attributed to the fact that red cells are much more easily destroyed than white, and that when red corpuscles have disappeared, being dissolved or washed out, the white remain, having the appearance of pus cells, and although there may be such a number of pus cells as to make this appear impossible. Rindfleish accounts for it by saying, that the adhesive property of the white cells permits them to cling to the surface of the clot, or to permeate its substance, and fresh layers of clot form over such white cells; and thus he thinks this explanatory how such a large number of pus-like cells can be present.

Cohnheim's experiments on the inflamed mesentery and cornea of a frog show that the pus is out-wandering white blood cells; and Weber has got the white blood cells to take up cinnabar, a clot first being formed, and found these cinnabar-bearing cells in the clot.

Thus suppuration, founded on Cohnheim's experiments, makes it hard to discern between the pus-like cell bearing matter in such clots from pus.

Dr. Duval, however, denies the accuracy of Cohnheim's theory, as, from his experiments on the cornea, he has arrived at the conclusion that the pus corpuscles appearing in severe inflammation of that membrane are caused by the proliferation of the plasmatic cellules of the corneal tissue, and not from the white corpuscles.

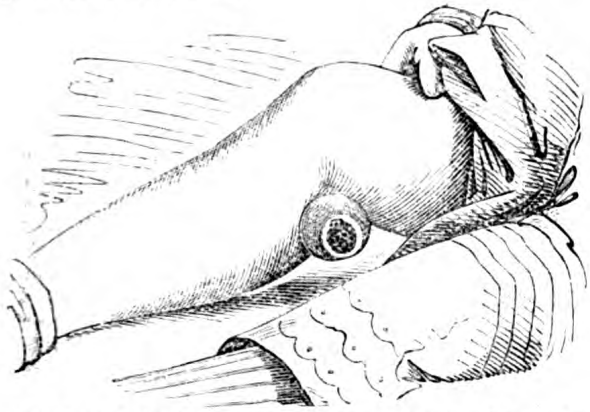
I shall now proceed to give a description of a case which came under my care in the City of Dublin Hospital, recommended by my friend Dr. Charles Lyster, of Kilkenny, one of the Fellows of this College.

Mary M., æt. 27 years, residing at Kilkenny, married, the mother of four children, all healthy, and she herself apparently in the enjoyment of good health, was admitted into the City of Dublin Hospital on the 6th of August, 1874, for a tumour on the right leg. The history of the case, as given by the patient, taken most carefully by my former pupil, Mr. Keighley Marks, now a Member of this College, is as follows:—About four months previous to her last confinement, and seven to her admission, she first noticed two kernels swollen under the back of her right knee. This swelling afterwards moved to the side of her leg, a little below the bend of the knee-joint, the site of the present tumour being at the commencement about the size of a marble, and increasing within the last three months till it had attained its present size. In the centre of the tumour was a small opening where it had burst a week previous to admission, through which there was a slight discharge of purulent matter of a reddish tinge. The tumour was firm circumferentially; there was not any

(*a*) Hunter's Works, vol. iii.

œdema of the limb, nor had there ever been. She never suffered pain. No thickening or enlargement of the saphenous vein existed inferiorly, but for about one inch above the tumour there was some slight thickening.

The drawing present, done by Mr. Thomsohn, then artist at Messrs. Forster's, shows most truthfully the appearance of the tumour.



I removed the tumour on August 22, 1874, and brought the parts together by means of two hare-lip pins. The patient recovered, and was discharged on the 8th Sept., 1874. There was not any deformity, there merely being a fine seam designating where union had taken place between the lips of the wound.

I now, Mr. President, hand you the tumour—a beautiful specimen of fibrinous thrombus of the saphenous vein, in which softening took place, pus-cells were present, the innermost coat absent in some portions of the channel now holding the clot, which I have cut into to show better its laminated appearance; the other coats of the vein were much thickened, and the vessels enlarged and distended. With regard to the formation of this thrombus, I believe it to be due to an altered condition of blood, hyperfibrinization and perchance tension of the vessels, both conditions common in pregnancy. With regard to the softening of the clot, it has taken place at the centre, as is evident not only from the drawing but the specimen; and with respect to the pus-like cells, which were in quantity found on microscopic examination, the enlargement of the vessels supplying the other coats of the veins would lead me to the conclusion that there was a transudation or out-wandering of the white cells from these distended vessels to the clot, and probably also an entanglement of others from the blood forming the thrombus, as Rindfleisch states may occur.

As thrombosis, phlebitis, and pyæmia have been and are still held to be closely associated, I had intended to conclude this communication by discussing their relations; but time will not permit. I would therefore refer those who desire information to Mr. Savory's able paper on the subject in the second volume of St. Bartholomew's Hospital Reports for the year 1866, in which he shows that neither thrombosis nor phlebitis stands in any especial or peculiar manner to pyæmia as cause and effect.

In conclusion, I will merely add that the treatment which appears to be indicated in cases of thrombosis is to keep up the patient's health by tonic treatment and a generous diet. Rest must be insisted on, and the circulation established in the superficial veins. If there be pain from inflammation, it can be soothed by warm fomentations and opium. Mercury and blistering are contraindicated. In the gouty form of thrombosis described by Sir James Paget, a diminution of food and stimulants, with fomentations to allay pain, seems to be the treatment he relies most on. With regard to a case similar to that which I brought before the Society this evening, I would adopt the same line of treatment, or did a case like it present itself to me without having burst, it would occur to me that the same practice might be the most judicious.

CASE OF CARDIAC DISEASE, WITH EMBOLISM, CEREBRAL SOFTENING, AND APHASIA.

By John Hawtrey Benson, F.K.Q.C.P.,
Physician to the City of Dublin Hospital.

The specimen was taken from the body of a girl æt. 20, who died in the City of Dublin Hospital. Three years before she had rheumatic fever, during which she contracted mitral valve disease, and afterwards great hypertrophy of heart. She had been since then a patient in the house several times on account of this double disease. On the morning of the 8th of August, 1875, she was discovered to be suffering from complete right hemiplegia, and the cause ascribed at the time was embolism of left middle cerebral artery. Well-marked aphasia next followed, and on the 12th of October she had an epileptiform seizure. The characteristic collapsing pulse of aortic patency was well marked, and equally so in both radials, till the 15th of November, when the pulse in the right radial artery was found to be weak, and scarcely perceptible, while the left pulse was unchanged. Of this the cause ascribed at the moment was "embolism of some portion of the artery leading to the wrist." On tracing the artery upwards a spot was soon found (situated precisely where the axillary artery changes its name into brachial) above which the pulsation was strong and collapsing, and below which it was weak and scarcely perceptible. A sharply defined line of demarcation thus indicated the position of the embolus.

Post-mortem Examination.—The heart greatly hypertrophied; aortic valves extremely diseased, with numberless vegetations and extensive disintegration. The left middle cerebral artery was tightly plugged with a hard knot-like embolus. For half an-inch beyond the seat of the embolus the artery presented a contracted, silvery, cord-like appearance, without any trace of blood in its interior, but where the artery bifurcated each branch was seen to contain blood, showing that a certain amount of circulation by anastomosis was permitted in those branches.

The greater part of the left side of the brain was atrophied more or less, and had undergone advanced white softening. These conditions were well marked in the corpus striatum, optic thalamus, hippocampus major, hippocampus minor, left side of pons varolii, and posterior portion of anterior lobe, as well as in the general mass of the left hemisphere. An old hæmorrhagic clot occupied a great part of the left hippocampus major, and tænia hippocampi, which Dr. Hawtry Benson thought probably occurred at the time of, and was the cause of, the epileptiform seizure of the 12th of October.

Dr. Hawtrey Benson then exhibited a portion of the artery of the right arm occupied by a large embolus situated in the spot ascertained during life, and already described.

Dr. Hawtrey Benson then drew attention to the unbroken chain of events and consequences extending over a period of three years presented in this case, and to the difficulty of predicting with certainty the result of embolism of any given cerebral artery in any given case. Whether the result would be white softening or extravasation of blood would depend, he considered, on the freedom of the collateral circulation and the degree of degeneration of the arterial system on the one hand, and by the soundness of the same system, and insufficient anastomosis on the other, as well as on the size of the individual artery engaged. The speaker also drew attention to the support afforded by this case to the theories concerning the pathology of aphasia advanced by Broca and Hughlings Jackson.

Clinical Records.

CASES IN PRACTICE.

Reported by John W. Martin, M.D.,
Assistant-Surgeon, Mayfield Factory Dispensary, Portlaw, &c.

Case XIV.—*Pain in the region of the Heart—Area of Heart Dulness enlarged—Friction Murmur—Dyspnœa—Palpitation — History of Rheumatism — Treatment—Health restored.*

M. C., æt. 23 years, unmarried, a domestic servant, a well-

nourished, strong, and healthy-looking girl, presented herself for treatment upon the 5th of December, 1874, complaining of symptoms connected with the heart.

The following is the history of her case :—Previous to her twenty-first year she had always enjoyed good health. About that time *she first felt a pain in the region of the heart*, for which she was unable to assign any special cause. This pain was always worst during the menstrual periods. In the autumn of 1873 she had a slight but decided attack of rheumatism, or at least pain and swelling in several of her joints. The left arm was most affected. For some days before coming under my notice she felt the pain about the heart getting much worse, extending over the whole of the sternal region, and under the left mamma. This increase of pain was accompanied by tenderness to pressure. Any form of exertion, such as stooping, lifting weights, and especially running up stairs, induced very severe dyspnœa and palpitation. She felt greatly inconvenienced after meals, owing to their giving rise to a sense of oppression about the heart. She slept well, lying best on her right side. Area of heart dulness much enlarged ; it extended 4½ inches in the vertical direction, from the upper border of the fourth rib, left side, and from the right border of the sternum, at the articulation of the fifth rib, over towards the left side, to a point two inches external to the nipple line of the left breast. Heart's action excited, accompanied by *frémissement ;* rhythm normal ; impulse weakened and diffused. Normal sounds of the heart very indistinct at the apex, better at the base. First sound distant, prolonged, and roughened ; second sound short, sharp, and accentuated. A well-marked friction murmur heard over the whole surface of the heart, slightly preceding and accompanying the impulse. This murmur was double at the apex. From its superficial character and general diffusion I believed it to be caused by pericardiac friction. I was unable to detect any symptoms of endocardial affection. Pulse 100, weak and compressible. Both lungs healthy. Tongue clean ; appetite good ; bowels regular ; quite regular as to her monthly health. Urine free from albumen or sugar. As treatment I applied a blister over the heart, and ordered—

℞ Potass. iodidi, ʒi. ;
Tr. digitalis, ʒiss. ;
Sp. amm. aromat., ʒij. ;
Syrupi, ʒi. ;
Aquæ ad ʒviij. M.

Two tablespoonfuls to be taken three times a day.

Dec. 13th.—Blister gave immediate relief. The mixture was taken steadily since her first visit. Patient much improved. Pain almost gone. Heart's action stronger and steadier. Area of dulness diminished by one-third. The character of the friction murmur unchanged Able to run up and down stairs with ease, the exertion not being followed by dyspnœa or palpitation. Free from all sense of lassitude, from which she suffered continually when she first came under my care. Treatment continued.

Dec. 19th.—General health and spirits excellent. Free from all pain and distress about the heart. Area of dulness remains somewhat greater than nomal, measuring 2½ inches in diameter. Heart's action and impulse exaggerated. Friction murmur unchanged. Treatment continued.

April 13th.—No change in the state of the heart. General health all that could be desired. Treatment stopped.

April 26th.—A slight return of pain felt in the region of the heart, otherwise feeling very strong and well. Patient thought she had caught fresh cold. Resumed treatment.

The girl having left her situation, and not again coming under my observation, I have no further notes of her case.

The following are some of the points for consideration in connection with the foregoing observations :—

1st. What connection existed between the appearance of the catamenial periods and the exacerbation of the pain in the region of the heart ; the uterine function being apparently quite healthy as regards periodicity, quantity, and quality.

2nd. Is the sub-acute variety of the rheumatic dyscrasia, in which the joints are but lightly affected, the most dangerous as regards affection of the internal organs, such as the heart, &c. ?

With regard to the first of these two points, I can only suppose that the exacerbation was due to the natural constitutional disturbance, which always accompanies the appearance of the menstrual flow. Touching the second, it is a point that has been for some time under my consideration, but as yet I think it is a matter for further observation before attempting to dogmatise upon it. Mr. Hutchinson, in his opening address at the meeting of the Pathological Society, London, upon syphilis, has expressed a similar opinion in connection with the suppression of the external manifestations of that disease, *i.e.*, the less the skin is affected, the greater the danger of the internal organs being so. Gout is another example of a constitutional affection, in which we regard with anxiety the suppression of what may be looked upon as its external manifestations —viz., the pain and swelling in the joints. The case I have noted above is a good example of the heart as the organ primarily affected in one who at a subsequent period was the subject of sub-acute rheumatic affection of the joints ; for such, I think, we have good reason to believe it to have been.

This supposition is supported by the facts that—

1st. The uterine functions were healthy.
2nd. The lungs were equally so.
3rd. No derangement existed of the liver or kidneys, judging by the healthy performance of their functions.
4th. Previous to the affection of the heart she had always been a strong healthy girl.
5th. The seat of disease in this organ was the pericardium, for which, as a serous membrane, the rheumatic poison (so to speak) possesses a special affinity.
6th. Finally, the pain and swelling in the joints, though not acute, were decided.

The strong accentuation of the second sound of the heart in this case is worthy of remark, especially when taken in connection with the permanent enlargement of the area of heart dulness, and the increased force of its action and impulse. In cases of rheumatic dyscrasia, is there increased arterial tension to the extent seemingly indicated by the strong accentuation of the second sound that existed, together with the evident hypertrophy, which in this instance was connected with the left side of the heart ?

In conclusion, I must express my satisfaction with the results of treatment in this case. From a condition of rapidly increasing inability to follow her occupation the patient was restored to a very fair state of health.

Transactions of Societies.

CLINICAL SOCIETY.

A CASE OF MORPHŒA.

Dr. Dyce Duckworth exhibited a male, aged 26, suffering from this disease on the left half of his forehead, which had commenced about four years previously. At that time, it was a smooth slightly-depressed and glossy patch (morphœa plana), of the colour of ivory, and incapable of being pinched up by the finger and thumb. Where it encroached upon the scalp, some of the hairs had fallen out, others had broken off short. No sudoriferous action occurred upon the patch ; and sensibility was blunted, but not lost. The patch continued to grow, and in August, 1873, it was of a darker hue ; some pink vascularity and small venules were visible in places. The greater part of the surface had become raised (morphœa tuberosa); sensibility being greater on the flat than on the raised portions. Some fine downy hairs were growing near the centre of the patch, though there were broken hair stumps at the margins. In March 1875, the patch was less obvious and less raised. Hairs were growing upon it. In February,

1876, the patch was assuming a more natural aspect; no extension had recently occurred; sensation was still blunted; and the patient had a feeling of tightness in the patch. The affected area seemed more vascular and warmer than the adjacent integuments. Dr. Duckworth considered this a typical case of morphœa, and remarked that he had met with no example of the disease existing on the right side of the forehead, though he had collected six cases of the disease on the left side. Local treatment had appeared to be of no avail. Prognosis was favourable, though six or eight years might first elapse. He thought there was no alliance between this affection and true leprosy. Tonics and attention to the general health were the only indicated methods of treatment.

Dr. HILTON FAGGE considered that this disease deserved a special name, for although it resembled scleroderma the latter disease was never localised. If the disease were a fibroid growth in the skin, its interest was enhanced, for atrophy and absorption of a true fibroid tissue is of doubtful occurrence.

BULBAR PARALYSIS.

Dr. DOWSE showed a patient who had recovered under his treatment from bulbar paralysis, the case being the only one recorded in this country which had been completely cured. The patient's history was essentially neurotic. The mother, previously healthy, had died only a fortnight since from an attack of apoplexy of twelve hours' duration. He, when a child about twelve months old, suffered from convulsions, but grew out of them, went to school, and was fairly intelligent. At the age of sixteen, he had a series of well-marked epileptic seizures of great severity, resulting in paralysis of the whole body save those parts supplied by the first, second, third, fourth, and sixth nerves. The paralysis was complete both of motion and sensation. There was trismus of the jaw from palsy of the pterygoids; also of the lips. He could neither bring them together, nor perform the act of whistling. The saliva was constantly making its way from the mouth. The pillars of the fauces and soft palate were immovable. He was fed with fluids, which often returned through the nostrils; and at times he was nearly asphyxiated by its passing into the larynx. Upon admission into the Central London Sick Asylum at the age of twenty, most of the above signs and symptoms were well marked; but the paralysis of the upper extremities was gradually diminishing. He was of stunted growth and dark complexion, and was quite intelligent, though absolutely dumb, and had the greatest difficulty in getting food into the pharynx. His best mode of procedure was that common in such cases, namely, to fill the mouth and with the fingers to push the food over the epiglottis into the bag of the pharynx. The tongue lay flaccid, wrinkled, and immovable, behind the lower row of teeth. Upon ophthalmoscopic examination, the right eye showed cupping of the disc, with enlarged vessels; the left was similar, but the appearances were less marked. The teeth were well defined, and gave no evidence of congenital syphilis. The vocal cords moved freely. The only sound he could make was a sort of grunt. The lower extremities were rigidly extended, and absolutely devoid both of motion and sensation. The heels were well drawn up, as in equino valgus. Dr. Dowse then narrated the progressive return of voluntary power. So far as the bulbar palsy was concerned, it first made itself evident in the motor division of the fifth by movement of the jaw; the lips could then be approximated; the saliva ceased to flow from the mouth; he could feed himself with slowness and some difficulty; but the tongue remained immovable. He continued in this state for nearly twelve months, neither improving nor retrograding. He was taking cod-liver oil, quinine, and phosphorus. The paralysed parts were now brought under the influence of galvanism, and injections of one-sixth of a grain of strychnia and one-twentieth of a grain of atropia were daily used to the lower extremities. At first, the induced current from a two-celled Stohrer's battery was several times applied to the tongue without any result; after this, the continuous current from six cells of Stohrer's battery was then applied, and with the best results, for the tongue was quickly protruded and as sharply retracted. For some days, however, he had no voluntary power over it, but the use of the daily galvanic stimulus shortly ensured this, and articulation soon became perfect. It was for some time almost inaudible, and the letter R was the most inarticulate of all the consonants. With this the power of swallowing soon returned, so that he had complete co-ordinate voluntary power over those parts supplied by the bulbar nerves. The last to regain power and sensation were the lower limbs. The muscular atrophy here was so extreme, that nothing but the tibiæ and integuments appeared left; but the galvanism, frictions, and injections, gave the excellent effects now seen. For, instead of his being a mute, helpless, and emaciated creature, he had complete voluntary power over every part of the body. In reference to the nature of the lesion in the medulla, Dr. Dowse thought that it existed within rather than without this part of the cerebro-spinal system; it might, most probably, be due to venous extravasation during one of the severe epileptic seizures.

Dr. HUGHLINGS JACKSON said that such cases were extremely rare. He had never seen a recovery from bulbar paralysis.

TWO CASES OF LEUKÆMIA—ONE SIMPLE, ONE WITH JAUNDICE, NEITHER WITH NOTABLE ENLARGEMENT OF THE SPLEEN; BOTH TREATED WITH PHOSPHORUS, AND BOTH DYING OF HÆMORRHAGE.

Dr. MOXON read a paper on two cases of leukæmia. The first case was that of a man, a cook, aged 45, who, in December, 1874, fell ill with pain in the right hypochondrium; this was succeeded, in about a month, by jaundice, which remained until his death, in November 1875—the stools, however, always containing bile until the last two weeks. In May, it was noticed that his blood showed an excess of white corpuscles, about 150 in the quarter inch microscopic field. Phosphorus in 1-50 grain doses, as ol. phosp. in mucilage, &c., was taken from May until September, thrice daily. Meantime there was no change in the proportion of white corpuscles. The liver had grown larger, and a double tumour appeared on its lower edge. During the summer and early autumn, the man did half work at his calling, until November 3rd, when he presented himself, severely ill, collapsed, and was admitted again into Guy's, where a peritoneal fremitus developed itself over the liver. He suffered from pain and vomiting, and the jaundice deepened; bile left his motions. He gradually sank then, and died November 16th. Before his death, Mr. Golding Bird examined the blood on the warm stage, and found that the white corpuscles, in great excess as they were, nevertheless all showed amœboid movements, like normal white corpuscles. At the inspection, Dr. Goodhart found a cancerous tumour about the bile-duct at and around its entrance into the duodenum, which obstructed it. The gall-bladder and bile-ducts were immensely distended, and there was a suppurating cyst just outside the gall-bladder, exactly like the cysts found under similar circumstances outside the urinary bladder. A semi-recent hæmorrhage was found to have occurred into the biliary passages, so that a cylinder of blood-clot stopped up the lower end of the dilated bile-duct. The spleen weighed only nineteen ounces. There were hæmorrhagic spots in it, and it showed the usual simply hypertrophic characters of leukæmic spleen. The lymphatic glands were not at all enlarged. Dr. Goodhart found the marrow of the ribs to be loaded with white-blood cell-like corpuscles.—The second case was that of a cheesemonger, aged 38, a pale short man, of boyish appearance, who, in July 1875, began to complain of weakness, which was increased by a shock in a collision of vehicles, in which, however, he did not suffer any bodily injury. His complaint was of languor, loss of appetite, and pains in the loins and testes, "drawing up" the latter. In early September, the blood was found to be loaded with great excess of white corpuscles; and then phosphorus, in 1-60 grain doses in mucilage, &c. (as ol. phosp.), was given thrice daily for a month. During this time the patient grew worse, and at the end of it showed alarming symptoms. The white corpuscles were now estimated at one to every two of the red; vision was dim, and bleeding occurred from the gums, nose, and kidneys. The spleen was just palpable below the ribs; a loud anæmic murmur was heard over the base of the heart. On October 25th he had an attack of apoplexy, of which he died. On inspection, the heart was found healthy; the blood leukæmic. The spleen weighed twelve ounces, and was simply hypertrophied. There was an apoplectic clot of about two ounces weight under the convolutions of the right vertex. Microscopic examination of the tissues showed an excess of white corpuscles in the lymphatic spaces, but the lymphatic glands were not at all enlarged. Dr. Moxon remarked that these cases showed that, when the spleen was not sufficiently enlarged to draw attention, or make a conspicuous feature in a case, and when the lymphatic glands were not at all enlarged leukæmia might be present, and, as in the second case, reach an extreme degree, and prove fatal with hæmorrhage in the usual way. The observation of

excess of white corpuscles in the medulla of the bones was important in reference to Dr. Neumann's supposition that the medulla of bones might be the source of white cells in leukæmia, which source, with the two sources in the spleen and lymphatic glands, made three distinct modes of origin for a disease which was clinically so uniform as to render it very unlikely that it thus varied in its origination. Dr. Moxon referred to the difficulties of circulation in the marrow of the bones on account of the rigidity of the small channels along which the venules passed, and he held that the choking of these venules with white cells in leukæmia would naturally lead to an "out-wandering" of white cells into the marrow of the bones, in the same way as in Cohnheim's experiments, so that the white corpuscles in the marrow were secondary. Again, he went further, and held that, even in the case of the so-called lymphatic leukæmia, the enlargement of the lymphatic glands was really secondary to the leukæmia, and arose by out-wandering of the more numerous white cells, which Mr. Golding Bird had shown to possess amœboid movements, and which passed from the blood into the texture-spaces, in the manner described by Dr. Klein, thus producing lymph-corpuscles in excess, which, going up in the lymph-stream, and reaching the glands, would form tumours there if unable to pass; but, if the glands were able to give passage to them, then there would be no such tumours. In the first case one had the falsely so-called lymphatic leukæmia, in the second, splenic leukæmia. In support of this he mentioned that the cases advanced as lymphatic leukæmia were very few, and in nearly all of these the spleen was described as very large, while in the one or two exceptions either, as in Dr. Hounsell's case, the leukæmia showed only fifteen times the proper number, which is not enough to characterise leukæmia, or else, as in Dr. Ward's case, not only was the proportion of corpuscles doubtful, but the spleen was as large as in the case Dr. Moxon had brought forward, and in which leukæmia was present without any enlargement of the glands. So that this case disposed of the other so far as the glands were concerned. Lastly, as to the phosphorus, it had entirely failed in both cases, and Dr. Moxon remarked that, in the case by Dr. Wilson Fox, the record of which had induced him to try the medicine, the proportion of white cells in the blood was so small as not to constitute decided leukæmia, whilst the spleen was still large after the short course of phosphorous on which a favourable verdict had been given.

Dr. BROADBENT said that, though he was responsible for the use of phosphorus in leukæmia, he did not consider it a certain cure. He should dismiss the first case as one of cancer, and not leukæmia. As regards the second case, he should wish to know in what form the phosphorus was given. He considered its administration valueless if given with mucilage, or with cod-liver oil, or as coated pills. He considered that phosphorus should reach the blood as such, and should be given dissolved in oil and enclosed in capsules. In Dr. Fox's case the amendment was coincident with the employment of phosphorus. He then narrated a case in which phosphorus had produced an amount of fever and of pain over the spleen followed by softening of the organ.

Sir WILLIAM JENNER doubted the existence of leukæmia lymphatica. He agreed with Dr. Moxon that the excess of white corpuscles in the medulla of bones was probably due to the choking of the venules by the white cells. He had given phosphorus 1-30th grain in pill three times a day without any effect. If the Pharmacopœial preparation was not efficacious, it ought to be at once ascertained what was the right preparation—ignorance on such a subject would be a disgrace to medical science.

Mr. SPENCER WATSON remarked that he had observed œdema of the retina in cases of anæmia.

Dr. MOXON, in reply, stated that he believed a special form of retinitis did occur in these cases. The preparation of phosphorus he had used was the oleum phosphoratum.

MENIERE'S DISEASE.

Dr. DUFFIN related the history of a case of this disease that he had observed for two years. Besides great degradation of hearing, the man was liable to paroxysms of subjective noises in the right ear, associated with fits of vertigo and a tendency to fall to the right. Skull-vibrations to a tuning-fork were almost, if not quite, absent on the affected side, although the whole range of the pianoforte could be dimly followed. After eighteen months, considerable amelioration set in; but the left ear then became somewhat involved, and the vertigo tended to throw him towards his left side. In one of his later fits, the patient for the first time lost consciousness, but without any other indication of epilepsy. Dr Duffin remarked on the pathology of the vertigo, alluding to three fatal cases of injury to the labyrinth recorded by Knapp, and to Dr. Lockhart Clarke's researches on the cerebellar and vagus connections of the roots of the acoustic nerve. He also described the effect of pressure on the vagus of his patient, which was to throw the man into a faint, and to slow his heart during recovery. He then alluded to the functions of the cochlea, and the value of musical intervals in the appreciation of the duration of time. Lastly, he alluded to the prognostic value of skull-vibrations in suspected disease of the labyrinth.

Dr. HUGHLINGS JACKSON had been consulted by many persons with this disease, who refused to believe that the ear had anything to do with the symptoms. He believed the cochlea was instrumental in the perception of sounds, and of intervals of time, and that many diseases, among which might be mentioned hæmorrhage into the ear, would produce the symptoms. With regard to patients falling, he mentioned the case of a gentleman who, whilst shooting, heard a noise in the right ear, and was afterwards deaf with that ear, but he always in walking tended to the left.

Mr. DALBY had frequently noticed giddiness and tinnitus associated with deafness. He divided them into two classes—1, in which deafness followed upon an attack of giddiness; 2, in which tinnitus and partial deafness followed at intervals upon giddiness. He narrated the case of a person who, listening to music, became giddy, and lost the power of hearing the high notes. In cases of periodically recurring giddiness he could define the exact line of notes which could be heard. He believed the labyrinth to be affected in all such cases.

Dr. FERRIER remarked that the cochlea hears aërial sounds, and the semi-circular canals are sensible to vibrations of the skull as from a tuning-fork. In this way a person suffering from vertigo, with the semi-circular canals affected, would hear aërial sounds, though insensible to vibrations of the skull. He considered that the body always fell to the side opposite the seat of irritation.

SURGICAL SOCIETY OF IRELAND.

THE sixth meeting of the session was held on Friday, 18th February, 1876, Mr. HAMILTON, President of the Society, in the chair.

Mr. W. I. WHEELER read a paper on

THROMBOSIS,

which will be found at page 215.

Dr. HENRY KENNEDY considered the subject one of great interest and one of great extent. He thought the disease occurred in several forms—1st, where there was but little pain and hardly any inflammation, and where the patient complained more of stiffness than of downright pain; 2nd, where there was a little pain and some symptoms of fever; and 3rd, what might be regarded as the suppurative form. The adhesive process was probably a rarity, and he could not take upon himself to say that he had ever seen a vein clogged altogether by adhesive lymph. He believed the disease was more common than was generally thought. It was common in the swelled leg that followed delivery. He had seen it in every disease. He had seen it in phthisis, in chronic and acute dysentery, in fevers particularly, and in pneumonia. Very lately he had a case in which the patient was afflicted with hemiplegia, and when recovering from it, he was attacked with this affection and had very severe pains in the veins of the right leg, in which there was great swelling, and accompanied by very considerable fever. That patient was now, however, recovering. He (Dr. Kennedy) merely mentioned the case to show that the disease was not confined to cases of delivery, and that it occurred under very many circumstances indeed. He had often been impressed with the belief that there was a sort of diathesis in it, for he had known the disease to occur in the same person three times, not severely, but quite marked enough to show that it was the disease. With every respect for the reader of the paper, he (Dr. Kennedy) thought more could be done for the disease than he had led the meeting to suppose. He (Dr. Kennedy) had seen local bleeding resorted to with great benefit. He had again and again used leeches on the

parts with benefit to the disease. Another remedy they found in use in these cases was mercury, pushed even as far as salivation. He had seen the disease resist again and again, and when mercury was given by inunction or by the mouth, then, only would the disease yield. He thought it was very desirable to use a specific treatment. He had seen fatal cases as the result of operations, and remembered one some years ago in Steevens' Hospital, and when a part was cut, violent rigors ensued, and fever, which carred off the patient in a very short time. Subsequently it was found that the veins near the incision were literally filled up with pus. He spoke of that case because he had seen it stated in books that it was an uncommon subject, but he thought it was not. A good deal more could be said on the subject, but at that advanced hour of the evening he would not detain the meeting at any greater length.

Mr. TYRRELL regretted that some allusion had not been made to the very valuable paper on the subject contributed by the Hon. Secretary of the Society, Mr. Richardson, some years ago. Mr. Richardson had probably written the best paper on the subject in the Irish press. He (Mr. Tyrrell) did not exactly understand what Mr. Wheeler's own ideas were on the subject of thrombosis. Mr. Wheeler was able to tell the Society what various people did and thought, but he (Mr. Tyrrell) was at a loss to catch what Mr. Wheeler thought himself. It was very hard, however, for a person to form an opinion on a subject which had engaged the attention of the profoundest pathologists of the present day, and which was still in abeyance. He had not been instructed as to what Mr. Wheeler's opinions were on the subject. He (Mr. Tyrrell) did not suppose that a surgeon present at that meeting would in a case of thrombosis think of giving mercury. He did not think either that there was a surgeon who would think of leeching in cases of what was called phlebitis. He thought it would be very useful if the Hon. Secretary of the Society would remind them of the substance of his valuable paper, which appeared in the MEDICAL PRESS some years ago, and which he (Mr. Tyrrell) could not speak of now with confidence, as he had not it before him, but he had it treasured at home. He had no doubt that Mr. Richardson would remind the meeting of the substance of his paper.

Mr. RICHARDSON observed that he could hardly think his little treatise on Phlebitis and Thrombosis (*a*) deserved the very flattering enconium passed upon it so good naturedly by Mr. Tyrrell. He (Mr. Richardson) thought that the view as to the poisonous nature of the pus corpuscle in connection with the theory of pyæmia was contradicted by the comparatively recent discoveries regarding the physiology of the white blood corpuscle, because, if the two are, as some persons maintain, identical in characters, and that the blood corpuscle, when it wanders out of a vessel, by this fact alone may become a pus corpuscle, the latter can scarcely be even one of the specific poisons of pyæmia. He might mention in corroboration of the identity of the two corpuscles that there is a patient with leucæmia under Dr. Little's care in the Adelaide Hospital whose blood he (Mr. Richardson) had frequently examined. In this case there was a great excess of the white corpuscles, many of which resembled the pus corpuscles in every character. His object in publishing his paper on phlebitis was chiefly to combat the views of Cruveilhier regarding the part played by the pus corpuscle in the development of multiple abscesses, as well as his view on the nature of the purulent-looking fluid sometimes found in the centre of the thrombus. Cruveihier supposed that when pus cells got free in the circulation they were carried in the blood current to the nearest capillaries, where they were arrested, excited inflammation and abscess. When we, however, recollect that these corpuscles are probably identical with the white blood corpuscles, it is difficult to understand, when both are at the same time coursing along the same capillary, why the pus corpuscle should be arrested and the white blood corpuscle pursue its course. There is one point in connection with thrombosis of the femoral and external iliac veins, or, if you will, the phlebitis of these vessels, alluded to by Dr. Kennedy, of considerable interest. Many years ago, during the epidemic of dysentery which occurred during the potato famine, he (Mr. Richardson) and Dr. Kennedy had seen many cases of this affection occur in the chronic dysentery, and he mentioned this in support of Dr. Kennedy's opinion that in some cases at least they probably depended upon a temporary diathesis rather than that they were the result of mere local irritation only. It was well known that hepatic abscess was not seen in the dysentery observed in the South Dublin Workhouse. He (Mr. Richardson), Dr. Mayne, and Dr. Kennedy had over and over again specially sought for it in post-mortem examinations with negative results. The livers were no doubt softer than normal, but hepatic abscess was not observed. Now if the thrombosis or phlebitis of the femoral and external iliac veins depended solely on local irritation the result of irritation extending from the adjoining ulcerated intestine, it appears to me inexplicable why hepatic abscess was not observed by us when so many of the tributaries of the vena portæ actually commenced in the focus of the mischief, the intestinal ulcer. These facts certainly do not support Cruveilhier's explanation of the formation of multiple abscesses.

Mr. W. I. WHEELER, in the course of his reply, said that with regard to leeching in phlebitis, he said in his paper that it was contra-indicated, but he thought that Mr. Paget related a case of gouty phlebitis in which it had been of use. He regretted that Mr. Tyrrell did not catch the ideas which he (Mr. Wheeler) had expressed—chiefly with regard to his own case. He believed the cause of thrombosis in this case to be superfibrinisation of the blood, together with tension of the vessels. He had stated that he believed the cause of suppuration was transudation or out-wandering of the white cells of the vessels which went to the tunics or coats of the veins. The enormous quantity of pus-like bearing cells found he believed might be accounted for by the theories of Rindfleisch, that the adhesive property of the white cells permitted them to cling to the surface of the clot, or to permeate its substance, and fresh layers of clot formed over such white cells, and thus he thought that explanatory how such a large number of pus-like cells could be present. That was his (Mr. Wheeler's) idea with respect to the case he had related. He did not express any opinion as to whether Duval's or Cohnheim's theories were correct.

The Society then adjourned.

(*a*) The original paper will be found in the *Dublin Medical Press* for March 25, 1863.

Medico-Parliamentary Intelligence.

HOUSE OF COMMONS—THURSDAY.

MEDICAL DEGREES.

IN reply to Mr. Errington, Viscount SANDON stated that with regard to England considerable progress had been made in settling the basis of an arrangement for the adoption of the conjoint scheme in examinations for medical degrees, which he hoped would be satisfactory to all parties in England. With regard to Ireland and Scotland they had no such information, but he hoped that a satisfactory arrangement would be also made with regard to the sister countries. At present he was not in a position to state what legislative powers the Government might be prepared to recommend on this subject.

SCURVY ON BOARD SHIP.

In reply to Mr. Ward, Sir C. ADDERLEY stated that the Board of Trade had received information that the barque William Wilson had arrived in Penarth Roads with several cases of scurvy on board. A medical officer had been sent to inquire into the case. Into the case of the Talisman, also mentioned in the question of the hon. member, an inquiry had also been ordered. In reference to the third ship, the Black Prince, a report had been received that the scurvy was due to the dirty habits of the crew and the bad water, and it was added that the scurvy was increased in consequence of teetotalism being the habit of the crew (loud laughter) and that the men would have been better if spirits had been served out to them (renewed laughter). On the Duke of Sutherland there were no cases of scurvy, and therefore there was no report. He thought the existing penalties for insufficient or unsatisfactory provisions were quite sufficient, and therefore

he had no intention of proposing any legislation on the subject.

KNIGHTSBRIDGE BARRACKS.

On the motion that the House resolve itself into a committee of supply,

Mr. R. YORKE rose to move the following resolution: "That this house ought not to be asked to vote the first instalment of £100 000 for the proposed reconstruction of Knightsbridge Barracks without the plans prepared by Mr. Wyatt being first produced, and sufficient time being allowed for their consideration by members."

Mr. M. HENRY objected to the new plans for the barracks on sanitary grounds; the bed-rooms of the soldiers being placed over the stabling. If it was absolutely necessary to place the barracks in this particular locality it would be far better with a view to effectual sanitary regulation to take a slice off the park and construct barracks of which the country would not feel ashamed, and divert the road in front of the present barracks. He hoped the house would reconsider the subject.

Mr. GATHORNE HARDY said the proposed barracks would be erected upon the best sanitary principles, combined with architectural beauty. The plan had been examined by the Director-General of the Army Medical Department, and he had been unable to find any fault with it in a sanitary point of view, and the stables would in no way interfere with the health of soldiers, their wives and children, who would have to live over them, and if he thought otherwise he would not propose the erection of the building. In going from Knightsbridge he should be getting out of the frying-pan into the fire. The Knightsbridge opposition was bad enough, but at Kensington he should incur the hostility of the proprietors of the palatial residences in that quarter. And if he put them in the park public indignation would be aroused against it. Chelsea was condemned as a site, and if he went there the boys would have to be removed to another building, and the pensioners would have to be sent home at a great expense. The year 1873 had been seized on as showing the great amount of sickness in Knightshridge Barracks, but if the average had been taken for ten years it would have been found that the amount of sickness there was pretty much that of other barracks, and it should be remembered that big men were more subject to consumptive disease than small men. On the whole the men at Knightsbridge were as healthy as the troops stationed in other barracks.

The motion was carried by a large majority.

INSANITARY BARRACKS.

Mr. A. M'ARTHUR called attention to the overcrowded state of the barracks in various parts of the kingdom, and expressed regret that the Secretary for War had not included in his statement to the house any proposal for improving the present accommodation of the soldiers in those barracks. There were, he would admit, difficulties in the way of carrying out improvements in this respect, at some of the barracks, where the space was limited, but that was not the case at Aldershot and other places, where the room was abundant. He thought that from £200,000 to £300,000 might be well spent in increasing the comfort of soldiers at those places, instead of devoting the money to increasing the army, because he believed it would hold out an inducement to men to stay longer in the service than they did now.

Lord E. CECIL said the Secretary for War had had this subject under his consideration for some time, and it was one in which his right hon. friend took a great interest. As the hon. member had admitted, there were difficulties to contend with, such as the peculiar construction of casemates and the difficulty of ventilation, and very little could be done under the circumstances; but what little could be done would be done by his right hon. friend.

ARMY MEDICAL OFFICERS.

On Friday last, Mr. HARDY in reply to a question from Dr. L. Playfair whether he proposed to lay upon the table any explanatory papers showing how far the proposed changes in regard tothe new army medical officers would affect the future pay of surgeons who had entered under the old rules, said that the warrant would very speedily be ready, and in the hands of hon. members, showing how the old and new surgeons would be affected by it. With regard to the surgeons who entered under the old rules, their future prospects would be very much affected by their promotion. He could not say what bearing the proposed change was likely to have on the long service of medical officers in India and in the navy. That would have to be tested by the operation of the new rules.

SHORT SERVICE FOR THE ARMY MEDICAL DEPARTMENT.

THE proposal of short service for the Army Medical Department must be regarded from three points of view—viz., its effect upon the army, the student, and the Exchequer.

Under it the service will become a "devil's acre" for the sowing of the wild oats of successive generations of recently-qualified medical students, since there are no grounds for assuming that young medical men between the ages of twenty-two and thirty-two years are more of angels than young men of any other profession.

Being only *in* the service, and not *of* the service, they will be devoid of *esprit de corps*, regardless of discipline, and indifferent to the opinions of their seniors, and will at the end of ten years return to civil life having acquired expensive tastes, restless habits, and but little professional experience, owing to an inevitable connection for five years with a regiment from which the sick will have been sent to the station hospital, and in which their only duties will consist of making sanitary inspections and conducting the teething process of the regimental babies.

The effect on the student will be that when he compares the grand solid prizes of the Indian Medical Service, and the permanent pensions of the Naval Medical Department with the temporary allurements of the short service scheme, and considers how little chance he, on returning to civil life, even with his magic £1,000, and probably with an injured constitution, would have against a contemporary who during his absence had been making a solid local basis for further professional success, he will eschew Mr. Hardy's gilded bait and seek a more lasting provision; nor would the student's father care to see his son adopt a quarter-life career from which he is to be returned to make a second start for bread at the age of thirty-three or thirty-four years, with perhaps the appendage of a wife whom he met in his wanderings.

As regards the cost to the country, the new bonus scheme will be found to be more than twice as expensive as the old pension system.

Take an example: It is required to provide for the duties of a medical officer for twenty-five years. Under the old system one man served twenty-five years and received a pension valued in commuting at £4,000.

Under the new scheme, to accomplish twenty-five years—

One man serves from	1st	to 10th	year and receives	£1,000
Second ,,	10th	to 20th	,, ,,	£1,000
Third ,,	20th	to 25th	,, ,,	£500

Apparent amount for twenty-five years' work ...	£2,500
But Government loses the interest of the first £1,000 from tenth to twenty-fifth year	£750
And the interest of the second £1,000 from the twentieth to the twenty-fifth year	£250
And compound interest on foregoing	£250
Real cost of twenty-five years' work	£3,750

But again, the rate of mortality increases as about three or four to one during the period from the tenth to the twenty-fifth year of service, as compared with the period from the first to the tenth year, therefore for every *one* man who will live to claim his commutable pension of £4,000, *three or four* will draw the *ad interim* payments amounting in value from interest and compound interest to £3,750, and so the State loses the benefit of the pensions that are never drawn owing to the death of those who have fallen short of the required number of years service.

The scheme is therefore a financial fallacy,

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 15, 1876.

EXTERN EXAMINERS IN DUBLIN UNIVERSITY.

In a recent issue we noticed the adoption of four resolutions by the Board of Trinity College as instructions to the Medical Registrar for the carrying out of certain important changes in the Degrees and Examinations of the University of Dublin. The resolutions were substantially as follows :—

1. To appoint two Extern Examiners to help in the M.B. examination. By a subsequent letter the Board authorised the appointment of three, and they were accordingly chosen.

2. To remove Surgery and Midwifery from the M.B. examination, and to create instead a new Licence in Midwifery similar to that in Surgery.

In addition to these two orders the Board had previously ordered on the 17th of October, 1874—

"That the Senior Lecturer, in conjunction with the Medial Registrar, be directed to recommend Examiners to assist the Professors in the Medical School at the examinations in Botany, Physics, Chemistry, and Materia Medica."

These resolutions of the Board came before the University Council on the 9th of February, and were referred by them to the Professors in the School of Physic for report, and accordingly the Medical Registrar (by instruction from the Board) summoned meetings of the Professors to consider the foregoing resolution. Those meetings were held on the 15th, 17th, and 22nd of February, and at the meeting held on the 15th inst. it was resolved—

"That the Professors of the School of Physic recommend the Board to direct the Senior Lecturer to withdraw the notice for the examination for the M.B. Degree recently published, and to issue an amended notice assigning the subjects for the Examination and the Examiners, as in the notices issued for the Examinations in June and December, 1875 ; inasmuch as the resolutions of the Board relating to changes in the Examinations and Examiners for the M.B. Degree are still under the consideration of the University Council."

At the meeting held on the 17th inst., the following letter from the Board was read :—

"17*th February*, 1876.

"My dear Dr. Haughton,

"I communicated the resolution of the Professors to the Board yesterday.

"The Board see no sufficient reason for rescinding their order of the 17th ult., which was framed in accordance with the recommendation of the General Medical Council.

"The Board have had no communication from the Academic Council on the subject as yet. And if any modification of the system of examination shall be hereafter recommended by that body, it will, of course, be duly considered before the next occasion for appointing Examiners.

"Yours, very sincerely,
"Andrew S. Hart.

"Rev. Samuel Haughton, M.D., Medical Registrar."

The Professors then took into consideration the resolution of Council, and—

1. Resolved, "That the Professors object to the Board's having taken final action in relation to the proposed changes in the M.B. Examination, while the question was still under the consideration of the University Council.

2. "That the Professors object to the Board making so important a change in the Examination without consulting them.

3. "That the Professors object to the want of due notice of the change being given to the students.

4. "That the appointment of Examiners, whose terms of office, duties, responsibilities, and salaries are unknown, is objectionable, and not in conformity with the usages of the University.

5. "That the Professors object to the appointment as Examiners of Teachers in Medical Schools, whose interests compete with those of the School of Physic.

6. "That the appointment of Examiners by the Senior Lecturer and Medical Registrar is objectionable."

With respect to the paragraphs which refer to the creation of a Licence in Midwifery, it was—

1. Resolved, "That the Professors consider No. 2 unnecessary in the present state of the law relating to medical registration.

2. "That the Professors object to the creation of a *Licence* in Midwifery, and earnestly urge the creation of a *Degree* in Midwifery as proposed by them, unanimously, in their report of the 17th November last."

It will be observed that the Professors are at diametric variance with the Board on all points, and have distinctly raised the question as to the right of the Board to issue such instructions without the authority of the Council, and have furthermore objected, not only to the *modus* of the steps taken by the Board, but to the purpose of those steps.

As to the contest of authority between the governing bodies of the University, we have nothing to say. As to the propriety of creating a separate midwifery qualification, the Professors seem to be in accord with the Board, but they wish to have it issued not as a Licence, but as a Degree, because it could in that case be granted only to full Arts graduates—in other words, to pupils of Trinity College, and *ergo* of its medical school.

It is, however, as to the appointment of additional or "extern" examiners that the professors especially object and we have no sympathy with them in the objection, for we believe it to be unmistakably for the benefit of the profession, of the public, and of Trinity College that the professional examination should be diluted by the help of examiners unconnected with the School of Physic

The visitors of the General Medical Council have expressed a strong opinion against the system of examining candidates by the mouth of the Professor who has taught them, and we do not see on what grounds the Professors can defend such a practice. If they desired to supply the Board with a sufficient reason for insisting on the introduction of independent examiners, they could not have gone more directly to the point than they did when they promulgated the objection—

"That the Professors object to the appointment as examiners of teachers in medical schools, whose interests compete with those of the School of Physic."

By this phrase the Professors ask the Board to protect the School of Physic against fair and wholesome competition by excluding from the conduct of the examinations of the University of Dublin every one except a teacher in that school, and a more injudicious demand they could not have made. By it they acknowledge the object of keeping the examiners' borough a close one, a purpose at which rival school teachers had scarcely ventured to hint, and which they could hardly hope that the Board would attain by the sacrifice of the efficiency or fairness of the examination. If the Professors of the School of Physic—taught by experience—express openly that to admit outsiders to the Examining Court would be to bring the School of Physic within the area of competition, then, we say, the sooner a new court of exclusively extern examiners is created the better for the University—the better even for the School of Physic.

We understand that the questions which this report raises did not come before the Academic Council at its last meeting, being crushed out by other business, but that it will be fully considered at the next meeting.

REORGANISATION OF THE ARMY MEDICAL DEPARTMENT.

Mr. Hardy's proposals for the reconstruction of the Army Medical Department having been now thoroughly discussed from an English point of view, we think the time has arrived when a change so important to the Irish medical schools should be thoroughly sifted in all its bearings. As yet, however, a great deal must be conjectured, for plausible statements made in Parliament, *ad captandum vulgus*, may appear very different upon the face of a warrant. All we really know is that a staff medical system has been finally adopted, that administrative officers are to be compelled to retire at sixty years of age, and that all future candidates are to be employed for ten years only, six being selected annually for advancement into the higher ranks. With regard to the first two of these propositions, they have our unqualified approval, for a *system* is better than *no system*, or an attempt to carry out a quasi-regimental organisation which presented neither the advantages of a pure regimental or staff system. The sixty years retirement is also a decided gain to the department, and one which should have been decided upon long since, so as to place the Medical Service in this respect upon an equality with the Control and Chaplains Departments. On the 19th of May, 1873, an influential meeting of medical officers was held at the Curragh, comprising the surgeons and assistant-surgeons of the 27th, 5th, 34th, 57th, 84th, 4th Dragoon Guards, 8th Hussars, and Royal Artillery, who gave it as their unanimous opinion that, as medical officers were no longer regimental officers, they should not be rated in future by their relative rank; that choice of quarters should be according to army, not regimental seniority; that forage be continued as an appanage of rank; that officers removed from regiments be compensated; that the ages of compulsory retirement be restored; that the existing stagnation of promotion be removed by offering *liberal terms of retirement*: that medical officers be relieved from all charge of stores and equipment, and that "the chief authority, which it is so necessary that medical officers should exercise in all matters of hospital discipline and administration," should be secured to them. These propositions were adopted by the Council of the Irish Medical Association, and a Committee of the King and Queen's College of Physicians, who recommended a retiring pension of *one shilling a day for every year of full-pay service*, and that "for the honour of the profession, the Army Medical Department ought to have supreme control over its own hospitals, subject only to the military head of the district, untrammeled by the possible interference of officers who cannot be supposed capable of judging of the affairs of such institutions." If the War Office had adopted these reasonable and excellent suggestions, it would not now be placed in the ignominious position of having to bid for the refuse of the medical schools, for we do not for one moment believe that the best, or even men of mediocre ability, will waste ten years of their life for the chance of living to a legacy of a thousand pounds—the very ten years when civil practice is only to be gained, if gained at all. Seven millions have been awarded to combatant officers for the loss which they sustained in the abolition of purchase, and it is stated upon most reliable authority that a million a year will be required to accelerate promotion and retirement amongst the same class; yet a miserable dole is refused to place the medical department upon a sound and contented footing. It seems to us a most unfortunate policy to disgust by neglect the officers now in the medical service, the men who have sustained its *prestige* and underwent the vicissitudes of war and pestilence in all parts of the world. Such a course must react upon the army itself for many a year to come, and that most disastrously. With regard to future candidates, they will be in no better position than before; for the first five years they will be employed in India in all probability, where their pay will not be increased in the least, and on return to England they will draw only some thirty pounds more than at present, without the right of proceeding on to higher rank, or to a pension if invalided. A thousand pounds is a very poor compensation for such losses as these.

Now that the medical service is to be a staff service, we hope we will hear no more of regimental allowances or attachments. The first is a decided wrong, and the last incompatible with the efficient administration or roster of a general staff. We should, in addition, like to see the corps re-embodied under its old designation of Army Medical Staff; the name of a Department has been ever distasteful, and if only a limited number are to be admitted to the higher ranks, we certainly hold to the opinion that in a scientific service the proper way would be to have the vacancies competed for, so that a young

officer on entering the service might feel that if he made himself the *best man* he must succeed in the profession which he adopted.

We have only to say, in concluding, that we are not among those who are hopeless as to the future of the medical service. The darkest day is sooner or later followed by a bright gleam of sunshine, and if medical officers will only be unanimous in insisting upon their just rights, and those which their old teachers and friends have asked for them, they must at last succeed. We have only to say that, as the service is now a limited one, it is the duty of every officer to aid in every possible way in making it efficient, and to see that the success of the future will add to the many honourable traditions of the past.

THE CORONERS (DUBLIN) BILL.

THIS measure, which received its first reading last week, on the motion of Mr. A. M. Sullivan, is worthy of earnest consideration rather for what it does not contain than for what it does.

With the exception of such alterations as are requisite to limit the operation of the measure to the City of Dublin, and to make provision for cases in which inquests are not considered necessary, together with a clause reducing the number of Coroners, this Bill is merely a reproduction of the County Coroners Bill introduced by Mr. Vance and Sir John Gray which passed the second reading last session.

The main principles of the "County Coroners Bill" had long been in force in the City of Dublin, the only new features being clause 7 of the present Bill, authorising the discharge of a jury unable to agree to a verdict, and clause 8, having reference to the committal of suspectep persons.

Mr. Sullivan's Bill provides :—

1. For power to the Coroner to appoint a deputy.
2. That a Coronor must be a qualified medical man, a barrister, an attorney, or a J. P.
3. That he shall be paid by salary, not by fees, the salary being at a minimum, equivalent to £2 10s. per inquest held for an average of five years, and £1 for each preliminary inquiry, and he shall be paid in addition his travelling expenses.
4. That he shall be entitled to retire at 60 years of age, after 21 years' service.

The Bill carries, however, its sting in its tail, for in the last clause we find a proviso that, "on the death, retirement, or disability of either of the two Dublin Coroners," the vacancy shall not be filled up, and the salary of the sole Coroner shall be raised to at least £500, and not more than £ 700.

It may be interesting in connection with this clause to observe that the two Dublin Coroners at present are Dr. William White and Dr. Nicholas Whyte, and that the "retirement or disability by reason of ill-health" of the former is imminent, so that, if the Bill becomes law, the remaining Coroner may look for a speedy accomplishment of the "not less than £500 and not more than £700 per annum." Medically speaking, we have not the least objection to his obtaining it, but would be glad to see the Dublin Coroner well paid ; but it is another matter altogether for us to acquiesce in the abolition of the Coronership, to which we most emphatically demur.

There are, however, other points in respect of which the Dublin Coroners system sorely needs amendment, and as reform is in hand, the time has arrived for the Irish Medical Association and the profession to act with vigour towards the overthrow of the disgraceful and illegal system which corporate jobbery has so long permitted to exist in Dublin. According to the letter of the law which regulates Irish inquests, and according to universal habit in London and elsewhere, the Coroner calls for the evidence of the practitioner who has been in attendance upon the deceased, or who resides, as the Act says "at or near the place" of inquest. The intention and meaning of this enactment was, obviously, that the best information as to the cause of death should be at the disposal of the jury ; but how is it interpreted in some parts of Ireland, and especially in Dublin? In that city the medical witness who could throw light on the cause of death is systematically excluded ; his evidence is, except on rare occasions, never heard, and in his stead, a practititioner who never saw the deceased, and is in absolute ignorance of the circumstances, is summoned as a witness in every case. No doubt the Coroner calls for the services of this gentleman because he is an expert—a medical jurist whose opinion is of great value, and whose *post-mortem* examination may be received with great confidence. Not at all! The Coroner's adviser is an apothecary, who, we believe, makes no pretension to any special qualification to give evidence except that he is a chum of the Coroner. He does not reside "at or near the place" in the sense in which the Legislature used the words, but the requirements of the law are usually satisfied by the bringing of the body to the morgue near which he lives. In Dublin we assert that inquests are usually held without any reliable medical testimony—*post-mortem* examinations are held in cases in which they would be perfectly unnecessary if the evidence of the medical man who had knowledge of the cause of death were had—and, as a consequence, verdicts are given which are ludicrous in their inaccuracy, and crime may go unpunished because the real causes of death are unknown.

We believe that the system which has hitherto existed is illegal, and that the fees for medical evidence might be set aside by an application to the fiating judge. If Mr. Sullivan's Bill proceeds, the Council of the Irish Medical Association should take peremptory steps to have a clause inserted which will properly define the person from whom medical evidence may be received—to secure to the medical profession their right to be heard as witnesses—to afford to Dublin juries something like reliable medical testimony as to the cause of death, and, lastly, to overthrow the corrupt compact under which the inquest law has been so long mal-administered. We shall return to this subject when occasion offers.

Notes on Current Topics.

The Fever Huts at Woolwich.

THE soldiers' huts on Woolwich Common, which have been so frequently referred to in our columns, and which

were emptied of their tenants by an epidemic of fever which compelled the survivors to take flight, are now being demolished. Various experimental efforts have been made to patch and repair them, but it was impossible to get rid of the damp and rot, and they are to be entirely swept away. Provision is made in the Army Estimates to spend £8,600 in married soldiers' quarters this year.

Boulevards in London.

A MEMORIAL signed by all the inhabitants of the Camden Road has been presented before the Local Board of Works, urging the desirability of planting trees along that wide thoroughfare. If carried out, a boulevard upwards of two miles in length will be created. There are many wide streets, not only in London, but in all the principal towns of Great Britain and Ireland, which would be greatly improved by a show of green. Trees which annually shed their bark have been known to thrive wonderfully in towns, so that the smoky atmosphere can be no longer pleaded as an excuse. In our last we referred to the effects of colours on the mind, and the surroundings of a man upon his spirits.

The dismal architecture and soot-begrimed walls of our towns tend to depress; but this tendency could be greatly counteracted by the cultivation of a few trees and plants in the larger thoroughfares and numerous open spaces.

Borax.

IT has been announced at the French Academy that a large supply of borax has been lately discovered in California, and it is asserted that in the neighbourhood in which the borax abounds animal matters will not decay. Horses have been buried for a period of four months, and when exhumed, although the heat was tropical, the flesh was in a perfect state of preservation, the hair in no part separating from the skin. It is proposed to use this mineral as a disinfectant, and for purposes of preservation of organic substances, such as butter, milk, &c.

Adulteration Fraud.

ANOTHER "milk of sulphur" prosecution took place a fortnight ago, the Justices of the Peace being the tribunal, and the Coleshill Police Court the temple of the blind goddess. There was no dispute as to the fact that the article sold as "milk of sulphur" contained 60 per cent. of plaster of Paris, but the usual wrangle took place as to whether it is lawful to sell this mixture as milk of sulphur. The wiseacres of the bench—more in their proper place one would think in growing turnips than deciding questions of adulterstion law—came to the determination that the prosecution must fail, because there are, in their opinion, "two articles known *to the trade*, as milk of sulphur and sulphur precipitatum and that the article sold was a fair sample of the former."

Oh, most righteous judges! But what has the knowledge of the trade to do with the question? Does the buying public know anything about the distinction? Does the consumer know that he is getting two-thirds of his weight in plaster of Paris, and if he did, would he buy? Not at all. He asks for what he understands to be sulphur; pays what he believes to be the price of sulphur; is led to believe that he gets sulphur; and, obviously, would accept nothing else than sulphur for medicinal purposes, if he did know it; and, therefore he is simply cheated when plaster of Paris is given him instead. The fact that the druggist knows what he is selling only makes his responsibility the greater, and the only possible excuse for the sale would be that the purchaser was aware of the nature of what he bought. The pseudonym "milk of sulphur" does not convey this information, and is, in fact, specially used to deceive, and whatever the trade may call it, the transaction is unmitigated roguery, and the perpetrators and apologists for it ought to be ashamed to call themselves honest men.

English Registrars of Births and Quack Medicine.

THE *Students' Journal* understands that in some districts registrars of births are in the habit of giving circulars respecting the virtues of Atkinson and Barker's "Infants' Preservative" to mothers when they register the births of their infants. It will be remembered that in a late number we reported the death of a child from an overdose of this nostrum. It is highly improper that public officers should interest themselves in the sale of any kind of quack medicine, but when that medicine has been shown to be a dangerous one, such conduct deserves the strongest censure.

We must do Irish Registrars the justice to say that such a practice could not exist even in the poorest district, and that any proposal to a dispensary medical officer to make money by such means would be treated with scorn. If it be right for Registrars to tout for Infants' Preservative, we see no reason why they should not accept office as agents for baby-clothes, or violet powder and puffs.

Metropolitan Asylums Board.

AN important and fully attended meeting of this Board was held on Saturday last, for the purpose of receiving the report of the chairman, Dr. Brewer, for the past year. This document presented matters of great public interest, and contained besides an analysis of the operations of the managers during the year 1875, a review of the principal events in which they had been interested during the last five years, that being the period since which any general report had been presented. In the review of the former period, one of the principal topics touched upon was the virulent epidemic of small-pox with which the managers had had to deal. It showed that in 1871 no less than 13,087 small-pox patients were admitted into the several hospitals of the board, and 2,995 in 1872, making a total of 16,082 patients treated, and 3,020 deaths in the two years. The demand for increased accommodation for imbeciles had compelled an increase of accommodation at Leavesden and Caterham, each of which establishments now provided about 2,000 beds, with provision for a third asylum at Darenth, where the board were erecting schools for imbecile children at a cost of £75,000. At the commencement of 1875 there were 4,183 imbecile patients under care of the managers, and during the year 870 fresh cases admitted, making a total of 5,053 patients under treatment. The deaths had been 540, leaving at the end of the year 4,294 patients. The agitation got up in reference to the Hampstead Hospital, and to the report of the select committee of the House of Commons was also touched upon. The next point was the administration of

the hospitals under care of the board for infections diseases, and a reference was made to the gratifying fact that, although at the commencement of the year there were 25 cases of small-pox under treatment, and that 109 had been admitted during the year, of whom 20 had died and 114 had been discharged, they had dwindled down so that, in the third quarter, there were but fifteen admissions and no deaths; that during the last quarter there were no admissions, and that, after the first three weeks of the quarter, the hospital was empty. The total number of fever patients under the care of the managers during the year 1875 was 2,149, and the total admissions 1838, as against 2,134 in 1874. In conclusion, the chairman expressed his firm conviction that the mastery over the difficulties which have taxed the energies of the managers in the past gives fair promise that the devotion and experience of the board will not be inadequate to cope with any duties which may devolve upon them in future.

The Medical Benevolent College and Charity Voting.

THE efforts of the Charity Voting Reform Association have been, we are glad to find, already attended with a considerable amount of success. The latest concession made to the appeal of this Society has come from the Medical Benevolent College. The Council, we are informed, acting in conformity with the wishes of 2,098 of its subscribers, have resolved at once to abolish the public polling-day for the election of pensioners and foundation scholars; and it will therefore be necessary that all balloting papers be sent direct to the office properly signed, and with figures indicating the candidate or candidates to be voted, for at least three days before the annual general meeting at which the result of the election will be declared. This will in some measure satisfy those who have experienced the evils of the public polling-day, and the open parading of private woes before the eyes of the benevolent, and which has greatly tended to foster the baneful system of trafficking in votes.

We wish the Council had the courage to carry out other reforms suggested by the Charity Voting Reform Association, as that of prohibiting all canvassing for votes, since it must be as apparent to the Council as it is to a large body of the subscribers, that the most destitute, and therefore the most deserving, have neither friends to devote the time, nor the money to spend, which the canvassing system necessitates. No less than 879 of the subscribers to the Medical Benevolent College refuse to have their addresses published, because they will not be canvassed, and wish to relieve themselves from unwittingly doing injustice by having to make a preference without any materials for a proper judgment upon the claims of candidates being furnished by the Council. By a small additional trouble a classified list might be sent out, which would save the friends of candidates from much harass and the expenses of a contested election. It is apparent that the voting system is based upon and lives by these long lists of candidates, who are thus converted into canvassers by themselves and their friends solely under the plea of expediency and to benefit the funds of the charity. But it is quite a mistake to suppose that all that is received under the voting system is pure gain. Such full experience has now been had of the evils of that system that it is known to repel at least as many as it attracts, as shown by the numbers who, to avoid being canvassed, will not have their addresses published, and by a large number of the most liberal class of givers who so strongly disapprove of the system that they will no longer subscribe.

The Doctor and the Grocer.

DURING the adjourned debate on the Army Estimates on Monday the 6th inst., Mr. Hardy, in reply to the statement of Mr. Dunbar, "that a medical practice could not be purchased in Ireland," announced that "he was quite taken aback at the assertion, since, judging from tenant right, Ireland was, of all countries, that in which goodwill was saleable, and he could not help thinking that as a *grocer* who had made a good business and wished to dispose of it could easily find a purchaser, so a surgeon might easily buy a business in the same manner."

Were Mr. Hardy's attention recalled to these words, he would most probably assert that to his logical mind the analogy was complete. Hitherto, however, by courtesy, the doctor's customers have been called patients, and his business a profession, and if this courtesy be continued the analogy cannot be said to hold; but if this courtesy is to be abandoned, there is no saying to what lengths of rudeness similes may not go, nor how rough social intercourse may not become. For if hereafter forms of expression are to be dictatedby logic solely, and not governed by good taste, Dr. Kenealy will cease to usurp the monopoly of stronglanguage in the House of Commons.

It was, to say the least, impolitic on the part of Mr. Hardy to express publicly his contempt for the social standing of the medical profession, when he has failed ever since his accession to office to attract the required number of its members to the army; nor will he further this object much among the Irish students by his ill-timed facetiousness in saying that, "as to Irishmen leaving the service at ten years, he was persuaded they were so talented that all would be selected for promotion, and ultimately we should have all the deputy-surgeons and surgeons-general easily recognisable by their elegant brogues."

Mr. Dunbar but stated a simple truth in saying that practices were not purchaseable in Ireland, and that consequently the possibility of an Irish student starting afresh in civil life after ten years absence in the army was proportionally less than the opportunity which an English student had, and that relatively the new proposals were to the disadvantage of the Irish.

We publish in another column a short analysis of the "effect of the new scheme on the army, the student, and the Exchequer," and cannot help thinking that, as far as Irish candidates are concerned, the army will have to wait till the Indian service and the navy are supplied.

The Registration of Midwives.

A DEPUTATION, consisting of members of the medical profession, waited upon the Lord President of the Privy Council and the President of the Local Government Board, for the purpose of recommending that steps should

be taken for securing to the public efficient women as midwives, and so prevent the undue rate of infant mortality which existed in this country. The deputation consisted of Dr. W. O. Priestley, President of the Obstetrical Society, Dr. Arthur Farre, Drs. Cleveland, Aveling, Potter, Gregg, Roper, Cooper, Rose, Tilt, Galabin, Butt, Curgenven, J. Williams, Mr. Ernest Hart, Francis Fowke, Rev. Oscar Thorpe, Drs. Wiltshire and Arthur Edis (hon. secs.), Mr. Hextall Smith, C. W. Ryalls, LL.D. (general secretaries Social Science Association), Drs. Holman, Graily Hewitt, Braxton Hicks, and many others, who were introduced to the Duke of Richmond and Gordon by Dr. Lyon Playfair, M.P., who stated that, although England was not the lowest among the nations with regard to infant mortality, yet there were other nations, especially Scandinavia, where the infant mortality was less than our own. One great cause of the mortality was the having ignorant women as midvives, and it was to this point the deputation wished to direct his Grace's attention. The employment of inefficient midwives not only tended to the destruction of infant life, but it bore upon the health of the mothers, who constantly fell into a bad state from the treatment of the nurses, and so became a burden to the family, and very often to the public as well.

His Grace the Duke of Richmond said they seldom received in that department deputations composed of men who were more competent to speak upon the subject which they had at heart than the members of the present deputation. He thought that with regard to the preservation of infant life, registration and education of midwives would not prevent the midwives keeping illicit establishments, unless it attracted a better and superior class of persons, whose ideas of right and wrong were more sensitive than the class of women referred to. He assured them that the Government were quite alive to the subject, as a proof of which he had directed a letter to be written to the Medical Council to ascertain their views on the medical education of women, and the licensing and registration of midwives. He thought the importance of the subject was equalled only by the difficulty of legislating upon it.

The Anti-Vivisection Societies.

It appears that we are beset by at least two rival anti-vivisection societies, and the secretaries at least are busily engaged in touting for funds wherewith to pay for keeping up the sensational and often untruthful advertisements which almost daily appear in the columns of the daily press. The secretaries, however, like the famous Kilkenny cats, seem bent upon performing vivisection on each other; for we gather from a correspondence in the *Morning Post* that each claims to be the real Simon Pure, and intimating their rivals to be impostors. We are informed that the emotional Jesse is no longer secretary; but this has been followed by an indignant statement that this is "unwarrantable and unjust towards Jesse, who created the society," and so forth. We have been made painfully aware of this fact, from the evidence given by Mr. J. M. Holt, M.P., before the Royal Commission. This gentleman has been held forth as a member of Mr. Jesse's committee; but when pressed to give some account of the society, he was unable to do so, and said that the person who "created the society" was treasurer, secretary, chairman of committee, and everything else; in short, that the society had no real existence except in the brain of Jesse, who undertook without a committee "to express opinion on behalf of the society and without asking for authority" from those whose names so prominently figure in his precious society. When pressed by a member of the Commission to say whether the letters sent out in the names of respectable gentlemen had ever been shown or submitted to them, Mr. Holt declared they had not, for no meeting of any committee had ever taken place, and he emphatically added that the action of Mr. Jesse with regard to the doings of this precious society had been entirely Jesse's own affair, for he appointed president and committee, and received subscriptions in the name of a society, which had no real existence; and although he had protested against the informal proceedings of Jesse, he still went on, and had the audacity to present himself to the Royal Commission as the representative of this sham society. It is, we think, right that the public should know how such societies are got up, and who it is pull the strings and find money for this bare-faced agitation upon vivisection.

The Queen at the London Hospital.

In our last we announced the visit of her Majesty for the purpose of formally opening the new wing for which the Grocers' Company had voted the magnificent sum of £20,000. The hearty welcome accorded to her Majesty by the vast population of the East End, and the appropriate and universal decorations along the route through which the procession passed, are now matters of history. To that which we stated in our last we have only now to add some few particulars of the reception inside the walls, which we were unable to give fully in our last, in consequence of going to press. His Royal Highness the Duke of Cambridge, as President of the Hospital, was there to receive the Queen, with his Grace the Archbishop of Canterbury, the Lord Mayor, and other notabilities, together with the Treasurer, Vice-Presidents, and staff of the hospital. There was a short religious service, including a chorale composed by the late Prince Consort, with appropriate prayers; and after the presentation of an address and a suitable reply, the Home Secretary, by command of her Majesty, declared the new wing of the Grocers' Company open. Several of the company present had the honour of presentation, amongst them being Dr. Andrew Clark, Senior Physician; Mr. Jonathan Hutchinson, Senior Surgeon; Mr. Nixon, House Governor; Mr. Snelgrove, Secretary, &c. The Queen then passed through the new wards and some of the old ones which had not been prepared for her reception, showing her kindly interest in the welfare of the patients by words of encouragement and consolation to the adults, and patting the cheeks of the juveniles. On this account, if on no other, her Majesty's visit is not likely to be forgotten for the next generation, and the motto outside the walls, "A humane Queen makes a loving people," was singularly appropriate on the present occasion. Nor was royal sympathy shown in words only; the handsome donation of 500

guineas being a further proof of her interest in the sick and afflicted. As mentioned in our last, the weather was magnificent, and the arrangements everything that could be desired—so well managed, in fact, as to call forth a tribute of her Majesty's admiration.

The Medical Society of London.

THE 103rd anniversary dinner of this excellent Society took place on Wednesday last. A very large body of the Fellows rallied round the President, Dr. Routh, on the occasion. The toast of the "Corporate Bodies" was given by Dr. Richardson in appropriate terms; this was warmly received and eloquently responded to by Sir James Paget, the President of the College of Surgeons. The learned societies found an admirable representative in the person of Mr. Gynn Jefferys, one of the oldest Fellows of the Royal, who alluded to the excellent scientific work performed by members of the medical profession. The social character of the gathering was much promoted by the excellent music contributed by some of the younger Fellows of the Society. Mr. Wm. Adams, F.R.C.S., is the newly-elected President of the Society for the ensuing year.

Sham Charities.

WE are pleased to observe that the Charity Organisation Society has resolved to adopt means of warning the public in respect to sham charities, those which it has taken means to ascertain are unworthy of public support.

Election at the Royal College of Surgeons of England.

THE election of a member of the Board of Examiners in place of the late Mr. Gascoyne will shortly take place. For the purpose of selecting from among the large number of candidates a committee has been formed, and we hear that this committee has returned the name of only one candidate. Now it does not appear to us that the duty of the selecting committee is to return the exact number of candidates according to the vacancies to be filled, for in that case the committee becomes virtually one of election, and not of selection, and it will not satisfy the Fellows of the College that the Council should give the power of election of its examiners into the hands of only three of its members. Such an arrangement is too open to partiality and intrigue, and cannot certainly be countenanced by the Fellows.

On looking to the supposed great reform which has lately taken place in the mode of examination at the College of Surgeons, we conclude that the new Board of Examiners was constituted in order that the examiners in anatomy and physiology should be chosen from among those who have had experience in teaching those subjects, and who are therefore considered capable of examining in them.

In this way it was thought to relieve the Court of Examiners of a tedious and difficult part of their duty, and at the same time to greatly improve the examination, against which we must add there has been up to the present time a just cause for complaint.

Now have the selecting committee impartially and otherwise fairly performed their duty on this occasion? We hear that they have returned the name of only one candidate, and that that candidate has no claim to be considered either a teacher of anatomy or physiology. The name of only one candidate is sent up to the Council for election, and the Council must either elect that candidate or altogether ignore the existence of the committee of selection in whom they have relied for an impartial valuation of the claims of the several candidates for the position of honour. We have not a word to say against the fortunate individual who has been selected by the committee, an able and scientific surgeon, well worthy a position of honour; but on these accounts he claims no right to the Examinership in Anatomy and Physiology. It is impossible now for the committee to reconsider their selection, which must be either approved of or rejected by the Council, who in turn are responsible for the judicious execution of the trust confided in them by the Fellows.

Prescribing Druggists and the Defence Association.

THE successful prosecution of a prescribing druggist at the East end of London by the Medical Defence Association, and the avowed intention of the Association to deal out the same justice to others of the same fraternity, has created quite a panic amongst the "counter-physicians" of Whitechapel and its neighbourhood. The druggists who have been so long breaking the law that they seem to think they have a vested right to continue to do so have flown to the Council of the Pharmaceutical Society for refuge, and that compliant body, which took the drug adulterators and the fraudulent dispensers of Sheffield under its wing, talks of an appeal to arms to defend counter-prescribing as one of the established privileges of druggists. At the last meeting of the Councils, the Secretary read a letter addressed to the Council by a member of the Society residing at the East End of London, whose name is discreetly suppressed, calling attention to the recent decision in *The Apothecaries' Co.* v. *Nottingham*, and asking advice upon it, inasmuch as the Medical Defence Association was threatening to carry out that decision by prosecuting every chemist who might transgress the law as laid down by the judge in that case; and it was stated by a Councillor that 200 notices of prosecution in case of continuance had been served in the East End. Some of the Council were for an immediate appeal to arms, while others, remembering, perhaps, that no defence was possible, thought it better to "let sleeping dogs lie," and wait for the actual onslaught of the Defence Association. Seeing that the Council of the Pharmaceutical Society have already appeared in arms as champions of adulteration, and of dishonest dispensing, it is not surprising that they should declare in favour of counter-prescribing, especially as Mr. Baynes, one of its members, openly confessed that "he infringed the law every day." We recommend this statement (which will be found at page 713 of the *Pharmaceutical Journal* for March 4) to the attention of the Medical Defence Association, to whom we say *Macte Virtute, Puer!*

The Cashel County Infirmary.

At the last meeting of the Tipperary Grand Jury Captain Adams moved to have the presentment for the maintenance of the County Infirmary, Cashel, torn.

A lengthened discussion thereon ensued, and a poll was subsequently taken, when the motion was defeated by a majority of 13 to 5.

The Silver Medal of the Medical Society of London has been awarded to Dr. Lauder Brunton for the best paper of the year.

Sir Joseph Fayrer, C.S.I., was last week officially gazetted a Knight Commander of the Order of the Star of India.

Drs. Andrew Clark, Theodore Duke, Francis H. Laking, and Henry Maudsley, have been elected members of the Royal Institution of Great Britain.

Mr. Benjamin Lane has been duly elected Coroner for Londonderry. The newly-elected coroner, is brother to the late Dr. Wm. Lane, of Newtownlimavady, who filled the office so long.

Dr. Valentine Browne, late physician to the Mater Misericordiæ Hospital, Dublin, has been appointed physician to the hospital at Bourke, New South Wales. The appointment is said to be worth about £1,000 per annum.

It has been found necessary to close the Victoria Hospital for Sick Children for repairs and for the purpose of making certain important alterations, resulting in the addition of ten extra beds for the little patients, and greatly improved sanitary arrangements.

An extraordinary accident occurred in London during the storm on Sunday. As an empty omnibus was being driven to the stables at Islington, a telegraph wire was blown by the violence of the wind across the road, nearly severing the head of the unfortunate coachman from his body. Mr. George Brown, M.R.C.S., was immediately on the spot, but life was of course extinct, and the body thereupon removed to the parish mortuary.

The Surgeoncy of the Westmoreland Lock Hospital, at Dublin, in the room of Dr. Morgan, has attracted many competitors. The names mentioned in connection with the candidature are multitudinous. Of those who are actually in the field, we hear of Mr. Macnamara, of the Meath Hospital, Dr. Mapother, of St. Vincent's, Dr. Wheeler, of the City of Dublin Hospital, Dr. Martin, of Jervis Street, and Dr. Peele, of the South City Dispensary. The choice of a surgeon lies with the Board of Management, which consists of twenty gentlemen, twelve of whom are known to be Conservatives, and eight Liberals. It was, we understand, mooted to hold the appointment in abeyance for the present, but this proposition was negatived, and the election will take place on Saturday, the 1st of April.

Notice has been given that on Saturday, the 15th of April, the Senate of the Queens University will proceed to elect one Examiner in each of the following subjects, and at the salary stated:—

Subject.	*Salary.*
Medicine	£100
Surgery	..100
Midwifery, &c.	... 75
Materia Medica ...	... 75
Medical Jurisprudence ...	... 75

The Examinations will begin in the second week of June.

The artgoing Examiners are as follows—*Medicine*—Henry Kennedy, M.D.; Benjamin G. M'Dowell, M.D. *Surgery*—Prof. J. V. Browne; Anthony H. Corley, M.D. *Materia Medica*—Walter Smith, M.D.; Charles F. Moore, M.D. *Midwifery*—J. Rutherford Kirkpatrick; William Roe, M.D. *Medical Jurisprudence*—J. Emerson Reynolds; Matthias O'Keeffe, M.D.

The Professorship of Anatomy in the Irish College of Surgeons, vacant by the death of Professor Morgan, is the subject of close competition. The emoluments are worth between £350 and £400 a year, according as the School of the College is prosperous, or the contrary, and the candidates at present are—Dr. Thornley Stoker and Dr. Loftie Stoney, Demonstrators in the School. Mr. Corley, Lecturer on Surgery in the Carmichael School; and Mr. Charles H. Robinson, Demonstrator in the Ledwich School. The election cannot take place for at least a month, inasmuch as, by the charter of the College, the vacancy must be advertised in three papers, and 28 days must subsequently elapse before the appointment can be made. The last of the gentlemen whom we have named as candidates enumerates we are told, amongst his qualifications for the Professorship that he is an "ex-correspondent of the *Lancet* and *British Medical Journal*," in which capacity no doubt, a special aptitude for the teaching of anatomy is necessarily acquired.

Correspondence.

THE ARMY MEDICAL SCHEME.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—From time to time I have read in your journal the varied schemes regarding the status and value of army medical men. I cannot look on any of the alterations proposed as tending to satisfaction. Being an old army medical officer out of the service for the last twenty years, I should not enter it again in my youth under the proposed arrangements of Mr. Gathorne Hardy for any consideration. I have served as staff and regimental officer in the service. On the first, the honorary member of regimental messes in garrison, I felt myself an outsider—"nobody's child;" as a regimental officer I was at "home," loved my regiment, respected by officers, wives, and soldiers, because I was one of their own—I knew them all professionally and privately—in fact, the family doctor, who knows by time the constituent he advises. Years roll on; I leave the service; my brother officers executive rise in rank; don't forget the comrade of their youth; and when opportunity occurs, renew the acquaintance. Can this be under Mr. Gathorne Hardy's scheme? Never! Would this worthy promoter of the proposed alteration like to be handed over in case of illness, from one who is his regular medical adviser to a stranger? Not a bit of it. How would he like his wife or children the same? Touch this gentleman home, and he won't act in private life as he proposes in public. I have much love for the military medical service, and I always found in

my day, under the direction of one of the most able army medical director-generals, the late Sir James M'Grigor, Bart., that military medical officers were all, as a rule, gentlemen by birth, education, and manners, and treated as such. My only child, a son, felt disposed to become a medical man, and wear the red coat as his father did, but he repudiated the position now offered. If the service was *as it was*, he should accept a commission, and I would allow him £500 a year, as becoming the position I held.

Yours truly,

LATE A REGIMENTAL, also STAFF MEDICAL OFFICER.

THE BILLS BEFORE PARLIAMENT.

MR. GIBSON'S Bill to put on the Register the Baccalaureate in Surgery of the University of Dublin, and to throw open the County Infirmaries to all registered surgeons is set down for its second reading for the 30th of March, and it will probably pass unopposed. The Medical Acts (Foreign Universities) Bill of Mr. Cowper-Temple, which intends to admit women holding foreign medical qualifications to the Register, is on the paper for the 5th of July; and Mr. Meldon's County Infirmaries Bill, which is to reform the administration of those institutions, and to allow superannuation to surgeons, for the 12th of the same month, which may be taken as equivalent to the Greek Kalends.

DR. PARKES, F.R.S.

THE *British Medical Journal* says: "It has been for some time known that Dr. Parkes of Netley has been suffering from prolonged illness, consequent on an attack of pneumonia and subsequent weakness. We deeply regret to learn that his present state of weakness is such as to give reason for the most serious alarm."

THE statue of Dr. Stokes, now placed in the Hall of King and Queen's College of Physicians in Ireland, is to be formally unveiled on Thursday, March 16. A very large gathering is anticipated on the interesting occasion; and among others who have promised to attend is Dr. Acland, Regius Professor of Physic at the University of Oxford.

THE seat on the Council of the Irish College of Surgeons which Dr. Morgan's lamented death vacated will probably be immediately filled up. In the terms of the charter a requisition must be made by two Fellows for the assembly of the College for the election, and in six days or more afterwards the meeting will take place. The requisition will probably be signed to-morrow (Thursday), when Council meets. Two candidates have already presented themselves—Dr. B. F. M'Dowel, Surgeon to Mercer's Hospital, and Mr. Wilson, Surgeon to St. Mark's Ophthalmic Hospital, and Professor of Ophthalmology in the College.

Literature.

THE IRISH MEDICAL DIRECTORY FOR 1876. (a)

OUR yearly visitor comes to us on this occasion having greatly increased in corpulence since we last saw it, and the present edition would seem to have thoroughly exhausted all that can be said respecting the profession in Ireland, besides not a little of what may be recorded respecting British medical affairs. The 270 pages with which the Directory started four years ago have expanded to nearly 600 pages, and even within the last year the work has been enlarged by nearly 100 pages, as was necessary to keep pace with the increased demand for the book. The Public Health Act, the recent changes in the Army and Navy Medical Departments, the new arrangements of Irish Pharmacy, and the recent legislation on adulteration, have all combined to increase the labours of the editor, and to make the work more valuable than ever to the Irish medical practitioner and to libraries in England and America. The official regulations, which affect workhouse medical officers, and the Acts of Parliament upon which those regulations have been framed, and the new Lunacy Act of last session, have been added to the Directory; and it would be difficult for us to say what information suitable to such a publication it does not contain. The compilation of the work is carried out—as the editor informs us—under great discouragement, from the obstructions interposed by the General Post Office, and the unbusiness-like habits of medical men in general, from whom it is often impossible to extract a reply to a letter, even by abject entreaties. Nevertheless the book is well done, and wonderfully accurate, comparing most favourably with another similar publication in which hundreds of names of dead or departed men appear, and from which is omitted the mention of scores of new practitioners who have settled down within recent years to Irish practice.

The book is a valuable one, almost an indispensable one to Irish medical men, and it deserves their support, not only upon its intrinsic merits, but upon the principle that a venture launched for the benefit of Irish medical men by one of themselves ought to be sustained.

(a) "The Irish Medical Directory for 1876." Dublin: Offices of the MEDICAL PRESS AND CIRCULAR, 23 Ely Place. London: Bailliere, Tindall, and Cox, 20 King William Street. Crown 8vo, pp. 552–xl.

Medical News.

Vital Statistics.—From the Registrar-General's return we learn that during last week 6,202 births and 3,934 deaths were registered in London, and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 26 deaths annually in every 1000 persons living. The annual death-rate was 23 per 1000 in Edinburgh, 25 in London, 34 in Glasgow, and 39 in Dublin. The annual rates of mortality during the same period in the other large towns were—Norwich 23, Hull 24, Leicester 20, Sunderland 20, Portsmouth 25, Newcastle-upon-Tyne 20, Birmingham 22, Brighton 18, Leeds 24, Wolverhampton 23, Bradford 24, Sheffield 23, Plymouth 30, Bristol 24, Oldham 28, Manchester 31, Salford 32, Nottingham 27, and Liverpool 31. The annual death-rate from the seven principal zymotic diseases averaged 3·8 per 1000 in these towns, and ranged from 1·0 and 1·4 in Brighton and Wolverhampton, to 7·1 and 7·9 in Portsmouth and Salford. Scarlet fever showed fatal prevalence in Portsmouth, Bristol, Salford, and Leeds. Fourteen more deaths were referred to small-pox in Manchester and Salfor, and 9 to fever in Sheffield. In London, 1,544 deaths included one from small-pox, 45 from scarlet fever, 19 from different forms of sever, and 18 from diarrhœa; the seven principal diseases of the zymotic class causing 227 deaths, against 256 and 215 in the two preceding weeks. These 227 deaths were 7 below the corrected average number from the same diseases in the corresponding week of the last ten years. The death referred to diseases of the respiratory organs, which in the two previous weeks had been equal to 622 and 458, further declined last week to 405, which were 7 below the corrected average weekly number; 240 resulted from bronchitis, and 104 from pneumonia.

University Hospital.—The Princess of Wales paid an unannounced visit to the above hospital on Friday last.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Notice to Subscribers.—The Publishers will be glad to receive the subscriptions for the past year, 1875—£1 2s. 6d. Subscriptions in advance for 1876, at the reduced tariff of 21s. per annum, post free, must be paid before the end of this month in London, Dublin, or Edinburgh.

Reviews of Books in Type.—The following notices are unavoidably held over, and will appear as soon as space permits: "Burdwan Fever," by Dr. Roy; "Elements of Physiology," by Dr. Hermann; "Examination of Drinking Water," by Dr. Macdonald; "Rarity of Soft Chancre," by Dr. Mauriac; "Dental Anatomy," by Mr. Sewill; "The Nature of Light," by Dr. Lommel; Bentley's "Medicinal Plants;" Fox's "Skin Diseases;" "The Student's Guide to the Practice of Midwifery," by Dr. Lloyd Roberts; "Braithwaite's Retrospect of Medicine," &c., &c.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

The *Pharmaceutical Journal* never reaches our Irish Office until Monday. The publisher of our esteemed contemporary ought to be capable of observing punctuality.

Royal College of Surgeons of England.—On Wednesday and Friday, at 4 p.m., Prof. W. K. Parker will continue his lecture "On the Shoulder-girdle and Fore-limb of Vertebrata."

Royal College of Physicians of London.—On Wednesday and Friday, at 5 p.m., Dr. A. B. Shepherd will lecture "On the Natural History of Pulmonary Consumption."

State Medicine at Cambridge.—The next examination for a certificate in State Medicine at Cambridge will commence on June 13th. Candidates must send in their applications to Prof. Liveing on or before May 30th. All requests for information should be addressed to Prof. Liveing, Cambridge. Any person on the Medical Register who is twenty-four years of age may present himself for this examination.

Harveian Society.—On Thursday, at 8 p.m., Dr. Milner Fothergill, "On Neurosal Affections of the Heart."

Dr. Abbath, Sunderland.—Communication received as we were at press.

Medical Microscopical Society.—On Friday, at 8 p.m., Dr. W. B. Woodman, "Hints on the Systematic Study of Histology."

Letitia sends us a letter imploring us to aid the inhabitants of Hastings to get rid of their *leaden tanks*, as the landlords refuse to remove them. Our correspondent goes on to state that "dozens of us die every year from lead-poisoning." Is our anonymous correspondent trying to crack a joke?—if so the attempt is a very poor one—or is he sincere in his wish to consign at once all tanks to limbo in favour of the constant supply system? If the latter, we have already expressed our opinion, and cannot open our columns to the exclusive claims of any one town. In this respect Hastings is no worse off than other towns; there is no necessity for dozens to die of lead-poisoning if they will take the trouble to keep their tanks clean.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Gratuitous and Provident Medical Relief. By R. W. Griffin, M.D.

List of the Fellows, Members, and Licentiates of the Royal College of Physicians of London, 1875.

Atlas of Skin Diseases. By Tilbury Fox, M.D. Part VI.

The Treatment of the Scrofulides. By Hy. G. Piffard, M.D. New York.

Operative Surgery. Part I. By C. Heath, F.R.C.S. London: J. and A. Churchill.

Lithotomy; its Successes and its Dangers. By a Practical Surgeon. Melbourne: Baillière and Co.

Structure and Development of Pareira Stem. By John Moss, F.C.S.

Quelques Considérations Générales des Eaux de la Bourboule. Par le Dr. E. Noir.

The Cholera Epidemic of 1873 in the United States. By J. M. Woodworth, M.D.

The Reports of the United States Marine Hospital Service, 1873, 1874. By J. M. Woodworth, M.D. Washington.

The Obstetrical Journal. The Microscopical Journal. Journal de Thérapeutique. La France Médicale. Gazette Médicale. Students' Journal. The Clinic. Le Mouvement Médical. Le Progrès Médical.

VACANCIES.

Queen's University.—Examinerships in Medicine, Surgery, Midwifery, Materia Medica, and Jurisprudence. For the value of each and other particulars see Advt.

Carlow Union, Bagenalstown Dispensary District.—Medical Officer. Salary, £100, with £20 as Sanitary Officer, with other fees. (See Advt.)

Charing Cross Hospital.—Physician or Surgeon for the Skin Department. Honorary. Applications, with Testimonials, to the Secretary.

Great Northern Hospital, Caledonian Road, N.—Physician. Honorary. Also a Dispenser. Salary, £60. Address the Secretary.

Birmingham General Hospital—Registrar and Pathologist. Salary, £130, with board and residence. Applications, with Testimonials, to the House Governor.

Bermondsey Union, Surrey.—Medical Officer of Health. Salary, £160 per annum. Applications, with Testimonials, to the Clerk at the Vestry Offices, Bermondsey, S.E.

Christ Church Union, Hants.—Medical Officer. Salary, £100 per annum, exclusive of fees. Address the Clerk to the Board of Guardians.

Kent County Lunatic Asylum.—Assistant Medical Officer and Dispenser. Salary, £120, with board and residence. Applications to Mr. Callaway, Canterbury.

Leeds General Infirmary.—House Physician. Salary, £100, with board and apartments. Address, Dr. Heaton, at the Infirmary.

Salford Hospital.—House Surgeon for the Pendleton Branch Dispensary. Salary, £100, with board and apartments. Applicants must address the Secretary.

APPOINTMENTS.

Cameron, J. S., M.D., B.Sc., has been appointed Physician to the Huddersfield Infirmary.

Cohill, J. G. Sinclair, M.D., F.R.C.P. Edin., late Lecturer on General Pathology at the Edinburgh Medical School, has been elected Physician to the Royal National Hospital for Consumption, Ventnor.

Coutts, J., L.F.P.S.Glas., Medical Officer and Public Vaccinator for the Parish of Morven, Argyllshire.

Dunbar, A., M.D., Medical Officer for the North Municipal District of the West Derby Union, Lancashire.

Ellis, J. L., L.K.Q.C.P.I. & L.M. Medical Officer for the Mallwyd District of the Dolgelley Union.

Fothergill, J. M., M.D., M.R.C.P., Assistant Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.

Graham, J., M.D., C.M., Medical Officer for the Killough Dispensary District of the Downpatrick Union, co. Down.

Greenwood, T. P., M.R.C.S.E., House Surgeon and Secretary to the Stamford, Rutland, and General Infirmary.

Haward, E., M.D., M.R.C.P.L., a Physician to the North London Hospital for Consumption and Diseases of the Chest.

Hawkins, A. F., M.R.C.S., L.R.C.P., Resident Surgical Officer to the General Hospital, Birmingham.

Maguire, R. F., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer to the London and North-Western Railway Club, Holyhead District.

Maturin, L., L.R.C.P.I., L.K.Q.C.P.I., Medical Attendant to the Royal Irish Constabulary, Achill, and Admiralty Surgeon and Agent for the Stations of Keel, Achillbeg, Dugort, and Bull-mouth.

O'Hagan, P. J., L.R.C.S.I., Medical Officer, &c., for the Kingscourt Dispensary District of the Ballieborough Union, co. Cavan.

Prockter, A. E., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Barton-under-Needwood District of the Burton-on-Trent Union.

Wilding, W. A., M.R.C.S.E., L.K.Q.C.P.I., Junior House-Surgeon to the Borough Hospital, Birkenhead.

Births.

Bromley.—On the 7th inst., at Castle Hedingham, Essex, the wife of J. B. Bromley, M.R.C.S., &c. of a daughter.

McCoy.—On the 8th inst., at 1 Abbey View Terrace, Rathkeale, co. Limerick, the wife of Daniel F. McCoy, M.D., of a son and heir.

Sterling.—On the 5th inst., at Castlecomer, co. Kilkenny, the wife of James Sterling, M.D., of a son.

Marriage.

Turner—Davenport.—On the 9th inst., at St. Nicholas', Brighton, T. B. Turner, M.R.C.S., to Edith, daughter of J. T. Davenport, Esq., of Wyndham House, Brighton.

Deaths.

Bean.—On the 15th Feb., at Torquay, Edward Fowler Bean, M.R.C.S.E., aged 69.

Buckby.—On the 24th Feb., at Sutton-on-Trent, Arthur G. Hesilege Buckby, M.R.C.S.E., aged 50.

Coleman.—On the 10th Feb., at Galway, James Joseph Coleman, L.R.C.P.Ed., aged 31.

Cuthbert.—On the 1st March, at Gortfoyle, Londonderry, of typhus fever, caught in the discharge of his duty, Alex. Cuthbert, M.D.

Donaldson.—On the 4th March, at Crossmaglen, co. Armagh, Richard Donaldson, L.R.C.S.I.

Eager.—On the 3rd March, at Guildford, Richard Eager, M.R.C.S.E., aged 73.

Ellery.—On the 25th Feb., at Axminster, Devon, Henry James Ellery, M.D., aged 46.

Furlonge.—On the 21st Feb., at Kinsale, co. Cork, William Furlonge, M.D., aged 86.

Heffernan.—On the 2nd March, at Malta, on his way home from India, Dr. P. J. Heffernan, H.M.'s Bengal Army, third son of the late Patrick Heffernan, M.D., J.P., Cashel.

Johnson.—On the 5th March, Walter Johnson, M.R.C.S.E., of Colchester, aged 70.

Mason.—On the 8th March, at Surbiton Hill, C. I. Mason, L.R.C.P., aged 47.

Nayler.—On the 9th March, at Brighton, G. Nayler, Esq., F.R.C.S., of Savile Row, London, W., aged 48.

Rushforth.—On the 29th Feb., at Truro Road, Tottenham, Richard Rushforth, Surgeon, in practice prior to 1815, aged 77.

Simson.—On the 8th March, at Glenfinlas Street, Edinburgh, J. Simson, M.D., F.R.C.S.E.

IRISH POOR-LAW INTELLIGENCE.

DUTIES OF SANITARY OFFICERS.

TO THE EDITOR.

SIR,—In the article in your Supplement of 23rd February with respect to the payment of sanitary officers for attendance at petty sessions courts, the following paragraph appears :—"The Local Government Board state in reply to a letter of inquiry from the Drogheda Union that it is not one of the prescribed duties of the sanitary officer to attend at petty sessions to prosecute in such cases, and the question of costs is one for the magistrates to consider."

This statement, so clear and distinct, was naturally received throughout the country by the dispensary medical officers, who are *ex officio* sanitary officers, with great satisfaction; but I regret to say they are doomed to disappointment. The decision of the Local Government Board refers to *consulting* sanitary officers, and not to them, as will be seen by the enclosed letter addressed to Dr. Smyth, of Naas.

Your obedient servant,

Naas, 2nd March, 1876. ROBERT S. HAYES.

Local Government Board, Dublin,
29th February, 1876.

SIR,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 24th inst., inquiring whether it is a part of your duty as sanitary officer to attend and give evidence in cases of prosecution under the Sanitary Acts, and in reply the Board desire to draw your attention to Part II. (Executive Duties) of the General Order of the 9th September, 1874, from which you will observe that every sanitary officer is required to attend and assist in all proceedings in which his attendance or assistance may be necessary.

With regard to the case which occurred in the Drogheda Union, to which you refer, the Local Government Board have to state that their decision in this case had reference solely to the consultiug sanitary officer.

By order of the Board,
B. BANKS, Secretary.

To Dr. Smyth, Medical Officer.

The statement which we published was copied *verbatim* from a Drogheda paper, but, if it had been read with more attention by us, would have been observed to be incorrect, for we were aware that the Local Government Board have held sanitary officers responsible to attend and give evidence in sanitary prosecutions. In fact, under their sanitary orders (page 514, Irish Medical Directory) it is hard to say what they may not order the dispensary medical officer to do. Under the head of "Executive Duties" the order says :—

"1. The duty of the executive sanitary officer shall be to attend every meeting of the sanitary authority, and to take directions on the sanitary business of the Board, and on the reports of the sanitary officers, *and all proceedings arising thereon*, and to see that the same are carried out and brought to a conclusion where practicable, in pursuance of the orders of the Board.

"2. In furtherance whereof we do hereby direct that every sanitary officer and sub-officer of the Union shall, on receiving directions from the executive sanitary officer, attend and *assist in all proceedings in which his attendance or assistance may be required.*"

The word "proceedings" in clause 2 must be held to mean the proceedings referred to in clause 1, but the wording is so vague, being purposely made so, that it would include the service of processes or the cleansing of a sewer, or indeed any act which "arises" upon "the sanitary business of the Board, or on the reports of the sanitary officers." Referring to the words of the Public Health Act, under the authority of which the Local Government Board have made this sweeping order, we entertain great doubt that they possess any power to impose duties upon the sanitary officers *ad libitum*. By clause 10 it is enacted (page 487 Irish Medical Directory) that "Every medical officer of a dispensary district shall be a sanitary officer for such district, and the said Board (the Local Government) shall assign to the dispensary medical officers, and to the other sanitary officers, if any, and to the medical superintendent officer of health, if such an officer be appointed for the sanitary district, their respective duties and functions *in the discovery or inspection or removal of nuisances, in the supply of pure water, in the making or repairing of sewers and drains, or in generally superintending the execution of the sanitary laws within the district.*"

This clause, we assert, gives the Local Government Board no authority to compel sanitary officers to attend prosecutions as witnesses, or, if sworn, to give evidence without a fee. The sanitary officer is bound by it to aid in finding out a nuisance, to inspect it when found, and to help in removing it, to look after pure water supply, to superintend the making of sewers, and to "superintend" the execution of the law. The giving of evidence does not come within the term "superintend," nor does the wording of this clause justify the indefinite imposition of irrelevant functions upon the sanitary officer by the Local Government Board. This being one of the first instances in which the order of the Local Government Board as to duties of sanitary officers has been tested, it seems to us that the Irish Medical Association should consider whether it should not interpose to protect these officers from the compulsion under which they are placed to discharge a function which seems to us quite illegal.

RED TICKETS.

TO THE EDITOR.

SIR,—The admirable letter of "A Dispensary Doctor" in your issue of the 16th February, detailing the continually increasing grievances under which dispensary doctors suffer from the now almost indiscriminate and scandalous abuse in the issue of red or visiting tickets is well deserving the

most attentive consideration of the Local Government Board and the profession.

To the three classes enumerated by "Dispensary Doctor" I would add a fourth—viz., National School teachers. Now these committeemen and wardens, should they feel inclined, have at present almost unlimited power to set at defiance all the theoretical checks placed by the Legislature and Local Government Board on the issuing of tickets. Moreover, they wield at pleasure a terrible engine to annoy the doctor, and perhaps finally drive him from his district. The remedy proposed—viz., to make the party responsible for the doctor's fee in case the ticket be cancelled, is a capital one, provided the committees would act under the altered circumstances as at present. The mode of cancelling now practised is very little short of a farce, as although the dispensary regulations, &c., give ample powers to effect that object, still, if I mistake not, they compel the unfortunate doctor to attend on the issue of a fresh ticket for same case perhaps an hour afterwards.

Before leaving this part of the subject, allow me to express my surprise and condemnation of the action of the Local Government Board and the Board of National Education in permitting school teachers to act as wardens, thereby diverting their attention from the special and much more important duties of the school in filling tickets for the parents of pupils, &c.

I am glad to see a steady and increasing decline in the numbers of candidates for Irish dispensary appointments. A miserable £100 or £120 per annum and paltry shilling registration fees, with clerkship drudgery and red-tapeism attached, are evidently ceasing to attract medical men. More lucrative and independent situations can be obtained elsewhere with good prospects of promotion, and much less laborious and disagreeable duties to perform.

To add almost the last straw to the burden of the long-suffering and ill-used Irish dispensary doctor, he is now compelled to act as sanitary officer in his district for the wretched pittance of sixpence or ninepence per day, while his medical brother in England is paid from £100 to £700 per annum for like duties.

Can Dr. O'Leary obtain no remedy for the latter grievance by his eloquent and telling speeches in the British Parliament?

Until the Poor-law Medical Service is made a "*State department*," and placed entirely under the control of the executive, and the competitive system adopted *at entrance* subsequent promotion to be gained by length of service and ability), I am afraid we will still have just cause of complaint, and remain isolated, while assistant-barristers, stipendiary magistrates, and members of the constabulary force are getting large additions to their salaries and superannuation allowances, although the duties they discharge to the State are of less vital importance than those so effectively performed by the Poor-law medical officers of Ireland.

I earnestly trust the Local Government Board and the Legislature will anticipate a *dead lock* in the dispensary service by effecting reforms and insisting on a suitable scale of salaries, and certain—not permissive retiring allowances, also one month or six weeks' leave of absence each year at option and without pecuniary loss to medical officers. These reforms, combined with a complete change in the present pauperising system of issuing tickets, would at least tend to make the service more popular with medical men, and give practical effect to the maxim of every paternal government, "Salus populi suprema lex."

Yours faithfully,

ANOTHER DISPENSARY DOCTOR.

TO THE EDITOR.

SIR,—In your publication of the 16th ult. is a letter from a "Dispensary Doctor" about the abuse of dispensary tickets, and the remedies to be applied for their removal. With most of those I quite agree, but with regard to red or dispensary visiting tickets, the remedy I would suggest would be this:—The medical officer, on getting a visiting ticket for a party that in his opinion was not a fit subject for such relief, having adequate means to pay for such attendance, he would write to the honorary secretary of his committee of management, asking him to call an extraordinary meeting of its members. Of course the object of such a meeting is mentioned in the requisition. The matter could then be fairly discussed, and if the majority of the members present were of opinion that the ticket had no right to be given, the party issuing it would be bound to pay the medical officer for such attendance such sum as they or the Local Government Board may think fit. In my opinion this would very fairly meet the evil, and I think there should be no difficulty in having it carried out either by the action of the Local Government Board, or, if necessary, a short Act of Parliament.

ANOTHER DISPENSARY DOCTOR.

BALLINAKILL DISPENSARY.

A MEETING of the Ballinakill Dispensary Committee was held, for the purpose of considering a communication from the L. G. B., respecting the medical officer's residence.

Mr. Comerford read communications which were received from the L. G. B., respecting the residence of the medical officer out of the dispensary district, of which following are abstracts:—

6th December, 1875.

SIR,—The L. G. B. desire to inform the committee of management of the Ballinakill dispensary district, that they have received a report from their Inspector, Mr. Hamilton, in which he stated that he visited the dispensary on the 18th ult., and that up to twelve o'clock, noon, the medical officer had not attended, the hours of attendance being from ten to eleven o'clock, a.m.

Mr. Hamilton was informed that the medical officer resides in the Abbeyleix district, and I am to request that the L. G. B. may be informed whether the medical officer resides within the Ballinakill dispensary district.

20th December, 1875.

SIR,—I am directed by the L. G. B. to acknowledge the receipt of your letter, and to state that they do not think it is for the interest of the sick poor that the medical officer should reside out of his district.

The medical officer stated in reply to the query of his intended residence if his appointment be approved, "Ballinakill;" in reply to query "distance of his intended residence from centre of his district," "as central as possible." Distance of such residence from dispensary building, "quite convenient." These replies were accepted by the L. G. B. as made *bona fide*, and therefore they sanctioned the appointment. The L. G. B. must therefore require the committee of management to call upon the medical officer to provide himself with a residence in his district with the least possible delay.

10th January, 1876.

SIR,—I acknowledge receipt of your letter of the 3rd inst., and I am to request that you will be good enough to summon an extraordinary meeting of the committee, in accordance with Article XI. of the Dispensary Regulations, for the purpose of considering the Board's letter of the 20th ult., and calling upon the medical officer to provide himself with a residence within his district.

7th February, 1876.

SIR,—I acknowledge the receipt of your letter of 1st inst.

I enclose queries to be answered respecting the person who has been appointed to act as temporary medical officer, during the illness of Dr. Walsh, and request that his certificate of registration under the Medical Charities Act may be forwarded to this office with replies to queries.

With reference to the above letter the Hon. Secretary stated he had since received a communication from Mr. Hamilton, regretting he could not attend.

Mr. Comerford thought their business was marked out for them, and that was to call upon the medical officer to provide himself with a residence with the least possible delay. He had prepared the following letter, which would probably meet with the approval of the meeting :—

Ballinakill, 25th February, 1876.

SIR,—I am directed by the committee of management of the Ballinakill dispensary district to notify to you that they have been required by the L. G. B. to call upon you to provide yourself with a residence in this dispensary district with the least possible delay.

I am further directed by the committee to state that such residence must be in the town or townland of Ballinakill, in accordance with the conditions of your election.

By order of the committee,

C. COMERFORD, Secretary.

The Chairman said this matter about the residence had been carrying on long enough, and it was time to put an end to it.

Mr. Hayden asked where would Dr. Walsh's successor get a house, supposing Dr. Walsh went away.

The Chairman said he might get it where he liked. That was not their business.

Mr. Comerford was directed to send the letter he had drawn up to Dr. Walsh.

ATHY UNION.

CLERK.—Dr. O'Neill has rejected a certain medicine supplied by the contractor as not being pure.

Dr. O'Neill.—I found that a certain medicine that the contractor was supplying was not made up in accordance with the Pharmacopœia. In the making up of the medicine a cheap ingredient had been substituted for the pure one.

The Chairman.—What would you advise us to do, doctor?

Dr. O'Neill.—I would advise you to order the pure medicine from Dr. Williamson, and charge the contractor with the difference in the price.

Ordered—"That the medicine be procured from Dr. Williamson, and the contractor surcharged with the difference in price; also that he be informed that if a recurrence of the matter took place, more serious measures would be resorted to."

Query.—Who is the contractor? Is he Les-lieable to make a mistake than any other trader in drugs?

REPORT OF THE INSPECTORS ON THE LUNATIC ASYLUMS IN IRELAND.

(Continued.)

Proportionably, as might be fairly supposed, the largest complement of the insane in workhouses belong to the metropolitan and other urban districts. In the Richmond, which comprises the city and county of Dublin, Louth, and Wicklow, the united classes referred to, and all considerately treated, amount to 487, of whom 228 are supported by the borough. In the Belfast, or county Antrim district, there are 293—173 being in the borough poorhouse, where a commodious pile of buildings has been lately allocated to them by the board of guardians, and a large airing court, but not as yet safely laid down. In the Limerick lunatic district there are 162 patients in unions, 84 of them in the city. The Cork district at large in its various poorhouses contains 318 mentally affected, 124 belonging to the city.

The aggregate of individuals of both sexes in the four districts just named reaches 1,260. The difference of 1,880 in the total of 3,140 becomes divisible among the other eighteen districts, comprising between them twenty-six counties and 118 workhouses, to each of which latter, if equally apportioned, 16, be they idiots, imbeciles, demented, or epileptics, would be chargeable.

If not impossible, it would be very difficult indeed, and in point of fact of little practical use, to arrive at the exact amount which 3,140 insane located in no definite mode and under no fixed regulations in 153 workhouses cost during the year for their immediate maintenance, entailing as they do a very fractional portion of the general expenditure, and the more so as not unfrequently we find them diffused through these establishments, mixed up with, and living among the ordinary paupers. Taking, however, one union with another, from local inquiries we compute that £11 a head would in round numbers be the closest approximate calculation, if so, the expenditure on them as a body in 1874 might be set down at £34,450; whereas were they resident in district asylums, they would have incurred an outlay of £79,160, the cost therein of each patient, including the rate in aid of £10 8s., being £25 2s. for that year.

PRIVATE ASYLUMS.—The same approximation of numbers as already mentioned in the lunatic population generally of Ireland, is alike noticeable in detail, as regards the respective patients in private licensed houses at the termination of 1873 and 1874; in the former year there was 664, in the latter 672, a circumstance tending to show that the statistics of insanity collected by us may be fairly deemed trustworthy, and that taking the proportion of the mentally affected to those of sound mind, while no material change or increase in the inhabitants of this country takes place, as recently has been the case, no marked variation is likely to occur in these two marked sections of society—admissions into private asylums would seem to be in close proportion to discharges by the latter under the head of recoveries generally, or of deaths.

The history of private or of public lunatic establishments from one year to another must of itself be monotonous, for properly organised, and subject to constant supervision at all seasons and at all hours there can exist but limited material for discussion; in fact the less that is afforded to discuss the more satisfactory may their operation be regarded. The statute 5 and 6 Vic., cap. 33, affords facilities for securing, so far as the executive is concerned, the protection and well-being of the registered insane of all classes.

In some respects however, the benevolent and curative objects which ought to characterise the working of private licensed houses cannot be fully attained, as the law at present stands in this country. A similar power to that which the English Commissioners in Lunacy possess, should be extended to the Inspectors, of letting out patients on trial, thereby affording them, for a definite period and with certain restrictions, the advantages derivable from a change of residence and association. Protected from legal responsibilities, and liable to be again placed under asylum treatment if not unreservedly discharged, no danger could accrue to them. We trust that the intended measure of the Chief Secretary on this impartant point and other collateral improvements will be enacted in the present session.

During the year under review, private asylums in Ireland on the whole have been satisfactorily conducted, and their inmates kindly and considerately treated; we have to record no case of harshness or personal neglect on the part of proprietors or attendants, neither are we aware of an instance—indeed one could not well occur from the frequency of our visits, and the uncertain periods at which they are made—of an unwarranted detention, so far at least as we could form a correct opinion; on some occasions, however, we noticed irregularities of forms or procedure which had to be rectified.

To be continued.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING MARCH 4, 1876.

Total registered deaths in Dublin and suburbs * ... 233
Ten years average of same week 181

Excess of mortality above average 52
Ratio of deaths, suburb of Rathmines ... 10 per 1,000,
" " " Donnybrook† 55 "
" " " Blackrock ... 29 "
" " " Kingstown ... 11 "
" " Entire Dublin district ... 39 "
COMPARATIVE RATIOS—London ... ... 23 "
" " Glasgow... ... 34 "
" " Edinburgh ... 25 "

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Zymotic diseases caused 32 deaths. Of these, 8 were ascribed to fever (2 typhus, 4 typhoid, and 2 simple continued fever), 11 to whooping-cough, 3 to scarlet fever, 2 to croup, and 1 each to measles, erysipelas, influenza, diarrhœa, &c.

Twenty-one children died from convulsions.

Forty-nine deaths resulted from bronchitis, 7 from pneumonia, 2 from pleurisy, and 8 from lung disease unspecified.

Paralysis caused 3 deaths, apoplexy 1, and brain disease unspecified 4.

Heart disease proved fatal in 12 instances, aneurism in 2, kidney disease unspecified, Bright's disease, cystitis, hepatitis, and jaundice, each in 1, and liver disease unspecified in 2.

Phthisis was the cause of 22 deaths, hydrocephalus of 5, and mesenteric disease of 3.

One death was the result of an accident, and another was suicidal.

Eighty-seven of the persons whose deaths were registered during the week were under 5 years of age, and 59 were aged 60 and upwards, including 36 persons aged 70 and upwards, of whom 7 were octogenarians, and 1 (a female) was stated to have been aged 95 years.

Five deaths from scarlet fever, 2 each from fever and diphtheria, and 1 from diarrhœa were registered in Belfast.

ENORMOUS ABSCESS OF KIDNEY CURED BY INCISION AND DRAINAGE.

DR. J. F. HEUSTIS (*Amer. Journ. Med. Sciences*, Oct., 1875) reports the following: A young man with abscess of the kidney suffered so greatly from the discharge of the purulent matter by the urethra, that the abscess was freely opened in the back. About three pints of fœtid pus was at once discharged. A drainage tube being inserted, the abscess was washed out daily. Soon he began to gain in general strength, the cavity to diminish in size, and the discharge to grow less. After about four months he completely recovered, excepting a small opening with slight discharge.

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Population of District	Acreage of District 640 Acres to the square Mile	Date of Election	Distance of Dispensary from Railway Station.
Lisnaskea... ...	Brookborough..	£130	£10 5 0	343	151	8,759	35,198	Mar. 21 Mar. 2	Maguiresbridge, 3 m.

ABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, March 4th,* 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, MARCH 4TH, 1876. Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . . .	10,050	314,666	39	193	233	45	59	...	1	3	...	11	8	1	2	4	67
BELFAST . . .	20,687	182,082	30	140	105	16	22	...	...	5	2	...	2	1	...	...	13
CORK . . .	13,816	91,965	35	42	62	10	18	...	1	1	1	1	4	1	...	1	13
LIMERICK . . .	8,509	44,209	38	30	32	3	7	...	...	...	...	1	1	...	..	2	8
LONDONDERRY . .	21,865	30,884	12	25	7	3	1	...	..	...	...	...	...	...	...	...	...
WATERFORD . .	17,209	30,626	25	1	15	4	5	...	...	...	...	...	...	...	1	2	...
GALWAY . . .	21,358	19,692	21	7	8	...	6	...	...	...	...	...	...	...	1	2	...
SLIGO . . .	30,835	17,285	15	10	5	...	3	...	...	...	...	.	1	...	...	...	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 22, 1876.

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Original Communications.

ON LIGATURE OF THE POPLITEAL ARTERY WITH AN ANTISEPTIC CATGUT LIGATURE. (a)

By Professor TYRRELL,

Surgeon Mater Misericordiæ Hospital, Dublin.

On Friday, December 12, 1873, I read to this Society a paper on the cure of popliteal aneurism by ligature with antiseptic catgut, and I then ventured to state that it would prove of great service in the treatment of external aneurisms. It has been frequently used in London and elsewhere, but as far as I can make out, no surgeon in Dublin has ligatured an artery in its continuity with the antiseptic ligature but myself. At least there is no published record of any such proceeding.

Before entering upon any discussion upon the merits of the plan, I shall, with your permission, lay before the Society the details of another case of popliteal aneurism cured by the antiseptic ligature.

J. Delahunty, a strong, healthy-looking countryman, æt. 55, a shoemaker by trade, was admitted under my care on the 27th July, 1874. He was recommended to me by my friend Dr. O'Connell, of Templemore, who had diagnosed the disease, and wrote me all the particulars he knew of its origin and progress.

The aneurism was on the right side, and of considerable size. The skin over the tumour was tense, and dusky in colour, and the pulsation could be distinctly seen and felt. Pressure on the femoral artery completely arrested it. As the aneurism was a very long one, I took the following measurements :—

Greatest circumference in flexed position, 16½ inches ; in extended position, 15½ inches. The left leg measured at corresponding points in both the flexed and extended positions, 12 inches ; the right limb above the patella, 14½ inches ; the left, 13½ inches.

The area of pulsation measured diagonally, posteriorly, and laterally, 9½ inches ; vertically, 5 inches. The limit of pulsation above the flexure of the joint.

The patient stated that about six months ago he had noticed a slight swelling of his instep, and suffered from pain of a throbbing character in his ham, and that the pain gradually increased. About three weeks before he came to Dublin he for the first time noticed the swelling in his ham.

On admission the foot and leg were œdematous, and hot and painful, particularly at night.

There was no history of injury or syphilis. There was no indication of any visceral disease.

The treatment at first was pressure ; it was commenced on the 3rd of August, and at first he bore it very well, and expressed himself greatly relieved of pain by the application of the compressor. The relief did not continue long. Various instruments were used, and digital pressure was most carefully kept up for twenty-four hours consecutively without the slightest permanent effect on the consistence or size of the aneurism. On the 10th the patient became very restless, fidgetty, and nervous, and on the 15th he refused to submit to any further pressure, as he said it was making him worse, not better. I therefore determined to ligature his femoral artery as soon as I had quieted his nervous system. Muriate tincture of iron, tincture of iron and morphia, in small doses, were given for a few days, and on the 25th of August I tied the artery in the usual place with a stout piece of carbolised gut. The sheath was opened barely sufficient to allow the needle unarmed to be passed under the artery. The vein was not seen. Parenthetically I may remark that the parts are much less disturbed when the needle without the ligature is passed round the vessel and then threaded and withdrawn, than when it is threaded before it is passed ; consequently it is the mode that should be always adopted when practicable.

The wound was sponged with a solution of chloride of

(a) Communicated to the Surgical Society of Ireland, Mar. 3. The discussion will be found on page 236.

zinc (gr. 20 ad ℥i.), the ends of the ligature cut short, the edges brought together with gut sutures, and the dressing completed with a pad of tenax rolled in muslin, and a bandage. It is unnecessary, and indeed would be quite unsuited to this Society, to give any details of the after-treatment. Suffice it to say that the wound healed nearly through its entire length by the first intention, and that no trace of the ligature ever appeared.

He was disharged on the 3rd of October quite well; the tumour had reduced to about the size of a billiard-ball, and was quite hard. Shortly afterwards I had a letter from Dr. O'Connell stating that Delahunty had resumed work, and did not suffer any inconvenience from the operation.

I would have laid this case before the Society last session had not a protracted illness prevented me.

At present there is a good deal of discussion in London and elsewhere as to the best mode of tying arteries in their continuity. Many surgeons use catgut in preference to silk or hemp, and the question is, Is it better than silk or hemp? If it is, in what respect? With what force should it be tied? Do we wish to lacerate the inner coats of the artery or not?

As far as I can form an opinion from what I have read, and from the confidence my two successful cases have given me, although I do not speak dogmatically, I believe with Holmes, that the catgut ligature is a most efficient agent in combating the tendency to secondary hæmorrhage, and that it renders possible that union by the first intention which was John Hunter's object in his first operation on the femoral artery.

A very interesting discussion took place on this subject at a meeting of the Clinical Society of London on the 12th of last November, in which Mr. Maunder, Mr. Holmes, Mr. Callender, Mr. Heath, and others took part, and which is fully reported in the *Medical Times and Gazette* of the 27th of November.

As to the amount of force to be used, it seems that sufficient to occlude the artery and allow the formation of a clot, without dividing the internal coat on the one hand, or causing sloughing or ulceration of the external coat on the other, would be what is desirable; but that must be attained by practice.

In a case reported by Mr. Holmes, after death the artery was perfectly continuous; the knot of the ligature was visible, but there was nothing to be seen of the rest of the string.

I cannot sit down without alluding to Mr. Pemberton's Birmingham) case bearing on this subject, published in the *Lancet* of last Saturday.

CASE OF LITHOTOMY. (a)

By J. K. Barton, M.D., F.R.C.S., &c.,
Surgeon to the Adelaide Hospital.

R. W——, a tall country lad of 19 years of age, was sent up from the co. Cavan by Mr. —— to the Adelaide Hospital with symptoms of stone in the bladder. He was admitted upon the 22nd of June, 1875. He gave the following *history* of his case: In the first week of January, 1875, he for the first time began to suffer from any urinary trouble; what attracted his attention was that the stream of urine, as he passed it, suddenly stopped; it then went on again. Soon after he first noticed this, he passed a little blood, after he had finished making water. In February he was passing water frequently, 7 or 8 times in the day, and also at night several times; and more than once at this time the water stopped altogether, and he could not pass any. This frequency and urgency continued to increase up to the time of his admission, in spite of all remedies employed. His state on admission was as follows: He is obliged to pass water about 15 times during the day, and 8 or 10 times during the night. He gets but little sleep in consequence. The stream is checked suddenly while flowing, and then he suffers severe pain.

The urine contained pus and ropy mucus, natural sp. gr. Under the microscope a very large quantity of crystals of triple phosphates were visible. A Thompson's sound at once detected a stone, the click being audible to all those standing round the bed. No blood was passed after the introduction of the sound, but micturition was very frequent during the following night. He was ordered a hot bath and a morphia suppository.

Upon the 25th micturition was not so frequent, but not less than 8 times during the night. A second sounding was made, and the stone found to be rough, and of medium size.

Upon the 27th a small rigid lithotrite was passed, but it caused great irritation, and the stone was not caught.

July 2nd.—Micturition was very frequent, the urine was high-coloured, and depositing copiously both pus and ropy mucus.

Under these circumstances I decided on lithotomy, and on the 14th of July performed the lateral operation. When my finger entered the bladder I felt no stone, and I had a second or two of anxiety; but by passing my finger as far as possible I felt it, in the fundus, where it had been pushed before the point of the staff. The outer phosphatic layers broke down under the grasp of the forceps, and it was only after considerable delay I extracted by means of the scoop the irregular stone which I now exhibit, weighing, counting all fragments which could be collected, 2·50 grs. The bladder having been carefully washed out, a canule à chemise was introduced, and the patient removed to bed. There was no hæmorrhage worth mentioning. A pill containing gr. i. of opium, gr. i. of camphor, and ½ gr. of ext. of belladonna was given at bed-time, and continued with good effect each night for a week or more.

Next day he was going on well, scarcely any pain. Urine was coming through canula; contains a good deal of mucus, pus, and some phosphatic grit.

Upon the 18th the canula was removed, and the bladder washed with the biborate of soda, and a glycerine lotion through the wound. This was repeated every second day, the urine still containing both pus and mucus, until the 2nd of August, *i.e.*, 9 days after the operation. He had a severe rigor, and accompanied by a sudden rise of temperature, pulse 120, very full, skin hot and dry. He complained of pain over the bladder, but the pain was not localised, but was present over the lower part of the abdomen. He took a mixture containing 5 drop doses of tincture of aconite, with aqua amm. acetatis, every hour. This seemed to cool him, so that on the 3rd his pulse was 115, and temperature 102·6°. The night had been sleepless.

Upon the 4th his temperature was 101°, and pulse 110; and on the 5th both were normal. Upon this day he passed a little water through the penis

Upon the 24th he left the hospital, passing water freely through penis, the urine containing only a little more mucus than natural. He could then keep his urine about two hours without inconvenience; wound all but healed; no urine coming by it.

I heard of him since that he was quite well.

(a) Communicated to the Surgical Society of Dublin, Mar. 3. The discussion will be found on page 236.

CASE OF OVARIOTOMY. (a)

Under the care of H. G. Croly, F.R.C.S., &c.,
Surgeon to the City of Dublin Hospital, &c.

Mary Hennessey, æt 40. Residing at Ballintubber, county Limerick. Never married. Admitted into the City of Dublin Hospital on February 18th, 1875.

History.—Was always in the enjoyment of good health up to *two* years ago, at which time she was attacked with something like "the gravel." Since then has been in

(a) Communicated to the Surgical Society of Ireland, Mar. 3. The discussion will be found on page 237.

delicate health. Menstruation always quite normal in every respect, until the *second* last time, when it was very profuse, lasting *fourteen* days, and accompanied by considerable pain in the left side. About six months ago noticed that she could not stoop or lift anything from the ground without causing pain of a dragging character. In a few days after this she felt a tumour in the right side, which has gradually increased in size up to the present. For the last two months, just before menstruation would appear, she was seized with pain and a feeling of distension in the tumour, which disappeared as soon as menstruation ceased. Latterly has been seized with stinging pains in both sides, lasting only a few seconds, increased greatly by breathing.

On Examination—There is a smooth round tumour, dull on percussion, and clear at the base towards the lumbar regions, occupying the whole of the abdomen, with some varicose veins ramifying on its surface.

Measurement.

At umbilicus	37¾ inches.
From ensiform to pubis ...	16½ ,,
,, ,, umbilicus ...	7 ,,
,, umbilicus to pubis ...	9½ ,,
,, ant. s.s. right side to umbilicus	10 ,,
,, ,, left ,, ,,	10 ,,

March 8, 1875.—Menstruated for the first time since admittance into hospital; lasted for five days, and had a tendency to menorrhagia, and was painful for the first two days. She fancies the swelling has reduced in size, and sleeps better at night. Had a little difficulty in breathing for the first two or three days after being admitted into hospital.

Measurement.

March 19.—	
At umbilicus	39 inches.
From ensiform to pubis	17 ,,
,, ,, umbilicus ...	7½ ,,
,, umbilicus to pubis... ...	9½ ,,
,, right ant. s.s. to umbilicus ...	10 ,,
,, left ,, ,, ...	11 ,,

April 15.—Menstruation due, a week over usual time. Feet and legs swell after sitting up. No albumen in urine. Had a stinging pain in right side under the ribs about a fortnight ago, which has now entirely disappeared.

Measurement.

At umbilicus	40⅛ inches.
From ensiform to pubis ...	18 ,,
,, ,, umbilicus ...	8½ ,,
,, umbilicus to pubis ...	10 ,,
,, right ant. s.s. to umbilicus ...	10⅛ ,,
,, left ,, ,, ...	11 ,,

Clinical Records.

CASE OF RINGWORM OCCURRING IN AN INFANT WITHIN SIX HOURS OF BIRTH.

By J. Roche Lynch, L.R.C.P.

The following history exhibits, in my experience, the earliest period in a child's life, on record, in which ringworm has appeared; save this, there is nothing very especial in the case: but to some of your readers, particularly those interested in skin diseases, it may be of interest.

On the 16th of January, 1874, I was called upon to attend Mrs. W. in her confinement. She has had two children, both living. This child was born at 2 p.m., and the same evening, a friend calling on a visit, noticed a small red spot on the child's right cheek, three-quarters of an inch below the eyelid. I was shown it the next day, but paid little attention to it, conceiving it to be of no importance. It, however, steadily increased, and on the 11th of February was about the size of a shilling. I now recognised it as a ringworm presenting the ordinary conditions. It was treated with the application of acetic acid, and in three weeks it was quite cured.

On inquiry of the nurse, I found four days before Mrs. W. was confined, that she (the nurse) had visited some friends, where one of the children was suffering from ringworm. She took the child for a short time upon her knee. This appears to be the secret of the case; but I must admit for a moment that the question rose in my mind, "Could it be congenital?" On consideration, however, it did not appear tenable; but until I extracted the history of the visit from the nurse, I was puzzled how to account for the disease. I afterwards discovered that at the time she dressed the newly-born infant she was wearing the same dress as on the visit. This was of black stuff, one to which particles of any kind might cling. I concluded that a spore or spores of the fungus had fallen from the head of the first child, and retaining vitality, settled on the cheek of the infant, probably when first handled by the nurse. From this it appears that the spores retain their activity for at least four days, and that when they meet with a suitable locality, develope such power as to produce a clearly defined spot in the course of what certainly did not exceed six hours.

It seemed to me advisable to publish the case, as it may possibly be of some service to those connected with schools and large institutions, which are sometimes sorely troubled by the pest, and points to the necessity of destroying effectually any material that may retain the *débris*, or at least of subjecting it to the influence of such means as will interfere with its inherent vitality, to say nothing of immediate isolation.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

This Society met on Friday, March 3rd, 1876, Dr. Kidd, Vice-President of the College, in the chair.

STRANGULATED HERNIA.

Mr. Croly exhibited a specimen which he had removed from a woman who died in the City of Dublin Hospital on Sunday morning last. She was admitted on the previous evening, suffering from strangulated femoral hernia at the right groin. The woman was very much collapsed; she was 50 years of age, and stated that the tumour was in the groin for a year, partly reducible, but there was a portion of the tumour which was never reducible. In consequence of the great state of collapse in which the patient was on admission, he was afraid to perform the operation on her, and he had to wait until the following morning, and he tried every means to bring about a certain amount of reaction. However, on Sunday morning the pain in the abdomen was so intense that, though he did not entertain any hope of her life being saved, he performed the ordinary herniotomy operation. He first tried if he could reduce the tumour, but found he could not do so. He then opened the sac and found a large piece of omentum—which was much smaller now—and on throwing up this large piece of omentum there was a small knuckle of gut of a very livid colour, though not gangrenous, constricted at the upper part of the splenic opening. He reduced the tumour, but the poor woman died in an hour and a half after the operation. On making a post-mortem examination he found extensive peritonitis where the tumour was strangulated from the Wednesday evening previously. There was now no trace of peritonitis, but it was very well marked at the time of the post-mortem examination, where the small knuckle of gut was tightly nipped. He thought the specimen was worth showing, because it was one of those cases that they all met with, and that they must all feel great regret at not getting in time. These cases were either treated by the taxis too long, or else they were overlooked, or the patient declined to allow the performance of the operation from some cause or other. The patient in the case he had detailed evidently died from the result of shock or peritoneal inflammation.

Professor TYRRELL then read his paper,

LIGATURE OF THE POPLITEAL ARTERY,

which will be found on page 233.

In the discussion which ensued,

Mr. STOKES thought the Society was indebted to Professor Tyrrell for his highly interesting communication. He believed Professor Tyrrell was quite correct in stating that he (Professor Tyrrell) was the first surgeon in Dublin who applied the carbolised catgut ligature to an artery in its continuity. He (Mr. Stokes) had applied ligatures, both of hemp and silk, and had also applied what had been termed the temporary deligation. In none of these cases did he obtain union by the first intention, and his only object in addressing the meeting was to ask Professor Tyrrell a question—whether he obtained union by the first intention in the case in which he applied the carbolised catgut ligature to the femoral artery in its continuity? He thought that if Professor Tyrrell had done so it would form a very strong argument in favour of their adopting that method of treatment in cases similar to the one Professor Tyrrell had described. He hoped Professor Tyrrell would inform the Society on the point.

Mr. CROLY said he had no experience in ligaturing arteries by carbolised catgut in the way that Professor Tyrrell had laid down, and had not tried it for aneurism, because he had not adopted that plan. But with regard to one point that Professor Tyrrell mentioned, relative to the laceration or non-laceration of the coats of the arteries, he (Mr. Croly) dared say that Mr. Tyrrell would recollect that Scarpa laid down many years ago that it was not necessary to lacerate the internal coats of an artery when applying the ligature, but merely to approximate the internal coats. It would appear worth going back to Scarpa's mode of non-laceration of the coats.

Professor TYRRELL said, in reply, that he wished to remind Mr. Croly that Scarpa, in his early operations, was in the habit of tying two catgut ligatures. He did not know that that was continued afterwards. It was his (Mr. Tyrrell's) object merely to note that laceration of the internal and middle coats was looked upon as a *sine quâ non*. With regard to what Professor Stokes had said, the wound healed up in its entirety, and the part that did not heal up was not the part where the ligature was placed. He had no trouble with the wound at all; the only difficulty he had was to keep the patient in bed. They got well when the aneurism was tied,—all pain ceased and all inconvenience—except the anxiety lest anything should go wrong. If they read Mr. Pemberton's case and the discussion which took place at the Clinical Society of London, they would find that the plan of treatment he had described deserved a trial; not that he would wish to say that it should supersede what was familiarly known as the Dublin method. Everyone who had anything to do with patients knew that they could not tell what a patient would submit to, and that what would be good for one would not answer for another. He had a case in which a man had a femoral aneurism. He (Mr. Tyrrell) applied the catgut ligature, and suddenly it got well unknown to them. Delahunty was anxious to get back to his business, and finding that he was not getting well, he became very irritable, and positively refused to have anything more to say to pressure. Having had experience of the ligature, he (Mr. Tyrrell) put it on. A surgeon-major in the Guards ligatured the external iliac artery not very long since with catgut ligature, and, just as in his (Mr. Tyrrell's) case, he put on a double catgut ligature, and he heard no more about the case. He did not wish to say that this mode would supersede pressure, but still he thought it was a means which was well worthy of attention, and of being practised when they had to deal with aneurisms which must of necessity be tied.

Dr. BARTON then read his paper on

LITHOTOMY,

which will be found on page 234.

In the discussion which followed,

The CHAIRMAN said the paper of Dr. Barton was a most important one, and presented many points well worthy of the consideration of the Society.

Mr. TYRRELL said that, from the fewness of the calculi in Dublin, he was not surprised at some hesitation being manifested among the members present to rise and speak on the subject. He had very little experience indeed, having had only two cases of stone, but he had always been surprised that surgeons should introduce the tampon, or *canule à chemise* in inflammation of the bladder. It was not to prevent the urine becoming extravasated, because the water would flow with the catheter, no matter what they did with regard to the urethra. In India they did not think of introducing the *canule à chemise*. They did not introduce it at all unless hæmorrhage occurred and they were desirous of stopping it. In the case he had operated upon he never thought of introducing it, nor would he do so in future unless it were necessary for the arrest of hæmorrhage, and he believed that if they had any foreign body when a state of irritation existed, it certainly did not tend to allay that irritation by leaving the catheter there. They had so little experience in Dublin that they could hardly hope to become authorities on the subject of calculi.

Professor STOKES said that, with reference to the last observation of Professor Tyrrell's he (Mr. Stokes) had always introduced the *canule à chemise*, and he had never seen any harm come from it, nor in any case in which he had seen other surgeons perform the operation who made use of that instrument. Certainly in his (Mr. Stokes') cases he introduced it not to stop any immediate hæmorrhage, but in the event of any secondary hæmorrhage occurring afterwards. It was certainly, he believed, a means of protection, and of stopping the hæmorrhage, and for that reason he thought it should not be thrown aside, particularly when they always bore in mind that, certainly in his experience, and he believed in the experience of most surgeons present, it was not attended by any unpleasant consequences, or in any way interfered with the subsequent favourable progress of the case. Therefore he certainly would not agree with Professor Tyrrell when he said that the instrument should be abandoned by surgeons in this operation.

Mr. B. WILLS RICHARDSON remarked that he did not think that Professor Tyrrell meant to convey that the instrument should be abandoned, but that it should simply be reserved for cases in which hæmorrhage occurred. (Mr. Tyrrell: Hear, hear). He (Mr. Richardson) did not think it was advisable to introduce the instrument otherwise. In the last case he had he did not introduce it. He recollected, too, that the late Mr. Smyly was against using the instrument unless hæmorrhage threatened or supervened.

Mr. CROLY said it was well known that stone was comparatively rare in Ireland. He had performed latterly lithotomy and lithotrity more than once. He had published seven cases of stone in the journals. When recently in London he was greatly surprised to learn from Mr. Bryant and other eminent surgeons in the large London hospitals that they had very few stone cases now, because a hospital had been established for the treatment of stone, and it monopolised all those cases. When they remembered Mr. Cronyff's time, and also Sir Philip Crampton's, if their cases of stone were put together, considering the size of the country, it was not so very rare in Ireland. It was of course rare compared with India and some parts of England. With regard to the question of lithotomy and lithotrity, that was one of the nicest points in surgery. He remembered a case which he had, a man from Enniskillen, some five years ago, and the great difficulty he found was, whether he would cut him or crush the stone. The man had irritability of the ureters, and got rigors from the introduction of instruments. He cut that man, and had every reason to be satisfied with the result of the operation. With regard to the tampon, or *canule à chemise*, he remembered that in the first case in which he used it, it answered admirably, but in the second case it seemed, after the first few hours, to act as a foreign body, and then he took it out. He had used it in every case of stone he had, but he thought that it did sometimes produce irritation. The object of using it was to be prepared to arrest hæmorrhage if it should occur. There could be no doubt that the difficulty of introducing the canula subsequently for the purpose of arresting hæmorrhage would be very great. The question of using the canula was just a matter of experience with surgeons, and that sometimes it might seem to answer very well, He was inclined himself to introduce the canula, and if it produced irritation and there was no hæmorrhage after the first few hours it made its own way out.

Mr. TUFNELL said he had seven or eight cases of stone, and had been very fortunate with them, never having lost a case. He had always used the *canule à chemise*, and the great point was to introduce it fairly and fully into the bladder, so that it made a free exit for the urine. He was in favour of the

instrument, and he never saw any disadvantage follow its use. It loosened itself in 36 or 40 hours and came away.

Dr. Hy. Kennedy said, in reference to the question raised by Mr. Tyrrell as to the frequency of stone in this country, he might remark that the paper of Sir Philip Crampton recorded some 100 cases of lithotrity. As far as he (Dr. Kennedy) knew, from the literature of the subject, stone in the bladder was not so rare comparatively.

Dr. Barton, in reply, had only to say that the reason he introduced the canula in the case he had recorded was to give free exit, to insure a perfectly free exit for the urine, which was sure to be loaded with pus, mucus, and lithites, and some phosphatic grit to some extent; and it certainly caused no irritation in this particular instance. As far as that case went, he thought it did not argue against its use. The only other remark that he would make was that he believed there was considerable experience in the records of surgery in this country in the old *Hospital Gazette* and the *Dublin Journa* of lithotomy; at all events, of what other surgeons had experienced. The special point to which the case pointed was the advisability of setting an inflamed bladder at rest for lithotomy, and that had not been much touched upon by any of the speakers. That was the chief point of interest in the case.

Mr. Croly then read his paper on

A CASE OF OVARIOTOMY,

which will be found on page 234.

In the discussion which ensued,

The Vice-President said he saw the operation performed, and also saw the woman prior to the operation, as well as on one occasion during her subsequent treatment. The case certainly seemed a very favourable one for operation. He did not know that any of those who saw the case diagnosed the great adhesions that were present, though it was a point that he believed was the universal experience of surgeons that they had no means of doing at present. In this case they were very general and very deeply situated, and there was a very great difficulty in separating them. With regard to this point of adhesions, he believed that they should not attach too much importance to them. Anterior adhesions especially affected the result of the operation, and posterior adhesions—adhesions to the liver or diaphragm did not seem to affect it very much either, but adhesions down through the true pelvis were very much more serious obstacles, both to the removal of the tumour and the success of the operation. Fortunately they could very frequently diagnose adhesions in that situation when they could not in other situations. He thought Mr. Keith had made the remark that cases in which the adhesions were most general very often succeeded the best afterwards, but the character of the peritoneum, he suggested, was so altered by adhesions that it ceased to be a serous membrane and became more of the character of connective tissue than true serous membrane, and consequently was less liable to take up inflammatory action. In some cases at which he had been present he certainly had seen the worst results occur where there was a total absence of adhesions. He remembered one case where the sac was removed through an incision perhaps not more than two inches in length. It came out quite easily, and there was not a single adhesion, yet that patient began actually to die upon the table; her pulse ran up, and she died within some twenty-four hours after the operation. In other cases, where they had had great trouble in detaching adhesions and considerable hæmorrhage from the torn surfaces—so much so as to require the application of the actual cautery to check that hæmorrhage—they had recovered without a bad symptom. It was very interesting to him to see this woman after the operation. He never saw any patient after a serious operation exhibit so little constitutional trouble she had done after the operation. She expressed herself as exceedingly comfortable; she lay perfectly at ease, and took the nourishment that was allowed her, which was of course very light and mild in character. She took it well, and suffered neither pain nor discomfort.

Dr. Denham said he had the privilege of seeing this patient before the operation and afterwards. He fully concurred in the propriety of the operation; but he went away almost wishing that he had not given his sanction to its performance, from the amount of difficulty that Mr. Croly experienced in separating the adhesions, and more particularly from the fact of the intestine being glued to the sac, and being to a great extent forcibly separated from it. With regard to the operation, he had seen some of the simplest cases prove fatal, while, on the other hand, in other cases where the disease was most extensive, the women had recovered without any single bad symptom. He thought the case was one of very deep interest indeed practically, and reflected the greatest credit, not only on Mr. Croly, but on the pupils of the hospital. He (Dr. Denham) believed that a vast deal of success depended on after treatment. Mr. Keith never operated in an hospital; he never operated without a certain staff of nurses and assistants, who always accompanied him, and he attributed a great deal of his success to that fact—of having a large airy room, and always the same attendants, who are accustomed to the treatment of such cases. He (Dr. Denham) believed Mr. Keith's practice was not to sew up the wound, but he left it open with a sort of small tube attached to it.

Dr. Kidd remarked, with regard to the attachment of the intestine, that the liability of attachment of the intestine was the reason why they should recommend the operation in these cases. He was present at the post-mortem examination of a woman who had died from the result of an attachment of intestine to an ovarian cyst. This woman had been an outpatient at the Coombe Hospital, and she had also been in several other hospitals, where operative treatment had been recommended to her, but she would not submit to it. At the Coombe Hospital they examined the case very carefully, and, as far as they could make out, the tumour was in a perfectly quiescent condition. She had had the tumour for a number of years, and it did not seem to be growing. On the contrary, as far as they could learn from the history of it, it had ceased to grow, and did not affect the woman's general health. Consequently he did not recommend any operation. The woman seemed to him to bear it so well, her health was so little injured by the tumour, that her chances of life without the operation were a great deal better than would be the case if it were performed. For that reason he did not recommend the operation. However, a few months afterwards she got symptoms of obstructed intestine, and she died in consequence of the obstructed intestine—not merely from the mechanical or constitutional effects of the tumour, but from the obstructed intestine. On making the post-mortem examination they found that a coil of the small intestine was closely adherent to the tumour, and bound down by a band of lymph to it, so that the passage of the intestine was obstructed. She had a great amount of flatus, and he remembered that part of the intestine above the band of adhesion was in a state of strangulation, and that was what made him more inclined for operative interference where a woman died in that way. If he were to meet with a slow-growing case again, the liability of death occurring from the attachment of a coil of intestine would induce him to recommend the operation more than otherwise.

Professor Stokes, who also saw the operation, said he left the operating theatre under the impression—looking at the great difficulties that were experienced, and the number of adhesions in the case—that in all probability it would follow the example of some of the other cases that had been operated on in this city; and it was with a sense of unmixed satisfaction that he heard that the case was brought to a successful termination. It was not too much to say that the case was a trial of surgical skill; and it was most gratifying to know that such a favourable result had been brought about. He was glad the subject had been introduced, because it enabled him to mention two cases in which he had performed the operation of ovariotomy, but unfortunately with results unlike the one under notice. In both cases he had the pleasure and advantage of the Vice-President's assistance; and the cases were apparently favourable cases, at least, as far as in their power lay to give an opinion with regard to such cases. She was a female aged 23 years, and the other patient was 35 years of age. The cysts were not very large. In other respects the patients were in good health, fresh complexioned, well nourished, and no great difficulty was experienced in either operation. In one of the cases there were absolutely no adhesions whatever. The wound made was a small one, and as he said before, there were no adhesions and no hæmorhage—in fact, everthing went on perfectly smoothly, and apparently satisfactorily. Both patients appeared to have recovered the immediate effects of the operation; and in the last case, on the next morning after the operation, the patient's pulse was 76, her skin was cool, she was inclined for food, she was talking cheerfully, and everything was apparently going on well. In that case, 26 hours after the operation, the patient's face suddenly became livid, the pulse fell, a cold

sweat burst out over her forehead, and in less than half-an-hour she was dead. On making a post-mortem examination there was no cause to be found for that sudden collapse. A similar change arose in the second case, with this difference, that in that case it was 36 hours after the operation, but a similar condition of things was observed. He was glad the subject had been brought under the notice of the Society, as it had enabled him—though he was quite unable to offer any explanation of the cause of the fatal results in these cases—to ask if anyone else had met with similar changes, and if so, could they offer any explanation of them, as he could not do so. There they had two cases in which no difficulty was experienced in operating—in one case no adhesions, and in the other very slight adhesions, and everything apparently satisfactory about the cases and about the operations, and yet both those cases died in a comparatively short space of time, without any cause that he could assign for death. It just showed that in some cases where the circumstances were such as to make them think the cases would be most unfavourable, would terminate successfully, and *vice versâ*. One observation had fallen from Dr. Denham which he (Mr. Stokes) thought deserved remark, and it was in reference to the alleged advantage of not operating in these cases in hospital. His (Mr. Stokes') impression, from what he had read, and his experience, was that a great deal too much stress had been laid on that topic, for they had had, not a large number certainly, but still there had been, as Mr. O'Grady had shown, a very considerable number of successful cases of ovariotomy treated in Dublin in which the operations were performed in hospital. A considerable number of operations had been performed in private by gentlemen who had been imported into this country to perform the operation, and in which the results had not been at all successful, and in which the operations were carried out with all the surroundings that were considered by Mr. Keith and others to be desirable. He (Mr. Stokes) therefore thought that too much stress had been put upon the point with reference the importance of isolating these cases. He remembered three or four cases in which precautions sometimes used were not resorted to, where the operation was performed in the theatre of the hospital, surrounded by a large class of students, and in which the cases terminated as successfully as could possibly have been desired.

Mr. B. WILLS RICHARDSON said that in the Adelaide Hospital they had had five cases of ovariotomy, four of which recovered, and as the question of adhesion had been raised, he might mention two of these cases. One occurred in the practice of Dr. Albert Walsh, and the other was under the care of Dr. Atthill. In Dr. Walsh's case, not only a piece of intestine, but a great many inches of intestine, were adherent to the sac, and they had to be torn off. The intestine and sac seemed more like the ox tongue than anything else he could resemble it to. That woman recovered without a bad symptom. In Dr. Atthill's case the sac was adherent to a portion of the anterior abdominal wall. It had, of course, to be torn off,, and in tearing it a considerable portion of the peritoneum was torn from the abdominal wall also, and after the sac had been removed the peritoneum was seen hanging in the abdomen like a flap, and it was cut off. The transverse muscle was exposed. Even that woman had not a bad symptom. Both of these cases, therefore, had recovered without a bad consequence, and in the latter case a considerable portion of the abdominal wall was stripped of its peritoneum.

Mr. TUFNELL said he just rose to mention a case illustrative of what Mr. Stokes had said, in which he had assisted the late Dr. Beatty. It was that of a young lady, and there was not the least difficulty. The wound was only about two inches in length, and yet in two hours she sank and died, and no reason whatever could be assigned for such a change. No post-mortem examination was made in the case.

Mr. RICHARDSON said, though it was somewhat out of order, he desired to ask Mr. Stokes whether the venous system was examined in his cases.

Mr. STOKES replied that the heart and pulmonary veins were examined.

Mr. CROLY said he was glad the subject had elicited so much interesting discussion. In the first ovariotomy case he had, he expected that there would have been a great number of adhesions, from the fact that the woman complained of intense pain over the region of the right ovary, and had so much crepitus. She required opium, leeches, and purgatives, and when these had been applied with good effect he performed ovariotomy. Very few adhesions were present, and it was an interesting fact to record that his hand was not once introduced into the cavity of the abdomen, which, as far as his limited experience of ovariotomy went, was an exceptional circumstance. After he punctured the cyst it drew out like a glove. The woman, however, died in 24 hours, and he confessed he was greatly disappointed, and was greatly at a loss to know the cause. There were no appearances to account for it, and the post-mortem examination revealed nothing. He agreed with Mr. Stokes when he said he thought there was no advantage gained by special nursing and special wards. He (Mr. Croly) was aware that adhesions were looked upon by some high authorities as no preventive of recovery. He did not question the point laid down by Mr. Keith as to the peritoneum undergoing change in these cases. It was quite possible that the portion of the peritoneum that had become adherent was changed. If he met with a case similar to Dr. Atthill's (at which he was present), no matter how formidable, he would take out the tumour as well as he could, and he did not think they should be discouraged by adhesions.

The Society then adjourned to the 24th of March.

Literature.

DR. CHUNDER ROY ON FEVER. (*a*)

OF late years it has been the fashion with writers, whether of fiction or reality, such as Disraeli, Bulwer, and others, to laud the Aryan race of the Himalayas, and, if any nation is entitled to the epithet, it is the Hindu root and branch. We have seen many talented Hindus, such as the late lamented Dr. Chuckerbutty, and others, educated in London; but it is interesting to know that Dr. Gopaul Chunder Roy is a scion of the Calcutta University School, that he was a practised teacher of medicine before he ever set foot on British soil, that subsequently he became a Fellow of the Royal College of Surgeons of London by examination, and M.D. of the University of Glasgow, and then qualified in the Government School of Military Medicine and Surgery, at Netley, for the Indian Service. Now Dr. Roy comes before us as the author of a valuable clinical contribution to our knowledge of fever, founded on extensive personal experience in a desolate region of India.

The sanitary statistics of Bengal are applicable to every part of the world, and interesting to every medical practitioner. The manner in which he has worked out the problem of endemic disease will be found suited to fever, whether intermittent, remittent, or continued, as found anywhere on the face of the globe, and he traces skilfully the conversion of endemic into epidemic disease.

The work contains a considerable addition to our knowledge of the physiology and pathology of the spleen, besides an excellent *résumé* of medical practice in India, none the worse for being concise. Dr. Chunder Roy is versed in all the medical literature of the day, and the controversies respecting malaria, chill, and moisture, contagion, bacteria, spores, and germinal cells, morbid poisons of variola, syphilis, and poisonous snake-bites. The discussion on malaria, and the remarks upon various articles of the materia medica are well worth consideration.

ON THE RARITY OF SOFT CHANCRE IN PARIS AT THE PRESENT TIME. (*b*)

DR. CHARLES MAURIAC is one of the physicians to the Hôpital du Midi of Paris, and is well known as an accomplished physician in other departments of pathology. His translation of Dr. West's work on Diseases of Women is so good that the author told us that when he brought out a new edition he would translate all

(*a*) "The Causes, Symptoms, and Treatment of Burdwan Fever, or the Epidemic Fever of Lower Bengal." By Gopaul Chunder Roy, M.D., F.R.C.S., Surg. Bengal Establishment. J. and A. Churchill, London. Thacker, Spink, and Co., Calcutta.

(*b*) "On the Rarity of Soft Chancre in Paris at the Present Time." By Dr. C. Mauriac.

Mauriac's notes. Such being the case, we are prepared to find that Dr. Mauriac is as an accomplished writer on the special and interesting topic before us.

Gonorrhœa has possibly been known to mankind in all ages, and it seems to the writer of this review that soft chancre is in the same category of virulent diseases, for Celsus, in his work on medicine, seems clearly to write about such kinds of sores. Syphilis is a new disease; it was unknown to the Ancients. It seems to us that this terrible contagion must have been brought to Europe by the sailors of Columbus' ships in the year 1493; notwithstanding that Fracastor and other able writers in the sixteenth century assert the contrary. We cannot find that the Greek or Roman writers knew anything about syphilis; and as to the Chinese, we confess we know too little about that curious people to hazard an opinion as to whether the works spoken of by Captain Dabry, and which would make out that Chinese medical men had described secondary and tertiary disease long before the Christian era, are authentic or not.

Can we do much to put an end to venereal diseases? That is the question which has puzzled so many able minds of late years. In reply to it Dr. Mauriac, of Paris, in his most interesting work, entitled "Rareté Actuelle du Chancre Simple," Paris, Delahaye, 1876, thus speaks: "The soft chancre is the most crapulous of the three venereal diseases. In truth, it is a disgrace to our civilisation that it still exists. Have we not the power of destroying it as we destroy vermin, and all parasitic diseases, which lodge on the skin? Yes, I am convinced that it will be made to disappear whenever society will seriously take the trouble to make it cease. Its rarity, which has been extraordinary for some time past, is it not perhaps the prelude of its future extinction?"

"Certainly (he adds) I would not be equally affirmative with respect to syphilis. Since that disease invaded Europe, at the end of the fifteenth century, it has never ceased to rage. It has before it, as it has had in its past history, many years of existence. Reason however, tells us that it is not inherent in humanity, so that we need not for ever despair to destroy it. But how many circumstances contribute to perpetuate it; its constitutional character, the contagiousness of its products during their early phases, the inutility of preventive cauterisations of its primitive accident, its hereditary transmission, and the virulent contagiosity of the lesions of the fœtus, &c."

"As to gonorrhœa, it will remain as long as humanity. It was born with it, and will die with it. Were we to extinguish this special inflammation for several years, it would reawaken from its ashes. And, indeed, it would be rapidly reawakened, for it would not be a very difficult or complicated experiment to create an acute catarrh of the urethra and raise it to that point of specificity that would make it contagious. Perhaps such a fact takes place more frequently than is supposed. Whereas, let anyone attempt to create anew the syphilitic poison or the virus of the simple chancre."

In a letter to the writer of this paper from Dr. Mauriac, dated January 31, 1875, that gentleman says: "I am a great partisan of the measures of repression used at Paris. It may perhaps be opposed to the principles of individual liberty, but it is extremely useful in the point of view of hygiene. It appears to me incontestable that, if we were to sequestrate all persons attacked with venereal contagion until they were completely cured, it is not to be doubted that we should arrest the propagation of the disease. That is the method the most simple, energetic, and radical. I do not say the most moral, or philosophical. Whatever the practical solution adopted may be, regulated repression, guided by curative, preventive, and hygienic medication, will always be of incontestable efficacy."

"But (adds M. Mauriac) in order to take away the reproach of injustice, first of all, it ought to be applied as rigorously, and even more rigorously, to men than to women. Therein lies the odious nature of the present law. Why do they imprison a poor woman who has infected without knowing it, and in order to gain her living, several individuals who have sought her but for their pleasure, whilst they leave in perfect liberty these same individuals who, having but their pleasures alone to satisfy, infect, without any scruple, women obliged to undergo their contact for a morsel of bread to eat."

"With an energetic repression, guided by medical science, and directed against *men* as well as women (says Dr. Mauriac), I think we should attain extraordinary results. But is this possible?"

Such are a few remarks from the able pen of Dr. Charles Mauriac, physician to the Hôpitul du Midi of Paris; and I now proceed to show what are the results of his long and important studies at that hospital as to the prevention of the different varieties of venereal disease in Paris. It appears, then, that, in 1869, 3,547 persons came to the Hôpital du Midi to consult Dr. Mauriac, and of these there were 680 syphilitic primitive affections; 503 of consecutive syphilitic symptoms; 1,633 cases of gonorrhœa; with 367 simple chancres. So that in 1869 there were nearly twice as many hard sores as soft sores. In 1875, as we shall see, the soft chancre was seen only some 55 times at his consultations, and Dr. Mauriac thus adds: "I was speaking on this question, some days ago, with one of the eminent masters of modern syphilography, with Dr. Bassereau, to whom we owe the great discovery of the duality of the chancre. I said to him that the rarity of the soft chancre was becoming more pronounced daily, so that whole months passed without my ever seeing one solitary case of it at my consultations."

Dr. Bassereau thereupon consulted his notes, and wrote to say that when he was *interne* of M. Ricord at the Midi there was found but one hard chancre to thirty soft chancres.

Very few chancres, either hard or soft, are treated at the Lourcine, female venereal hospital of Paris. Thus, in 1861, there were there treated 425 cases of vulvitis and vaginitis; 36 cases of indurated chancres; and 20 cases of soft sores.

The war and the Commune caused great disturbances in the amount and kind of venereal contagion seen by the medical officers of the Hôpital du Midi. Thus, in 1871, there were no less than 794 cases of soft sore and 247 cases of hard sore seen by M. Mauriac. In 1872, there were admitted into that hospital 914 cases of soft sore; 561 cases of hard sore; 704 of secondary syphilis; and 1,212 cases of gonorrhœa. In 1873 there were treated at this hospital 3,487 cases, of which 625 were soft sores; 548 were hard sores; 902 secondary syphilis; and 1,402 gonorrhœa. In the year 1874, Dr. Mauriac treated only 58 cases of soft sore; 372 cases of hard; 154 cases of secondary syphilis; and 504 cases of gonorrhœa in his 96 beds. In 1875, he treated 1,247 cases, out of which there were 55 cases of soft sore; 527 cases of syphilis, primary and secondary; and 665 cases of gonorrhœa. These were treated in his wards.

Dr. Mauriac, then, believes that at this moment there exist at Paris at least ten times as many syphilitic chancres as soft chancres; and he believes that a somewhat similar diminution is found to obtain at this time in Copenhagen, Christiania, Prague, Vienna, Munich, and Strasburg. Everywhere, he says, soft chancre is becoming less frequent; whilst hard sores are increasing in numbers. At Lyons, too, there are now so few soft sores that M. Brun, one of the *internes* of the hospital for venereal patients, said lately that he had not observed more than four or five soft sores in six months.

The soft sore is like an animal or vegetable parasite; it only acts locally; and when burnt out of the part its action ceases entirely. Syphilis, on the contrary, cannot be locally got rid of; and whilst the soft sore has *no* incubation, the hard one has an incubation of weeks, and even months. On these considerations, Dr. Mauriac asserts that the soft sore, he is profoundly convinced, is condemned to disap-

pear as soon as society thoroughly makes up its mind to make it disappear; and he points to the astonishing rarity of it as a proof of his assertion. Any person, too, on examination of the genital organs of either sex will easily notice this sore, with its edges sharply cut, and the surrounding inflammatory areola, and with the sanious pus exuding from it. This is not the case with the syphilitic sore, which causes infinitely less inflammation, and is often ignored, and, especially in women, remains in a latent state. Nine times out of ten, too, mucous tubercles, or condylomata, are taken by those who are ignorant of their nature for simple pimples caused by indigestion. Gonorrhœa, in its after stages, in the female, is undistinguishable, or nearly so. Add to these facts the painfulness of the soft sore as compared to that of gonorrhœa, or hard chancres, and it is easy to see why these sores are more readily recognised. He attributes the rarity of this form of venereal disease to the police medical system of Paris.

But here comes the weak side of the system. "Suppose a woman have, in place of a soft sore, a hard sore," says Dr. Mauriac (p. 72), "she will soon be cured of this. But then will come condylomata, which are almost as contagious as the primary disease; and these will be reproduced during a period of fifteen months, two years, and even more. Rendered back to liberty, she will be the focus of contamination without any new infection. For an absolute guarantee it would be necessary that her detention should last as long as the period of contagiosity of syphilis. Is this possible? It is the same with contagious catarrh of the genital organs in women. How many are there who are believed to be cured, and in whom the disease returns in a few days under the form of innocent leucorrhœa. If gonorrhœa be difficult to dry up in the male, it is yet more so in the female. We cannot, however, detain patients until all the secretions of the vulvo-urethral glands, of the vagina, and of the neck and body of the uterus may have attained a perfect type of normal health."

The following statistics show how truly Dr. Mauriac has spoken of the difficulty which there exists in getting rid of that great plague, syphilis, by any means yet tried in Paris. Whilst soft sore is becoming so rare, syphilis—true syphilis, is augmenting in Paris. Thus, in 1861, 570 cases of primary and secondary syphilis were treated at the Hôpital du Midi; in 1861, 572 cases; in 1862, 503 cases; in 1866, 799 cases; in 1868, 985 cases; in 1869, 1,442; in 1872, 1,265; and in 1874, 1,578 cases. The same holds good at the Hôpital Saint-Louis. M. Mauriac shows that clandestine prostitution is the cause of this great increase in syphilitic affections. "The downfall (he says) of public houses of prostitution, and of prostitution *en carte*—*i.e.*, of inscribed prostitution, and the increase of free or clandestine prostitution have, then, the double effect—first, of diminishing the soft sore; second, of augmenting syphilis.

It appears from the statistics given by Dr. Mauriac that soft chancres are, strange to say, relatively more commonly obtained among registered than among unregistered women in Paris. He makes this important remark, which may make many persons reflect:—"Remember that by the fact of women being under police control, they are no longer free; and these women are obliged to accept everyone, the most ignoble persons, the most filthy, and those least careful of their persons, and most degraded by nature. All of these have a resource in the public house of prostitution. Repulsed by the free women, or even by the *filles en carte*, they are obliged to content themselves with this slight satisfaction of the senses, which the women in houses cannot refuse when money is offered. The women in registered houses thus become the prey of all that is the most repulsive and least scrupulous amongst the lowest category of debauch and libertinage."

Alas! what terrible degradations and miseries yet haunt our modern societies! Wars are but of yesterday in Europe, and threaten again to break out between the most civilised peoples. Poverty and infantile deaths abound everywhere. Drunkenness and crime are still plentiful enough in our midst. And amid all of this stalks prostitution with its detestable *cortége* of venereal diseases. When will society learn to be able to attack such manifold evils justly and without tyrannising over the weak? Is there no way of, getting rid of venereal diseases except the French system—which seems so inadequate to cope with syphilis and gonorrhœa, and which leaves men free to infect for their pleasure as many women as they please, whilst it shuts up in a prison the woman who sells all she has to sell, her person, for a little food? Is it not possible to educate our population in the elements of hygiene, and make entrance into numerous charities simple for all men and women with "contagious diseases," whilst we punish with severity any one who knowingly infects any other with such contagions?

Such are one or two of the questions which suggest themselves to us on reading Dr. Mauriac's most philanthropic and kindly written work; and remembering that in Paris at least the effect of police regulations has lately been to drive women into clandestine prostitution, and thus to increase true syphilis, finally, we would ask, Is it the part of a wise Government to interfere with the action of adult men and women in questions in which it has comparatively little power?

THE STUDENT'S GUIDE TO DENTAL ANATOMY AND SURGERY. (*a*)

THERE is not a more useful class of text-books than that of the "Student's Guide" manuals, which have been recently projected by the well-known publishing firm of J. and A. Churchill. Considering the number of subjects which the medical student is expected to master within the short term of three or four years, he cannot commit a greater mistake than that of making his first acquaintance with either of those subjects through the medium of large and exhaustive treatises. His comprehension and his memory are confused and embarrassed by the multitude of petty details and facts with which all large works abound, and when he rises from his studies the main features and principles of the science on which he has been engaged are by no means so clearly and indelibly impressed upon his memory as they would have been had he contented himself with reading a more elementary work. For this reason we cannot commend too highly the design of these manuals, and, incidentally, of the work we are now reviewing, which is, to quote from the author's preface, "that they should be free from needless technicalities, that they should facilitate the labours of the student, and that, whilst each volume should be complete in itself, it should, at the same time, lead the reader to desire, and direct him in seeking, the fuller knowledge afforded by more extended treatises." To say that Mr. Sewill has, in the present volume, ably and faithfully carried out this design, is in itself no small commendation; but, independently of this, there are other points which entitle his work to the attention of the dental student and general practitioner; indeed, we may confidently state that it is the only attempt which has been as yet made to give a concise and consecutive account of the whole subject, including anatomy, pathology, and treatment, without entering upon doubtful and controverted matters.

In the commencement of the work we have a good description of the anatomy, histology, and development of the teeth, in which the author has incorporated the results of the most recent investigations that have been made into those subjects. Thus, with regard to the development of the teeth, and the histogenesis of the dental tissues, the descriptioms that are to be found, even in our latest text-books on physiology, are entirely based upon the investigations of Goodsir, which were published in the year 1838. Since that time the subject has been investigated by numerous physiologists, especially Marcusen,

(*a*) "The Student's Guide to Dental Anatomy and Surgery." By Henry Sewill, M.R.C.S., L.D.S.; Hon. Sec. Odontological Society; Dentist to the West London Hospital, &c.

Kölliker, and Waldeyer;' and we are glad to see that Mr. Sewill has not only drawn upon these authorities, but has also given his readers a neat summary of the still more recent and elaborate researches of Messrs. Legros and Magitot.

The physiological part of the manual is completed by a brief description of the growth of the jaws, and of dentition, and this is followed by a full account of the malformation and irregularities of the teeth. The latter subject is one of much importance, and one to which Mr. Sewill has devoted great attention, as evidenced by his well-known monograph on this particular department of dental pathology.

Of all the different subjects, however, with which dentists have to deal, there is none in which the public are so interested, or on which medical men are so frequently asked to pass an opinion, as that of the cause and nature of dental caries. There is a very general impression among the community that dentists cannot satisfactorily account for the havoc which this disease causes among the teeth of nearly every third person we meet with, and for the fact that we seldom find a sound set of teeth in any individual over 30 or 40 years of age. But this is a great mistake, as dental pathologists can give as good an explanation of the causes of the deterioration of teeth as can be given in respect of insanity or any other disease which has likewise increased within the last fifty years. The theory of the etiology and pathology of caries which our author has adopted is, to use his own words, "entirely based upon generally admitted facts; it is that which I believe can alone be arrived at by reasoning upon such facts; it is that which recently has been enunciated by the best authorities, and eventually must be, in my opinion, universally accepted." These causes are to be found in the action of acids, which occasions a gradual softening and disintegration of the dental tissues, the origin and progress of the disease being favoured by certain structural defects in the enamel and dentine, and by certain derangements of the general health. "The local and constitutional diseases which favour the onset and progress of caries are those which are accompanied by inflammation of the oral mucous membrane, and those which give rise to the formation or deposit of acid within the mouth. Among the former may be particulariy enumerated all the varieties of stomatitis; among the latter, scrofula, syphilis, phthisis, diabetes, chlorosis, and chronic alcoholism. These constitutional affections exert their baneful effect upon the teeth in great part by reason of the chronic inflammation of the gums, the vitiation (even general acidity) of the secretions of the mouth, and the dyspepsia with which they are all so commonly accompanied." A curious fact in connection with dental caries is that the teeth are not all equally liable to decay; and Mr. Sewill gives the statistics of 10,000 cases collected by Magitot, which show the great relative frequency of caries in the first molars, as well as the much greater frequency of the disease in the front teeth of the upper than in those of the lower jaw. The latter circumstance may, in the opinion of the author, "be accounted for by the fact that the lower front teeth are protected from the action of acid by the saliva with which, owing to their position, they are constantly bathed." He admits, however, that no entirely satisfactory explanation of the above facts has yet been afforded.

The chapter on "The Treatment of Caries" is particularly good, and occupies nearly forty pages of the work. Much information is given respecting the prevention of this very prevalent affection, as well as some good advice suggested as to the diet and mode of living that should be adopted by persons whose teeth show symptoms of premature decay. We all know what great progress has been recently made in hygienic medicine. This progress has certainly extended to what might be called the hygienic branch of dentistry. We are deeply indebted to the dental profession for the advancement that has been made in the pathological, therapeutical, and purely mechanical departments of their art, but it would be a great boon to the public if more systematic investigations were made into the causes and prevention of this disease. We have already referred to the valuable statistics of Magitot, and if some similar researches were made into the influence of congenital conformation, hereditary and antecedent disease in the individual or his parents, as predisposing or direct causes of caries, we cannot but think that some valuable contributions would be made to dental science. Whether the public would profit by the knowledge so obtained is quite another question. We firmly believe that the great perfection to which mechanical dentistry has been brought not only partly accounts for the comparative neglect with which the hygiene of the subject has been regarded, but has made the public themselves remarkably careless about the preservation of their teeth, and will always in some measure prevent them from adopting those prophylactic measures which science has placed in their way.

We feel, however, that we are rather digressing, and that these observations apply more to dental literature in general than to the manual we are now reviewing. Before taking our leave of it, we must state that the rest of the work contains a complete and practical account of dental periostitis, alveolar abscess, dental exostosis, diseases of the gums, the stopping and extraction of teeth, &c., &c., and all treated of in an admirably clear and concise style, which cannot fail to interest and instruct, not the student only, but the general practitioner, who, perhaps far away from any dentist, must have often felt the want of such a work as Mr. Sewill's "Manual of Dental Anatomy and Surgery."

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 22, 1876.

LEGISLATION ON VIVISECTION.

A fussy nobleman, Lord Henniker, apparently in a great hurry for legislation on vivisection, hoped, "as he felt strongly on the subject himself," the Government would lose no time in dealing with it. He trusted "a bill would be brought in with the least possible delay." The Duke of Richmond, however, with commendable firmness, is not inclined to be hurried in the matter, nor will he let the clamour of those who have allowed their feelings to get the better of their judgment at all drive him into hasty legislation. The outrageous statements made by "the large number of persons (including Lord Henniker) who feel strongly on the subject" have been entirely refuted, and clearly shown to be for the most part gross exaggerations. Not one of the number was able to prove acts of cruelty on the part of the teachers of the medical schools of this country; and the witnesses who presented themselves before the Commissioners, ready primed with

quotations from physiological text books, and as special advocates of the anti-vivisectionists, utterly broke down. Even the representatives of sham societies got up for the total suppression of vivisection, and who had continually advertised trumped up charges of cruelty against the profession, utterly failed to make good their assertions in a single instance.

Neither Mr. Jesse nor Mr. Hutton could do more than deal in surmises and generalities, and, like drowning men, clutched at every straw carelessly flung aside by an outspoken witness. No right-thinking and dispassionate person can come to any other conclusion than that arrived at by the Commissioners, who, after carefully weighing the evidence brought before them, unanimously declared that, on the question of the unnecessary infliction of pain on any of the lower animals, "a general sentiment of humanity pervades all classes in this country. The principle is accepted generally by the highly-educated men whose lives are devoted either to scientific investigations and education, or to the mitigation or the removal of the sufferings of their fellow-creatures." Even the feelings of the students on this subject are equally pronounced and quite as humane as those of their teachers. Sir William Gull's testimony on this head is sufficiently conclusive; and he affirms "that in a medical school anything like cruelty or indifference to suffering would be scouted by the public opinion of the students, and that he had never seen anything like indifference on the subject." It is, indeed, sufficient to know that medical students of the present day are educated gentlemen, and therefore as little likely to forego or disregard the dictates of humanity as Lord Henniker and his friends.

Unscientific persons would do well to act with some modesty and restraint in the formation and expression of opinions on a matter like this, since they are less keenly alive than perhaps they ought to be to the great importance of physiological research; at all events, they would do well to keep silence, and turn with some deference towards a profession to which they must at some period or other of their lives be under some obligations. Sir Thomas Watson could see nothing to condemn in vivisection as practised in this country; on the contrary, he stated as his deliberate opinion, that when made for "some definite object, some plain question to be settled, some important doubt or uncertainty to remove, some hypothesis containing a promise of service to humanity to be confirmed or confuted, at least some reasonable hope of and prospect of resulting benefit," that then the means perfectly justified the end.

The same line of argument was employed by Sir James Paget, who said, "in his opinion, that experiments on animals susceptible of pain ought not to be prohibited, even if it were possible to do so. All medical science," says Sir James, "being in a state of progress, is continually coming in sight of problems which can only be solved by experiments either upon man or upon some lower animal; so that if a patient suffering from injury or disease is brought to a physician or surgeon, he must either adopt some course of cure which has become known to him from the former experience by himself or others on animals, or else he must adopt upon conjecture the remedy which he thinks most likely to be useful; that is to say, he must submit the present patient to an experiment instead of proceeding to his treatment with the assuance which might have been given by past experience." We save ourselves, as Mr. Simon expresses it, "a great deal of needless experimentation on man by some experimentation on the lower animals." "This cogent argument," observe the Commissioners in their report, "is evidently susceptible of indefinite illustration from memorable cases which have from time to time occurred in history;" and "it would require a voluminous treatise to exhibit in a consecutive statement the benefits that medicine and surgery have received from these discoveries."

Nevertheless, we do not wish to deny Lord Henniker and those who are with him the gratification of legislative interference to prevent even the semblance of abuse. We have already expressed our opinion on this point, believing that some kind of State interference is called for in the interests, not only of humanity, but also of science, for, as the Rev. Dr. Vaughan, with the characteristic of a master mind, puts it, "those to whom we turn in our keenest distresses, and to whom we never turn in vain, have a right to our most scrupulous, most respectful regard, when the topic is one upon which *they know* where *we guess*."

REPRESENTATION OF SURGERY IN THE GENERAL MEDICAL COUNCIL.

The deaths of Dr. Warburton Begbie and Dr. Parkes have placed at the disposal of the Crown two of the seats on the General Medical Council, and we accept the opportunity to represent once again the altogether inadequate and unjust representation of surgery in the Council. In the year 1873, when Sir Robert Christison and Drs. Stokes, Parkes, and Quain went out of office, we called attention to the matter, but as all these representatives were re-elected except one, the opportunity did not arise for the Government to show its policy. It is different now, and we trust that the mistake will not be committed of appointing a physician in the room of Dr. Begbie, and thus still further weakening the influence of surgery in our Medical Parliament. The profession will be surprised on being reminded that of the twenty-four members of the Council only three are pure surgeons, viz., Mr. Quain, of the London College of Surgeons; Mr. Macnamara, of Dublin; and Mr. Fleming, of Glasgow. The remaining twenty-one, with three exceptions, are not only physicians in practice, but most of them are bound in the most intimate relations with universities or colleges of physicians, many of them holding professorships or other offices in purely medical licensing bodies. The three exceptions to this rule are Professor Humphry, of Cambridge, and Mr. Turner, of the Scotch Universities —who are rather anatomists than surgeons—and Mr. Bradford, of the London Apothecaries' Hall, who is an ex-military medical officer, and not, we believe, in practice at all.

Out of seventeen licensing bodies who send delegates to the Council, eleven are almost purely medical, and three others—the Apothecaries' Companies and the Glasgow Faculty—are neuter. The proportion of four physicians to one surgeon is accurately maintained in a scrutiny of the

representatives themselves, twelve of whom are practising physicians, while only three are pure surgeons, and two others who may be considered as neutral.

These facts leave no doubt whatever on our minds that there is a serious peril that surgical interests and the status of the surgical profession must take a subordinate position in the estimation of the Council, as long as so large a preponderance of one side exists. It was originally in some measure to correct this anomaly that the five Crown nominees were introduced into the body, and the object of our argument is to show that it is the bounden duty of the Privy Council to restore, as far as possible, the balance of power by the appointment of a Crown representative, which they are on the eve of making.

It is unnecessary for us to argue that surgery is deserving of a larger representation than it receives. The three surgical corporations we believe we may say confer a greater number of qualifications to practise than all the medical licensing bodies put together, and the surgical diploma is always recognised as the first and most important qualification, towards which the medical licence occupies a subsidiary though necessary relation.

The Council was originally, and is still, so constituted that, as regards its representative element, physic has always been in an overwhelming majority over surgery, and it appears obvious to any one who examines the list of licensing bodies who appoint, that for this reason alone the surgical corporations would stand a poor chance should any question arise in which their interests clash with the universities and the bodies who confer purely medical diplomas. Such a contingency is by no means visionary. At any moment—such question may arise as whether one or two courses of lectures on anatomy shall be required of the student, or whether two or four examiners shall test the candidate in surgery, and it does not need to be a prophet to foresee the verdict at which the Medical Council as now constituted, would arrive.

Her Majesty's advisers have it in their power to equalise to a certain extent this preponderance of the speciality of medicine over that of surgery, and we trust that they will recollect the interests that are at stake and protect the rights of the surgical corporations, who, it appears to us, would do wisely to take steps to represent the facts to the Privy Council, and claim for the profession which they represent something like an equal share in the constitution of our professional Parliament.

MILITIA SURGEONS.

The same miserable spirit of cheese-paring economy and hostility which has been evinced towards the medical officers of the army is being also exhibited towards the medical officers of the militia, and, as a consequence, we may expect to find, in a short time, the auxiliary forces without any surgeons at all. As it is, indeed, there are nine Irish militia regiments now without a surgeon! the medical duties of those regiments being performed either by a civil practitioner or, in case of there being an assistant-surgeon still in the regiment, by that officer. The militia surgeon has been deprived of the recruiting, and, with it, of a certain income, and this without any fault on his part. The recruiting duty is now done by the army surgeon free of expense, and the country is therefore saving money at the expense of the militia surgeon, who, in order to retain his militia appointment, often relinquished private practice or other appointments. Even the miserable pittance of twopence per week paid for attendance on the permanent staff will be taken away from the militia surgeon as soon as the depôt centres are completed, and he will be called upon merely for the annual training—possibly in England or Scotland, or other place remote from his home—when he will have to give up his private practice and procure, if allowed to do so, a paid substitute for his public appointment! Assistant-surgeons naturally look for promotion, and formerly, as a rule, obtained the surgeoncy of their regiment, whenever it became vacant, and, of course, the emoluments of the office. Now appointment to surgeoncy has been suspended, and the assistant, when such exists, is required to do the whole duties of the regiment on his assistant's pay! without the inducements of promotion in rank or emoluments! What a boast for an enlightened War Minister of Great Britain in this century to say he can effect a saving of £1,000 per medical man per ten years in the army, and getting double the work out of him as formerly, and that he can get his auxiliary forces medically looked after for next to nothing! A new warrant has been promised to the militia surgeons by the present Secretary of State for War over and over again, but this warrant is now as great a myth as it was a twelvemonth ago. The present militia surgeons are kept dangling on, not knowing what further blow they may sustain. Surely it is time this gross injustice to a profession on which depends the safety and well-being of our army should cease, and it is time our Government learned from neighbouring enlightened States how to deal with scientific men and with a learned profession.

Public corporations, Government servants, public officials have been compensated whenever their services have been dispensed with by the country—viz., the Irish Church, proctors, army agents, law officers of various kinds, and recently militia adjutants, have been liberally induced to retire; the militia surgeons are fully entitled in all equity and justice, to have their grievances redressed, and to receive fair compensation for loss of emoluments.

We fully expect at the next army medical examination a similar fiasco to that at the last; the intending candidates, at least in this country, see through the ten years' dodge and the £1,000 inducement; the English Minister entirely ignored that the Irishman does not look forward to buying and selling the medical profession as a piece of broadcloth at the end of ten years, but that he looks to an honourable career in a non-mercantile profession. The feeling in the Dublin School, so far as we have been able to learn it, is to hold aloof from the army so long as its medical department is managed as it now is.

The position and pay of the militia surgeon should be restored, and the claims of the assistant-surgeons respected.

Notes on Current Topics.

Mr. Gibson's Bill.

THE following is the text of the Bill introduced by Mr. Edward Gibson, M.P. for Dublin University, to throw open Irish infirmary surgeoncies to all duly qualified surgeons, and to put on the Register all bachelors in surgery and State medicine diplomates of the University. The Bill is "backed" by Dr. Cameron, Mr. Mulholland, and Dr. Ward :—

A BILL TO ENABLE LEGALLY QUALIFIED MEDICAL PRACTITIONERS TO HOLD CERTAIN PUBLIC MEDICAL APPOINTMENTS, AND TO AMEND THE MEDICAL ACT.

WHEREAS under the provisions of the statute of the thirty-sixth year of the reign of King George the Third, chapter nine, of the Parliament of Ireland, no person is capable of being elected surgeon to a county infirmary or hospital in Ireland who shall not previously have obtained letters testimonial of his qualification under the seal of the Royal College of Surgeons in Ireland :

And whereas it is desirable that all legally qualified medical practitioners, with qualifications in medicine and surgery registered under "The Medical Act," should be capable of being elected to all public medical or surgical appointments, anything in the said Act or any other Acts to the contrary notwithstanding.

And whereas it is desirable that persons who have obtained the degree of bachelor in surgery or the diploma in state medicine of any university in Great Britain and Ireland, legally authorised to confer such degree or diploma, should be empowered to register these qualifications under "The Medical Act :"

And whereas the said objects cannot be effected without the authority of Parliament :

Be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows :

1. This Act may be cited for all purposes as "An Act to enable legally qualified Medical Practitioners to hold certain public Medical Appointments, and to amend the Medical Act."

2. Notwithstanding anything contained in the said Act of the thirty-sixth year of the reign of King George the Third, chapter nine (Ireland), or any other Act of Parliament, all legally qualified medical practitioners with qualifications in medicine and surgery registered under "The Medical Act" shall be capable of being elected to all public medical or surgical appointments, and when so elected shall for all purposes be deemed to be duly appointed, and be entitled to all the emoluments and advantages, and liable to discharge all the duties of the said offices.

3. All persons who have obtained from any university of the United Kingdom legally authorised to confer the same the degree of bachelor in surgery or a diploma in state medicine shall be permitted and are hereby empowered to register the said degree and diploma or either of them as qualifications under "The Medical Act" anything in the said Act to the contrary notwithstanding.

There are two points which strike us on perusal of this measure.

In the first place, Mr. Gibson justly proposes to abolish an exclusive privilege of the Irish College of Surgeons, and it would be fair that any similar monopoly in England should also be removed. There are in England many public institutions for the surgeoncies of which none can compete but members of the London Colleges of Surgeons or Physicians, and, though many of these institutions may not be within the reach of Mr. Gibson's Bill —not being regulated by any Act of Parliament—yet we believe that this exclusion is practised in hospitals which are incorporated either by Act of Parliament or by Letters of Incorporation, and any of them which Mr. Gibson can lay hand on ought certainly to be subjected to the same law as the Irish county infirmaries.

In the second place, Mr. Gibson's Bill involves in its last clause the establishment of a very serious precedent. By it a person holding a diploma in State medicine will be entitled to demand that it shall be registered under the 15th section of the Medical Act, and, it being so registered, the holder becomes at once entitled under the 34th clause to enjoy all the privileges of a duly qualified medical practitioner. Now the diploma in State medicine is not a medical, but rather a hygienic qualification, and it requires no curriculum or examination such as should entitle a person to practise. It might indeed be obtained by an engineer or a doctor of laws for anything which the subjects of examination include, and it therefore ought not to confer the privileges of duly qualified practice. At present it is restricted by Trinity College to M.D.'s of a University, but it would be open to the Board to remove that restriction at any time, and thus throw open medical practice to persons not suitably qualified. The clause of the Bill, as it stands, ought not therefore to be accepted by the licensing bodies or the Medical Council ; but as we imagine this view of the matter has escaped Mr. Gibson's notice, there need not be any difficulty in recognising the State medicine as an additional qualification registrable *after* a proper licence to practise has been obtained under section 3 of the Act, and with a special proviso added to the clause to the effect that the diploma shall not confer any right to practise.

Noxious Trades.

ON Friday last a deputation waited upon the President of the Local Government Board to ask for a Royal Commission or some more restrictive measures under the Alkali Act. It is well known that since the passing of this Act, together with the Smoke Nuisances and Noxious Trades Acts, many of those evils which so seriously affected the public health have passed away or been considerably mitigated, and it seems to us that the Royal Commission asked for is superfluous. Parochial authorities have only to apply the law whenever the existence of a nuisance prejudicial to health can be proved, and the law is quite strong enough to stop it. The President of the Local Government Board appears to have entertained the same views, as he gave the deputation to understand that the public had the means of protection if they would only take the trouble to use them.

Ministerial Infallibility.

NO great confidence can be placed in the tactics of a minister who displays *ab initio* a grotesque ignorance of the circumstances for which he is called upon to legislate; but such an unacquaintance with his subject is worse than imprudent when it is accompanied by an apparent determination not to learn, lest the information acquired should interfere with the solidity of the structure raised upon the foundation of the minister's imagination. We noted last week the impertinence of Mr. Gathorne Hardy's reply to Mr. Dunbar's very fair representation of the inapplicability

of the minister's short service scheme to Irish candidates. If Mr. Hardy had been only flippant, no one would be hurt by his mode of speech but himself. He was more—he was ignorant, and showed himself so when he said, "a great number of the candidates for army surgeoncies were Irish, and he could not believe that the terms which suited the English officers would not be acceptable to them. *It was equally incredible that the goodwill of a surgeon's practice, or of any other business, was not to be purchased in Irsland.*" "Incredible" as the fact may be to a minister who has not extended his inquiries beyond Cockneydom, it is absolutely true. The goodwill of a surgeon's practice has never to our knowledge been purchased in Ireland, and could not be so, because Irish practice is essentially a ready-money business, and there never remain at the death of an Irish doctor any book debts which can be transferred as they are in England. The point is not a very important one, because an Irish army surgeon receiving his £1,000 will not be restricted to Ireland for a professional investment; but it is useful and instructive as an evidence of the confusion of ideas which exists in the ministerial Babel in reference to the medical affairs of Ireland.

Dr. Livingstone's Family.

The *Scotsman* announces that Mr. Thomas Steele Livingstone, the elder son of the famous African traveller, died on Wednesday last, at Alexandria, whither he went about three years ago for the benefit of his health. Dr. Livingstone's surviving son is resident, as a medical practitioner, at Trinidad.

The Vaccination Acts.

In the House of Commons on Thursday last, Mr. Sclater-Booth, President of the Local Government Board, stated that he had received several complaints from persons who had been convicted under the Vaccination Acts. He would lay upon the table a copy of a letter which he had caused to be written to some boards of guardians, in which the opinion of the Local Government Board was stated as to the legal aspect of the question and as to the power left to the discretion of the guardians.

The Action of the Coca Leaf.

It was reported that Mr. Weston, who has recently obtained such celebrity in London by reason of his unparalleled walking feats, continually chewed pieces of the South American coca leaves as a nerve stimulant and preventive of exhaustion. It appears that Mr. Weston chewed the leaves only during the time that he made the ten miles from the 65th to the 75th mile of the first walk, but that he did not find them produce the desired effect. Instead of keeping him awake or stimulating his efforts, they, on the contrary, acted as an opiate with him. Mr. Weston says that after an experience of upwards of eight years in public life, during which time he has walked over 14,000 miles, experience has taught him that Nature should not be outraged by the use of artificial stimulants in any protracted trial.

Testimonial to Dr. Maurice Corr.

Thirty years ago, when the position and emoluments of dispensary medical officers in Ireland were miserable, Dr. Corr devoted himself, at the request of the Council of the Royal College of Surgeons, to the task of securing from Parliament such legal enactments as would raise their status. As the delegate of the College, and subsequently as Assistant Poor-law Commissioner, he successfully pressed on Parliamentary Committees and successive Governments the need of a complete reorganisation of the medical charities, and, in fact, originated the reform which has raised so highly the position of dispensary physicians and quadrupled their incomes. His devotion to this work withdrew him from remunerative professional occupation; the position thus lost he was never able to regain, and he is now, at the close of a long life, in most straightened circumstances. His claims to the sympathy and assistance of his brethren was felt by the Fellows of the Royal College of Surgeons to be so strong, that at the annual meeting in May, 1875, it was unanimously resolved—"That it is the opinion of this College that the faithful and very important services rendered by Dr. Corr to the College and to its Fellows and Licentiates holding Poor-law medical appointments throughout Ireland are hereby recommended to the Council for favourable consideration, with the view to remunerate him for those services, and for the serious sacrifices incurred by him in his endeavours to benefit his professional brethren." To this resolution, however, the Council found they could not give effect, in consequence of the legal obligations of their Charter, and a committee has therefore been formed for the purpose of collecting from the members of the profession, especially those connected with the Poor-law Service, a sum to supplement Dr. Corr's income, at present most precarious, and insufficient for giving him and his family the necessaries of life.

The following gentlemen have kindly agreed to act on the committee and receive subscriptions:—Dr. C. Benson, 42 Fitzwilliam Square West, Dr. Chapman, Hon. Sec. Irish Med. Assoc., 60 Pembroke Road, W. Colles, Esq., Regius Prof. T.C.D., 21 Stephen's Green, Dr. Darby, Bray, Dr. Hayden, Vice Pres. Coll. of Phys., 30 Harcourt Street, Dr. James Little, 24 Lower Baggot Street, Dr. O'Leary, M.P., 38 York Street, J. H. Wharton, Esq., 28 Upper Merrion Street, W. I. Wheeler, Esq., 56 Pembroke Road, Dr. Mapother, 18 Merrion Square North, Hon. Sec. and Treasurer.

Food in Military Prisons.

In the Annual Report for the Military Prisons, just published, Dr. Gore, the surgeon of the Dublin Military Prison, raises the question as to the sufficiency or otherwise of the food supplied to the inmates of these establishments. The loss of weight was sometimes considerable, and as most of the men were under their 25th year, and many under 20, "there should be an excess of food, and not a deficiency, as the system requires not only sufficient for the normal interchange between the blood and tissues, but an excess, to keep up the process of growth and consolidate new tissues; when the amount is not sufficient in quantity, or unsuitable in quality, the latter invariably degenerate as frequently as not with morbid growths, the

germs of future incurable disease." Particular objection is taken to the Indian meal, and it is urged that a third meat dinner should be given to every prisoner during the week. The diet proposed would yield a "nutritive value" commensurate to the wants of the system and the hard labour of shot drill, and allow a margin for punishment entailing deprivation of a portion of the ration. Indian meal has long since been banished from the dietary of civil penitentiaries, and according to Professor Cameron, although the composition of "Indian meal or maize indicates a very high nutritive value, it is not well-flavoured, and is better adapted for the food of the lower animals than man." The fact has often been commented upon by military surgeons of experience, that men who have undergone long terms of imprisonment at Millbank and other large civil gaols very frequently return to their regiments broken in health. No problem is surrounded with greater difficulties than that of the prevention of crime, and the question raised in these reports is not the least difficult to answer.

Professorship of Hygiene at Netley.

THE lamented death of Professor Parkes leaves this very lucrative appointment vacant. The emoluments are considerable, very little short of £1,000 per annum—£858 in direct pay. We presume the Government will adopt the usual course of advertising for candidates for the office, if the new short service scheme does not do away with the necessity for retaining the Army Medical School. However eminent may be the claims of any individual, we think it only due to the public and the profession that the Professorship should be thrown open to any one who may be in a position to claim it on the ground of peculiar fitness.

Vivisection Witnesses.

THE *Globe* has written some clever articles upon the examination of witnesses before the Royal Commission on Vivisection, from which it appears that the Commissioners were to be pitied, for no mercy was shown them. After vain protests, they discovered that the best plan was to let the witnesses talk until they had exhausted themselves and were absolutely compelled to stop. One gentleman, calling himself the representative of a society, spoke at inordinate length on three different occasions, reading a vast number of extracts from various authors, including the story of *Newton and the Pebbles on the Sea-shore.* This gentleman further insisted that Professor Huxley had, in his little educational work on Physiology, directly encouraged children to practise vivisection on cats and dogs, and the more Professor Huxley attempted to show that such was a complete misunderstanding, the more wild and reckless were the statements made against him. The Secretary of the Society for the Prevention of Cruelty to Animals gave evidence to the effect that he was present at a lecture delivered by Professor Ferrier before the London Institution, and that he was much shocked at the lecturer's levity. He informed the Commission that he heard Professor Ferrier say that "the animals 'appeared' to be in intense suffering, and then joke about the stupidity of the animal, especially if the animal happened to be a monkey, giving humorous descriptions of its behaviour; so much so, that at times there was general laughter in the lecture place." Three gentlemen were with the Secretary, and "one of them left the room in disgust." "The skill of the lecturer," he declared, "was used to cover the grim character of the experiment by his humour."

Such evidence was to the Commissioners doubtless tedious in the extreme, but they endured it patiently. We do not hesitate to affirm that no English audience, much less an educated audience, would listen to or participate in jokes based upon the sufferings of dumb animals.

Treatment of Dysentery with Salicylic Acid.

ACCORDING to the New York *Medical Journal*, cases of acute dysentery have been treated satisfactorily in that city by means of doses of thirty grains of salicylic acid administered three times a day. The only objection to the remedy appears to be a slight irritation of the stomach, but this is not sufficient to cause emesis.

Improvements in Dublin Hospitals.

THE new wing of Mercer's Hospital is making rapid progress towards completion, and will be a great advantage to the hospital when completed. The committee of the Adelaide have decided to build extensive additions to the hospital, which will provide the institution with a fever hospital, two convalescent rooms, a mortuary, sleeping rooms for the resident pupils and for the registrar, rooms suitable for lady nurses and additional rooms for training nurses, two small wards in connection with the operating theatre, and a covered communication between the operating theatre and the hospital, or a new operating room in a more convenient situation, and a few other necessary additions, such as single pay wards and eye wards. The rebuilding of Jervis Street Hospital is still in abeyance, though we believe the funds are in hand for the purpose.

Ringworm seen Six Hours after Birth.

WE publish this week in our "Clinical Records" the report of a case under the care of Mr. Roche Lynch, in which ringworm made its appearance upon the face of a child within six hours after its birth. About the character of the disease no doubt existed, and so close to the time of birth was it detected, that, absurd as it may appear, there was strong evidence in favour of congenital ringworm. The problem was, however, soon solved; for Mr. Lynch discovered the cause in the clothes of the nurse, who, four days previously, had been nursing a child affected with the disease. The case is interesting, inasmuch as it shows that spores of the fungus may remain upon articles of clothing without drying up, or at any rate without losing their vitality for at least four days; and secondly, that when planted in the skin of an infant, they can multiply within a period of six hours to such an extent as to render the disease distinguishable to the naked eye.

Excerpta Medica Ridicula.

IN an English prison recently a patient died of small-

pox, on whom an inquest was held. We are told that in consequence of the outbreak the coroner took every precaution to prevent the spread of the disease, and the jury, instead of viewing the body in the ordinary way, *looked down upon it from an upstairs window.* The jury returned a verdict that the deceased died from natural causes.

A New Preparation of Santonine.

ALBUMINATED sodium santonate has recently been much recommended as an anthelmintic. It is prepared by gently heating in a porcelain dish a mixture of four parts of sodium bicarbonate, one part of santonine, and two parts of dried, soluble egg or blood albumen, with a small quantity of water, until a solution is effected; this is evaporated to dryness and subsequently re-dissolved in a sufficient quantity of warm water; the filtered solution is evaporated at a gentle heat to dryness. The remaining albuminated sodium santonate forms colourless, shining scales, readily soluble in water, rendering an alkaline solution which, upon addition of acids, separates santonine with the evolution of carbonic acid from an excess of sodium carbonate.

A Novel Signboard.

IN one of our northern (Ulster) towns lived a medical gentleman, with his brother, a clergyman, in joint occupation of the same house. The doctor's surgery was on the ground floor, and his reverence had his study on the first flat. One morning the doctor was at his street-door, when Jemmy, an old house-painter, well known in the place, came up with "A fine morning, doctor." "Very, indeed, Jemmy. What are you doing?" "The ne'er a hait, sir. Can you gie me a jab?" "Oh, I've nothing in your line to do," said the doctor. "Yes, but you have," said the painter. "You'll be wanting a sign for the front of the house." "Then," said the doctor, "what would you put on it, Jemmy?" "Just this, doctor—

'Souls and bodies repaired with skill,
By the Reverend Richard and Doctor Dill.'"

A New Infirmary for Earlswood Asylum.

AT the anniversary festival of the supporters of this national institution, on Wednesday last, an earnest appeal was made by the Chairman, the Earl of Shaftesbury, for a new detached infirmary, which the medical staff deemed most essential. The building now contains more than 600 inmates from all parts of the kingdom, and although at each half-yearly election there are upwards of 220 applicants, the board cannot usually elect more than 30 or 35; consequently the want of a detached infirmary is more urgently felt. The estimated cost would be about £5000. The Chairman remarked that the medical and general superintendence of the Asylum were highly spoken of by the Commissioners in Lunacy, and he trusted the public would come forward in that spirit of liberality they had done on former occasions, and enable them to build what was so urgent a necessity. This appeal was not without its effects, no less a sum than £2,172 being at once subscribed in the room.

International Congress of Medical Sciences.

ACCORDING to the resolution passed at Brussels by the last periodical Congress of Medical Sciences, the fifth meeting will take place at Geneva in 1877. The Congress, which will be exclusively scientific, will last a week, and will commence on Sunday, the 9th September, 1877. A committee has been organised in concert with the scientific section of the National Institute (Geneva), who will receive all communications relative either to the Congress or to questions which will be made the subjects of its deliberations. Such communications should be sent in before the 1st June, 1876, at which time the committee will arrange the rules and the programme.

Cancerous Ulceration of the Tongue following Lingual Psoriasis.

AT the last meeting of the Société de Chirurgie at Paris, M. Trélat read the case of a man fifty years of age, formerly a great smoker, who had given up smoking for eight years, in consequence of the appearance of patches of psoriasis upon the tongue. He at that time underwent the treatment for syphilis, but without effect. About twenty months ago a cancerous ulceration took the place of the patches of psoriasis, and ablation of the growth was advised. The patient, who refused to have any operation performed, died last year.

It has been said that if a person, over forty-five years of age, has an irritable cutaneous spot of any description, and continue to further irritate it by picking, epithelioma will develope itself. This may be an exaggeration; but nevertheless, epithelioma generally makes its appearance in parts which are continually exposed to irritation. In the case above reported a cancerous deposit would not lie dormant over a period of eight years, it is therefore probable that the inflamed condition of the mucous membrane at the seat of the psoriasis, continually irritated by food and condiments, determined the locality of the cancerous outbreak.

WE understand that it is Mr. Haviland's intention to offer himself for re-election as Medical Officer of Health for the combined sanitary districts of Northampton.

DR. DICKINSON will lecture on the Pathology and Relations of Albuminuria, at the Royal College of Physicians of London, on March 22nd, 24th, and 29th, at five o'clock.

THE Municipal Council of the town of Lyons has just voted the sum of 5,000 francs for the creation of a night medical service organised similarly to that recently created at Paris.

A MAN was summoned in London for driving and offering for sale a horse affected with glanders. It was not proved that the defendant was aware of the nature of the disease, and he was therefore fined only 8s., with £3 2s. costs.

SMALL-POX is still very prevalent amongst the natives in Bombay; several Europeans have also fallen victims

to it. Numbers of people are being revaccinated. The disease is also present at Allahabad.

THE Irish Pharmaceutical Society has held its first examination, at which nine out of ten candidates were passed as pharmaceutical chemists. The first Preliminary examination is to be held the first week in April.

IN answer to a question by Mr. W. Williams, Mr. Sclater-Booth has intimated that he is not inclined to meddle with the Sale of Food and Drugs Act again this session. The desire of the former gentleman seemed to be to make the appointment of analysts compulsory.

THE Exhibition of Scientific Apparatus will be open in London, in the Exhibition Buildings, South Kensington, from April 1 to September 30. Nearly every European country will contribute, and the collection cannot fail to prove highly interesting.

AT Southampton an inquest was held on the body of a lady, the wife of a member of the medical profession. She had committed suicide by taking half-an-ounce of prussic acid. Notwithstanding the excessive dose, death did not take place for an hour and twenty minutes.

[MR. JAMES ALLAN PHILIP, M.A., M.B., &c., Senior Assistant Medical Officer of the Gloucester Asylum, has been elected Resident Medical Superintendent of the Lincoln Lunatic Hospital in the room of Mr. F. D. Walsh, who, after discharging the duties of the office for nearly thirty years, resigned a few weeks ago.

AT King's College Dr. Johnson has resigned the Chair of Medicine, and a Chair of Clinical Medicine has been established, to which he has been appointed, retaining at the same time his physicianship at the hospital. Dr. Beale has been appointed Professor of Medicine, and an additional assistant-surgeon is also to be appointed at the hospital.

DIFFICULTIES having arisen in the carrying out of the provisions of the Adulteration Act in Ireland, chiefly regarding the purchase of samples for analysis, Sir Michael Beach has put himself in communication with the President of the Local Government Board on the subject, and some legislation will probably be necessary to deal with the difficulty.

THE *Canada Medical Record* says of Montreal, "Few cities of the old world, with their crowding and their filth, show such a ratio as we do, and we believe that on this American continent we have the disgraceful honour of having the largest death-rate. The total mortality for the year 1875 was 6,311. 784 were from small-pox. This would make the startling death-rate of 50 per 1000, or a little over."

THE *Moniteur*, remarking that about fifty medical men have been elected Deputies, indulges in some raillery on the odd affinity between politics and therapeutics, and suggests that the law might fordid them to tout for votes as well as for legacies. It observes that these doctors are not always eminent in their profession, and mentions one famous for treating whooping-cough and measles, who charges nothing, and owes his election to his consequent popularity. This reward, it thinks, rather takes the gilt off his beneficence.

THE *Revue de Thérapeutique Médico-Chir.*, referring to the secretion of milk, mentions the power possessed by camphor and castor-oil in preventing the secretion, and advises their employment in the form of the following liniment:—

Ess. menth. pip., 6 gr.
Ol. ricini, 110 gr.
Ess. bergamot., 6 gr.
Camphor, 25 decigr.

A BAZAAR for the benefit of the building fund of the Stewart Institution for Imbecile Children is fixed to take place on Thursday, 20th April, 1876, in the Glass Building of the Exhibition Palace. Between £3,000 and £4,000 are still required to complete the new buildings at Palmerston, county Dublin.

The bazaar is under the patronage of a number of ladies of the highest position, her Grace the Duchess of Abercorn and Lady Georgina Hamilton being at the head.

A number of ladies well known in Dublin will preside over tables, and the committee propose to give the privilege of life votes to ladies contributing five guineas worth of work and to those who will *sell* twenty guineas worth of work.

Correspondence.

INFANTILE DEFORMITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Perhaps the following cases are of interest enough to obtain a place in your journal.

I give you *verbatim* the entry in the prescription-book of the dispensary of the first case, and also literally the observation entry in the relief-register of the second.

On the 29th of May, 1862, I visited, as a dispensary patient, C. C., aged 18. an unmarried girl, ill in labour. I could not satisfy myself as to what the presentation was, but the labour advanced favourably, and in two hours the child was born alive. It was strangely deformed. The top of the cranium was entirely wanting, and the brain covered by the membranes alone, was exposed to view just as if the bones had been removed in the ordinary way for making a post-mortem examination or dissection of the brain; the half of the frontal, the half of the occipital, and the whole of the parietal bones seemed wanting. The face was perfect, and was handsome. There was some imperfection of the genitals. There seemed at first view to be a penis without testicles; the site of the testicles, however, much resembled imperfect labiæ to an imperforate vagina. I put my fingers on each side and stretched the skin to see if there were an opening, and the sulcus seemed as if it were only closed by a thin membrane. The child lived seven hours. I wished to get it for a more particular examination, but could not. I think on examination the child would have been found a female. The mother made a perfect recovery. She was not blamed for tight lacing to conceal her pregnancy.

On the 8th of February, 1876, I visited M. G., aged 20, an unmarried girl, who had that morning given birth to a male child. The child had a large ventral hernia in the median line just above the umbilicus. It was as large as a large orange, and covered only by the transparent peritoneum; it

was attached to the margin of the ventral opening through which it passed, and it could not have been returned even if it had not been so attached, the abdomen being evidently too small to contain it. More than half of the hernia was composed of liver. The child lived two days. It was said that the mother laced tight to conceal her pregnancy.

D. JAMISON, M.D.

Newtownards, March 4, 1876.

OUR COLLEGES AND UNIVERSITIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I will, with your kind permission, make a few remarks on the above, as I am of opinion that this important question has not been subjected to the public criticism which it deserves.

You appear to convey in your journal of the 8th inst. that as long as the Irish College of Surgeons retains its present bye-laws with reference to the preliminary examination, so long will it keep down its educational standard. I would ask, have ever "licentiates" of the Irish College been found more wanting in education, either general or professional, than the "licentiates" on this side the Channel or north of the Tweed? I have always held that the "Irish licentiates" will bear favourable comparison, whether it be with graduates or licentiates of their own or other countries. The fact of a student being unable to pass the preliminary examination at the time when circumstances often compel him to commence attending dissections and hospital practice is no guarantee of lack of knowledge on his part. Many students who have received a good general education and neglected reading up when deciding upon the profession or business of their choice, have found themselves unequal to the preliminary when the time for undergoing such examination arrived. Would a few weeks "grinding" enable such men to enter upon professional studies with more competency after than before the "cram?" I have always condemned "grinding" for examinations, whether in general or professional subjects, as I cannot appreciate its tendency towards *culture* in the proper acceptation of the term. The Q.U.I. recognising lectures attended previous to passing the preliminary does not detract anything from the merits of its graduates. Both the Irish College of Surgeons and the Q.U.I. require the preliminary to be undergone successfully before admission to undergo the first professional can be granted. What more is necessary to warrant sufficient general education on the part of a candidate for entering the profession I cannot conceive.

You never come down upon T.C.D. in your able articles, and I must state that I know of no university or college whose mode of educating students for the profession is more worthy of condemnation. Far be it from me to write anything untruthfully disparaging concerning the time-revered University of Dublin. Let me glance at the method of education carried on at this much respected University: A gentleman matriculates with knowledge just sufficient to pass, after in many cases a few "tips" from the "grinder," at the expiration of four years this gentleman returns from the University a B.A., M.B., M.Ch., and is looked upon as thoroughly educated both in arts, medicine, and surgery; but when he comes to discuss an ordinary mathematical question, to render literally a Greek or Latin author, or to pronounce his diagnosis and treatment upon an obscure medical or surgical case, he is alike inferior in attainments to what gentlemen in possession of such documents should be. However, such is the case, and a reference to the "T.C. prospectus" will show that the arts and medical degrees are practically obtainable at the same commencement of study and at the end of four years. The aim of the majority of medical students is to obtain diplomas, *not* information; on these grounds I consider that the method of Dublin University education should be condemned. I do not mean to write that Dublin graduates are all inferior men, quite the opposite, believing as I do that T.C.D. is THE place in Ireland for education, that is, for gentlemen who really love the profession, and as a consequence, it turns out some first-class men. That a T.C. student can become a graduate of his University, and at the same time be uneducated and below the average licentiate, is beyond question. The "programme" of the T.C. examinations is the greatest ornament which T.C. can at present boast of; but we must not judge a graduate entirely from the programme of the subjects in which he may have been examined previous to the conference of his degree. Let us look at the time which he occupied in becoming acquainted with such subjects, and if competent, ascertain his attainments personally. We will at once see that thirty-six months is not the time to become thoroughly educated both in arts, medicine, and surgery. I consider that requiring a student to be a graduate in arts before admitting him to the medical profession, necessitates the laying of too laborious a foundation, and that entering it without passing a good examination in general education is building too bold a superstructure. The conference of degrees after a thoroughly searching examination, such as at the Q.U.I. often makes men scholars against their inclination. I am therefore an advocate of the extensive examination, and not of the extensive curriculum system, as by the former a man must have acquired, and by the latter he may have acquired if he will. If the Irish College of Surgeons alter the bye-laws as suggested heretofore, I will with displeasure be obliged to witness the deterioration in number, and not change of educational superiority of its licentiates. Apologising for this already too long communication,

I am, Sir, yours faithfully,

3 St. Andrew Street, Blackburn. SURGEON.

[We publish this letter in order to give free expression to all views on the subject, premising that we do not agree with any part of it.—ED. M. P. & C.]

ELECTION OF THE EXAMINER IN ANATOMY AND PHYSIOLOGY AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was much pleased with your terse and valuable article of last week referring to the intended appointment of an Examiner in Anatomy and Physiology at the Royal College of Surgeons of England.

I believe it to be a fact that Mr. Hulke was appointed to the vacant post at the sitting of the Council on Thursday last. I have been unable to ascertain, though I have made sufficient inquiry, that Mr. Hulke was ever virtually a teacher of anatomy at any medical school that is recognised and advertised as such in any curriculum of medical education.

I am well aware that it is difficult for the College of Surgeons to obtain examiners who have taught both anatomy and physiology; indeed, so few men are to be found with this double qualification that in all probability the Council will have to select physiologists as such, and not require them to be examiners in anatomy as well. I should be satisfied with Mr, Hulke's appointment on the score of physiology alone if he had at all distinguished himself, or if he had been recognised as a physiological teacher. When I refer to the "Medical Directory" I find no reference to his physiological capabilities. On making further inquiry, however, I ascertain that he did assist a physiological lecturer at the Middlesex Hospital some years ago in his course, choosing those subjects for which he had a fancy. This certainly does not satisfy me as a Fellow of the College of Mr. Hulke's fitness for the appointment, because, when the Board of Examiners was instituted, apart from the Court of Examiners, it was to insure that the former, who were to examine in anatomy and physiology, should be men who were or had been teachers in those subjects.

I agree also with you in your stricture on the deficiency of the committee of selection in sending up only one candidate to the Council for election, for by this act they converted themselves into delegates, and were virtually electors, instead of being a committee of selection sending up several names from which the Council could exercise its choice.

I am, Sir,

A FELLOW OF THE COLLEGE.

THE CANE FUND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The journal you so ably conduct has always been an advocate for the over worked and under paid dispensary doctors. It is well known to the profession the many difficulties and annoyances to which they are subject from some illiterate members of dispensary committees. The late investigation in the case of Dr. Cane, of Mullinavatt, is sufficient argument to prove my statement. The verdict

of the Queen's Bench, in the first instance, and subsequently the decision of the Local Government Board, speak for themselves. The expense incurred by Dr. Cane in defending himself in the first instance must be very considerable; and as it is a matter which might at any time affect any one of us personally, I would suggest that a fund be raised to enable him to defray the expenses incurred in this malicious action. A small sum from each would suffice, and I am sure, Mr. Editor, that you would kindly consent to act as treasurer. I enclose my mite, which you will kindly place to the credit of the Cane Fund.

I remain, dear Sir, yours faithfully,

"ONE OF THE UNDERPAID."

[We shall be happy to receive any subscriptions with which we may be favoured for this object.—ED. M. P. & C.]

Obituary.

DR. PARKES.

WITH regret we announce the death of Edmund Alexander Parkes, M.D. London, F.R.S., Professor of Hygiene at Netley.

Dr. Parkes, whose manual on the practice of hygiene is well known, chiefly carried on his hygienic and sanitary work in connection with the army, with which he was in early life associated. From 1842 to 1845 he served as Assistant-Surgeon in the Army in India, but in the latter year he retired into civil life in England. During the Crimean war he organised and directed the working of the Renkioi Hospital on the Bosphorus, and shortly afterwards, when the Army Medical School was founded, Dr. Parkes was chosen to occupy the Chair of Hygiene. In this capacity he gained the esteem and affection of all those medical officers who, before becoming attached to the army, carried on their studies under his tuition. Truly may it be said that "his fluency and grace of language as a lecturer, together with his earnestness and kindliness of manner, won the lively attention of his listeners, while the clear yet simple style in which he described and explained the practical hygienic investigations conducted in the laboratory excited an interest in them which was attended with the most valuable results."

Dr. Parkes did not allow his labours to finish with his teaching and investigation at Netley. He was a Member of the Senate and one of the Examiners at the University of London, and a Member of the Council of the Royal Society. He was also one of the Government representatives in the General Medical Council; and it may be recollected that at the late meeting of that body he took a most active part in the warm discussion upon the question of admitting women to the medical profession. Dr. Parkes was a warm supporter of the advancement of the education and usefulness of women, and to his able explanation of the question was mainly due the carrying of an amendment which he himself proposed, "that the Council did not consider that women should be excluded from the profession."

Dr. Parkes was the adviser of the Government on all matters connected with clothing, diet, and hygiene in the army, and among other changes which he accomplished was the discontinuance of the old knapsack, for which alone he might claim the gratitude of every private soldier.

On the retirement of Sir James Clark the Queen offered the post of personal physician to her Majesty to Dr. Parkes; but he had long devoted himself to science, and he felt that such a position would be incompatible with the work which he had before him. His whole life was one of devotion to science, and the loss of such a life affects not alone his immediate friends or the profession, but the country at large. Her Majesty the Queen forwarded to him a kind message of sympathy through Sir W. Jenner, who, with Dr. Herman Weber, went down to Southampton to visit him. He died at his residence at Bitterne on Wednesday last, in the fifty-eighth year of his age.

DR. RICHARD DONALDSON.

WE regret very much having to record to-day the death of Dr. Richard Donaldson, at his residence, near Crossmaglen, on the 4th instant. The deceased gentleman had been for some time past suffering from ill health, and his decease was consequently not unexpected. He had gained a high character as a skilful physician in the district where he resided, and the poor of the locality have lost in him a true hearted sympathising friend. He was over thirty years medical officer of the Crossmaglen Dispensary, the duties of which he discharged with more than ordinary skill and very great satisfaction to the public.

Medical News.

Vital Statistics.—From the Registrar-General's return we learn that during last week 6,038 births and 3,750 deaths were registered in London, and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 24 deaths annually in every 1000 persons living. The annual death-rate was 22 per 1000 in Edinburgh, 26 in London, 27 in Glasgow, and 34 in Dublin. The annual rates of mortality during the same period in the other large towns were—Norwich 19, Hull 27, Leicester 15, Sunderland 16, Portsmouth 18, Newcastle-upon-Tyne 22, Birmingham 24, Brighton 23, Leeds 26, Wolverhampton 24, Bradford 21, Sheffield 21, Plymouth 32, Bristol 25, Oldham 28, Manchester 32, Salford 34, Nottingham 27, and Liverpool 32. The annual death-rate from the seven principal zymotic diseases averaged 3·3 per 1000 in these towns, and ranged from 0·0 and 0·9 in Norwich and Leicester, to 6·2 and 8·3 in Liverpool and Salford. Scarlet fever continues fatally prevalent in Bristol and Salford. Six more deaths were referred to small-pox in Manchester and Salford, and 7 to fever in Sheffield. In London, the 1,455 deaths included one from small-pox, 35 from scarlet fever, 18 from different forms of fever, and 16 from diarrhœa; the seven principal diseases of the zymotic class causing 201 deaths, against 215 and 227 in the two preceding weeks. These 201 deaths were 39 below the corrected average number from the same diseases in the corresponding week of the last ten years, and were equal to an annual rate of 3·0 per 1000. The deaths referred to diseases of the respiratory organs, which in the three previous weeks had been equal to 622, 458, and 405, further declined last week to 336, which were 78 below the corrected average weekly number; 207 resulted from bronchitis, and 74 from pneumonia. In the large public institutions 286 deaths were recorded, or 20 per cent. of the total deaths; of these, 175 occurred in workhouse establishments, 101 in hospitals, and 10 in lunatic asylums. The Asylum District Fever and Small-pox Hospitals at Homerton and Stockwell (which are certified for 576 beds) contained 209 patientf on the 11th inst., of which 76 were under treatment for fever, 92 for scarlet fever, and 10 for small-pox. The London Fever Hospital contained 78 patients on Saturday last (against 84 at the end of the previous week), including 64 cases of scarlet fever, 9 of enteric fever, and not one of typhus.

Royal Hospital for Diseases of the Chest.—The annual meeting of the governors and friends of this institution was held last Wednesday, under the presidency of the Lord Mayor. The report, which was read by Mr. Lowther Kemp showed that a larger number of persons had been admitted to the hospital during the past year than in any former similar period. The gross receipts were £4,389, as against £4,382 received in 1874; and the principal items of expenditure were less. Lord Charles Bruce, the chairman of the building committee, in moving the adoption of the report, said that for the large and increasing number of applicants for treatment the extension of the building was now absolutely essential, and a plan had been provisionally approved. The chairman remarked that the hospital was established by the father of her Majesty in 1814, and for 25 years was within the walls of the City of London, when it was removed to its present site. Since it was established it had relieved no fewer than 133,426 patients, and was eminently entitled to support. He next referred to the recent visit of the Queen to the London Hospital, from which he augured good results. After a reference to Mr. Attwood, who in six years had subscribed £6000 towards the funds of the hospital, the Lord Mayor put the resolution, which was carried unanimously.

The president and other officers and the medical staff were then thanked, and the meeting separated after the usual votes of thanks.

British Home for Incurables.—The anniversary festival dinner of this excellent institution, which is situated at Clapham Rise, was held last week at Willis's Rooms, St. James's, the Lord Mayor of London occupying the chair. Subscriptions to the amount of £1,165 were made in the room in response to an appeal from the chairman.

The Hospital Saturday Fund.—A meeting of the board of this fund was held on Saturday evening at the Middlesex Hospital, Captain Charles Mercier presiding. The following officers were elected:—Mr. Alderman Gould, J.P., an honorary secretary. Members of the Council: Dr. Vincent Ambler, Messrs. Moss, Deans, and Sims. Hon. secretaries of local committees were also elected *ex-officio* members of the board and council. Mr. John Napier was elected secretary, and Mr. S. T. Haley organising agent to the fund. A finance committee was appointed, together with two auditors, and the proceedings closed with votes of thanks to the weekly board of the Middlesex Hospital for the use of the library, in which the meeting was held, and to the chairman.

THE STOKES STATUE.

On Thursday last the statue of Dr. Stokes was unveiled and handed over to the care of the President, Vice-President, and Fellows of the Irish College of Physicians in the presence of a distinguished audience, not only of his professional brethren, but of the leading members of Dublin society, with the Duke of Leinster at their head. The statue is a most artistic production, and a speaking and pathetic likeness of Dr. Stokes, from the chisel of Foley, and it stands in one of the four niches of the College Hall in company with the statues of Sir Henry Marsh and Sir Dominic Corrigan. It represents Dr. Stokes in an attitude of deep meditation, characteristic of himself, and as he is borne in the memory of many of his pupils. An "*eloge*" was delivered by Dr. Hudson, and resolutions were moved by Dr. Acland, the President of the Medical Council, Professor Haughton, Dr. Hayden, and Dr. Banks, the oratory of the occasion being on the whole unusually felicitous. The committee of subscribers was represented by Mr. Tufnell and Dr. Cruise, to whom, especially the former, the whole credit is due, not only for the success of the movement, but for the satisfactory arrangement of the final ceremonial. A memorial to Dr. Stokes was a proposal which carried with it a certainty of success, for no member of the profession in Ireland has as great a claim upon the respect and admiration, not only of his brethren, but of the public. It is a disgrace to the paternal government of the country that the recognition of talents so conspicuous, a character so sterling, and principles so exalted, has been left to the bounty of individuals. Dr. Stokes has done more for his humblest fellow-man than for any of the subscribers to this memorial, and it is nothing less than a public scandal that a life of unpretentious service to the community should remain absolutely unrecognised by those whose duty it is to reward such services.

THE IRISH POOR-LAW MEDICAL INSPECTORSHIP.

We announced a fortnight since that the successor to Dr. Croker King as Medical Inspector for the Cork district under the Irish Local Government Board had been chosen. We believe we have warrant for the statement that Dr. F. McCabe, Resident Medical Superintendent of the Dundrum Central Criminal Asylum, will be the new Inspector. Dr. McCabe fulfils all the requirements which we had so strongly urged upon the notice of the Government. He has had an experience of dispensary work as medical officer of the Woodtown district, as well as in England, and has shown his administrative capacity as medical superintendent of the Waterford Asylum before his translation to Dundrum. On the whole the appointment is open to no objection, and will give satisfaction to the profession.

ATTORNEY DOCTORS.

In an action for compensation for railway injury tried last week in the London Court of Common Pleas, a receipt for £50 received in full of all claim was relied upon by the Company as barring the action. This receipt was drawn up by the doctor, a gentleman named Read, and the judge, Mr. Justice Archibald, said he must add his protest against arrangements made by medical men. He did not think them wise arrangements at all. All might be perfectly fair, but they looked oppressive. We perfectly agree with the learned judge. The closer doctors stick to their professional duties, and the less they have to say to wills or compensations, the better for the public confidence reposed in the profession.

The Council of the Royal College of Surgeons in Ireland have decided to invite his Excellency the Lord-Lieutenant to lay the first stone of the new Library and Museum, which have just been commenced. On the occasion of the former extension of the College buildings the Lord-Lieutenant of the day performed the initiatory ceremonial, and the mallet and trowel with which the stone was laid has been recently presented to the College. It is to be hoped that his Grace the Duke of Abercorn will be able to afford the *prestige* of his high position to the initiation of these works.

The 27th of April is fixed for the election of a Professor of Anatomy in the Irish College of Surgeons in the room of Dr. Morgan. The candidates of whom we have knowledge at present are Dr. Thornley Stoker and Dr. Loftie Stoney, Demonstrators in the College, Mr. Charles Robinson, a Demonstrator in the Ledwich School, and Mr. Foy, Lecturer on Anatomy in the Carmichael School.

The day of election to the vacant seat in the Council of the Irish College of Surgeons in the place of Dr. Morgan is fixed for the 6th of April. We understand that Mr. M'Dowel, of Mercer's Hospital, will not oppose Mr. Wilson, the Professor of Ophthalmic Surgery in the College. At present no other candidate is declared.

On Compressed and Rarefied Air.

From a report in the *Boston Medical Journal* we extract the following:—

Dr. B. Fränkel, of Berlin, has devised an instrument, which is made cheaply, and can be obtained by most patients for themselves. It consists of the bellows of an accordeon. On one side a metal tube is inserted, two centimetres in diameter, which carries the mouth-piece; the latter may consist of an inflated rubber cushion, similar to a pessary. Fränkel recommends the sitting position for using the apparatus. If the bellows is expanded by drawing the accordeon apart, the air contained in it will be rarefied; if it is compressed the air is condensed. If the patient, during the expansion or compression, applies his mouth to the cushion, the effect of the rarefaction or condensation of the air will communicate itself to the intra-thoracic air. The apparatus is without valves; as it is very easy to apply or withdraw the mouth from the cushion at the right moment, any such arrangement as valves is not necessary. On the margin of the apparatus there is a centimetrical measure, which plainly indicates by how many centimetres the wooden disks are separated or brought together. This shows the volume of air

which has been drawn into or expelled from the apparatus. The apparatus is thirty-five centimetres in height and sixteen in breadth. If the foldings are considered, the bottom area will be five hundred and ten square centimetres. The expansion of the apparatus of one centimetre, according to the measure affixed, would correspond with five hundred and ten centimetres of volume. Fränkel considers the attachment of the dynamometer to his apparatus as unnecessary. All excess of action is avoided, as it is worked by manual force only, Fränkel having found that with his greatest effort he could not condense the air above one-eighteenth of an atmosphere, nor increase the power of suction above one-twentieth of an atmosphere. The patient is sensitive to the amount of pressure and draught upon his lungs, and can regulate both according to his own feelings. Fränkel simply warns his patient against over-exertion.

The apparatus is easily transported, and is applicable anywhere (for inducing artificial respiration in cases of chloroform asphpxia, asphyxia of the new-born, poison by oxide of carbon, and other similar emergencies).

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Notice to Subscribers.—The Publishers will be glad to receive the subscriptions for the past year, 1875—£1 2s. 6d. Subscriptions in advance for 1876, at the reduced tariff of 21s. per annum, post free, must be paid before the end of this month in London, Dublin, or Edinburgh.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

A Poor Medical Student.—We have had our attention directed to a most deserving object for kind assistance from our professional brethren. It is that of a young man who has been always remarkable for his moral and irreproachable character, and who some years ago entered for and attended all the lectures and hospital practice to qualify for the Letters Testimonial of our College. The death of his father, and the subsequent continued delicacy of health of his aged mother obliged him to accept a situation in a medical establishment the small emoluments from which merely enable him to support his poor mother. Being of such steady and retiring habits, he has diligently pursued his professional studies, and could he but now procure the necessary funds wherewith to pay up the balances due for lectures, hospital practice, as well as the amount to be lodged previous to his being examined for his diploma, he would obtain a position whereby he could be of more assistance to his mother as well as to his sickly brother. We are assured of the respectability of this family, and of their having at one time in their native country (previous to the years in which so much Irish land property was sacrificed) held a prominent position. We will cheerfully publish receipts of any sums forwarded to us for so laudable an object as that of this poor medical student.

An Awkward Mistake.—Dr. Hassall, in his recent work on "Food and its Adulterations," referring to an analysis of the well-water from which the famous pale ales brewed by Samuel Allsopp and Sons, of Burton-on-Trent, are manufactured, states that this water contains 7·65 grains of sulphate of zinc, the fact being that no sulphate of zinc whatever is to be found in the water. Dr. Hassall's attention having been called to this erroneous statement, he has explained that for "sulphate of zinc," a deleterious mineral, "sulphate of potash," which is a natural ingredient of the purest water, should have been substituted. Dr. Hassall expresses his great annoyance that through an inadvertence upon his part so damaging a mis-statement should have been allowed to appear in his book. We are happy to give space to this explanation of Dr. Hassall.

Complimentary.—A mighty warfare of words is at the present time being carried on between the two leading papers of Sheffield—the *Telegraph* and the *Independent*. The former, smarting under an accusation of plagiarism, launches a leader of terrible invective, of which the following extract is but a mild specimen:—"He does not hesitate to take the chair at religious meetings opened with prayer. We certainly 'hesitate' to bandy words any longer with the Exemplary One who, not content with pilfering the London journals by wire before breakfast, and then boasting of his 'principle,' plumes himself on his piety, while employing his machinery to multiply an enormous mendacity and to help him to lie by steam!" Such are the amenities of editors. Let us hope ere this they are smoking the calumet of peace. Our correspondent is thanked for sending us the marked papers.

An American paper, referring to the scarcity of subjects for dissection in London, remarks: "This is an evil that will work its own cure. Let there be a generation of doctors and surgeons reared without ample opportunities of dissection, and the corresponding generation of patients will furnish an increase of anatomical material."

Doctor's Son.—You can hold an Assistancy without diplomas, and are almost as likely to get one without as with qualification. The salaries, duties, and other arrangements vary so much that we must refer you to "Via Medica," a book published by Mr. Langley, Lincoln's Inn Fields, London, W.C., which exhausts the subject.

A Sufferer.—Leishman's Midwifery. Fannin and Co., Grafton Street.

Mr. Hall, Lincoln Hospital, is thanked.

Royal College of Surgeons of England.—On Wednesday and Friday, at 4 p.m., Prof. W. K. Parker will continue his lecture "On the Shoulder-girdle and Fore-limb of Vertebrata."

Royal College of Physicians of London.—On Wednesday and Friday, at 5 p.m., Dr. Dickinson will lecture "On the Pathology and Relations of Albuminuria."

Hunterian Society.—This evening at 8 p.m., Mr. Clement Lucas will exhibit a piece of Intestine with a Diverticulum.—Dr. Hilton Fagge, "On Paroxysmal Neuroses."

Clinical Society of London.—On Friday, at 8½ p.m., Mr. Holmes will bring forward a case of "Excision of the Ankle-joint, illustrating the Utility of Linhart's Chisel."—Dr. Goodhart, "A Case of Headache, Vomiting, Double Optic Neuritis, Blindness, ending in Recovery."—Mr. A. T. Norton, "A Case of Cleft Palate; Treatment by Operation, with Artificial Uvula."

Communications, Enclosures, &c., have been received from—Dr. Lombard, Boston, United States. Dr. Despalles, Paris. Dr. Campbell Black, Glasgow. Dr. Bayes, London. Dr. Collard, Sunderland. Le Docteur E. Noir, Brionde. Mr. John Moss, London. Dr. Beaney, Melbourne, Australia. Mr. Jameson, Bagnalstown. Dr. Waudby Griffin, Southampton. Dr. Waters, Chester. Mr. MacCormac, London. Mr. Pitman, Royal College of Physicians of London. Dr. Downes, Hastings. Dr. Piffard, New York. Dr. Heagerty, Bellingham. The Secretary of the Royal Institution. Dr. Pollock, London. Dr. McGrigor Croft, St. John's Wood. Dr. Billing, London. The Secretary, Hospital for Consumption, Ventnor. Dr. Gomm, Taunton. Kew Alton Hatchard, St. Leonard's. Dr. Abrath, Sunderland. Dr. Rudolph, Birnbaum, Berlin. Dr. W. H. Day, London. Mr. Alfred Haviland, Northampton. Dr. Pearce, Atherstone. Mr. Hyslop, Stretton. Mr. E. Sanjeant, Bolton. Mr. R. Hall, Lincoln County Lunatic Hospital. Mr. Plimsoll, London. Dr. W. B. Johnston, Bermondsey. Dr. Maul, Southampton.

APPOINTMENTS.

Agar, F., L.R.C.P.L., M.R.C.S.E., L.M., Medical Officer and Public Vaccinator for the Enfield Highway District of the Edmonton Union.

Alford, G. E., M.R.C.S.E., House-Surgeon to the Weston-super-Mare Hospital and Dispensary.

Bourke, W., M.B., C.M., House-Surgeon to the Clinical Hospital, Cheetham Hill Road, Manchester.

Evans, G. H., M.D., an Assistant-Physician to the City of London Hospital for Diseases of the Chest.

Grimwood, H. C., M.R.C.S.E., L.S.A.L., Resident House-Surgeon to the Portland Town Free Dispensary.

Hamilton, J., L.R.C.P.E.I., L.F.P.S.Glas., L.A.H.Dub., Medical Officer for the Swadlincote Urban Sanitary District; and Medical Officer to the Countess of Chesterfield, Netherseal, Cadley Hill, and Heathcote Collieries.

Hobson, L. J., M.B., M.R.C.S.E., Assistant House-Surgeon to the Bristol General Hospital.

Johnson, W., M.D., L.R.C.S.Ed., House-Surgeon to the Tiverton Infirmary and Dispensary.

MacManus, G., L.R.C.P.Ed., L.R.C.S.Ed., L.A.H.Dub., Medical Officer for the Dublin and Meath Branch of the Midland Great Western Railway Benefit Society.

Parks, C. H., M.R.C.S.E., L.S.A.L., Medical Officer for No. 2 District, and Medical Officer and Public Vaccinator for No. 7 District of the St. Columb Major Union, Cornwall.

Roughton, W., L.R.C.P.L., M.R.C.S.E., House-Surgeon to the Macclesfield General Infirmary.

Sewell, H., M.R.C.S., L.D.S., Dentist to the Clergy Orphan School.

Walsham, W. J., F.R.C.S.E., Surgeon to the Royal Hospital for Diseases of the Chest.

Deaths.

Day-Goss.—On the 15th March, at his residence, Sidmouth, Devon, after four years' protracted suffering, Samuel D. Day-Goss, M.D., F.R.C.S., late of London, aged 48.

Giles.—On the 14th March, at Churchfields Place, Margate, Samuel Giles, M.D., B.A.Lond., late of Lewisham High Road, London, in his 44th year.

Hammond.—On the 7th March, at Henley Road, Ipswich, Charles Chambers Hammond, M.R.C.S.E., aged 83.

Milligan.—On the 6th March, John Milligan, M.R.C.S.E., of Whinburn, near Keighley.

Parkes.—On the 15th March, at Bitterne, Hants, Edmund Alexander Parkes, M.D., F.R.S., Professor of Military Hygiene, Army Medical School at Netley, aged 56.

Sheffield.—On the 3rd March, in his 33rd year, R. L. Sheffield, F.R.C.S.Ed., &c., Surgeon to the Metropolitan Free Hospital.

Tweddle.—On the 7th March, at Governor House, Keswick, Cumberland, John Tweddle, Esq., Surgeon, aged 44 years.

Wilkie.—On the 4th March, at Whitwell, Hants, Dr. George Wilkie, aged 74.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 29, 1876.

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ON TUBERCULOSIS IN CHILDREN AND THE CONDITIONS WHICH RESEMBLE IT.

By W. H. Day, M.D., M.R.C.P.Lond.,

Physician to the Samaritan Hospital for Women and Children.

(*Continued from page* 215.)

As to the frequency with which we meet with tubercle in the different organs of the body, Steiner found the intestine involved in a third of his cases, the most frequent seat being the *small* intestine, and the least frequent the *large*. From 302 dissections made in the Prague Hospital by Drs. Steiner and Neureulter tubercle was found—

In 1	organ	in 42	cases.
In 2	organs	in 48	,,
In 3	,,	62	,,
In 4	,,	47	,,
In 5	,,	42	,,
In 6	,,	28	,,
In 7	,,	20	,,
In 8	,,	6	,,

Five times in nine cases, and twice in ten different organs.

The bronchial glands were affected in 275 cases, the lungs in 175, and the stomach in 4. (*a*) In 312 children in whom Rilliet and Barthez found a deposit of tubercle in one or more of the viscera, the lungs were healthy in 47 cases; whilst in 123 similar instances in the adult, Louis only found one such exception. (*b*)

Dr. Wilson Fox mentions 61 cases which he examined for the chief purpose of illustrating the pulmonary manifestations of the disease. All were above ten years of age, and only 2 below fifteen, and two ages not stated. In all the cases but one the lungs were affected, and in this was a combination of tubercular pleurisy with tubercular peritonitis. In 7 cases the data were uncertain; in 3 cases the disease was limited to the lungs; in 7 cases two organs were affected; in 16 cases three organs; in 12 cases four organs; in 9 cases five organs; in 6 cases six organs; in 1 case seven organs. (*a*)

M. Louis entertained the opinion that when tubercle appeared in any part of the body, it was sure to exist in the lungs also, and that the apices of these organs were the selected seat of deposit. We now know that this is by no means the universal law, which the propounder considered he had established, but it holds good with a few exceptions, and is of vast assistance in diagnosis. I have heard it asserted, and I have seen it in books also, that in every case of tubercular meningitis you will find, on examination after death, evidence of tubercle in the lungs, kidney, peritoneum, or spleen; but I am sure that twice in my life I have made a *post-mortem* of this well-developed cerebral affection without finding a trace of the peculiar exudation in any other organ or tissue of the body. And who has not met with it alone.

One of the distinctive features of acute tuberculosis according to some authorities is the appearance of the disease in many organs at one and the same time, but the statements of these observers ought to dispel the view at once. The sudden manner in which tubercular disease sometimes springs up without any obvious exciting cause, is alarmingly suggestive that an over-excited or ill-nourished organ may initiate the peculiar deposition in the track of the blood vessels, and remain there in its work of decay and destruction, having no inclination to spread and contaminate other organs and tissues. Dr. Fox mentions a case recorded by Herard and Cornil, in

(*a*) "Steiner's Diseases of Children." By Lawson Tait. J. and A. Churchill. 1874. P. 328.
(*b*) "Meigs and Pepper's Diseases of Children." P. 843.

(*a*) "Trans. Path. Society." 1873. Vol. xxiv., p. 375.

which the disease was limited to a single lung, and he speaks of three other recorded cases where, in addition to other lesions, one lung was affected, the other remaining free.

It was long held, that when tubercle was deposited in the lungs, that it would sooner or later proceed to a fatal issue, but repeated examination goes to prove that it is sometimes spontaneously arrested, and it has been said that this happens in one-third of the persons affected with tuberculosis. This is confined to no stage or period of the disease, it may be stopped in the early stages when the deposit is small and trifling, and instances are met with where large cavities have healed and cicatrised. "Nothing is more common," says the late Dr. Hughes Bennett, (a) "in examining dead bodies than to meet with cretaceous and calcareous concretions at the apices of the lungs more or less associated with cicatrices. Of 73 bodies which I examined consecutively some years ago in the Royal Infirmary, I found these lesions in 28. Of these, puckerings existed with induration alone in 12; with cretaceous or calcareous concretions, in 16. Since then I have examined many hundred lungs at the inspections in the infirmary, and am satisfied that the proportions exist pretty constantly. At the Salpetriére Hospital, in Paris, Roger found them in 51 bodies out of 100; at the Bicetre Hospital, in the same city, Boudet found them in 116 out of 135 bodies. Both these institutions are establishments for persons above seventy years of age." A few years ago, a young man who had a vomica in the apex of the left lung, brought me from time to time portions of calcareous matter, the size of a pea, which he coughed up with expectoration. He was greatly reduced in flesh and strength, but when I saw him last he had improved in every respect, and the cavity in the lung was apparently contracting.

. . . . . .

The following facts, according to Dr. Bennett, are proof of arrested tubercle:—

"1. A form of indurated tubercle is frequently met gritty to the feel, which, on being dried, closely resembles cretaceous concretions.

"2. The concretions are found exactly in the same situation as tubercular deposits are. Thus, they are most common in the lungs, and at their apices.

"3. When the lung is the seat of tubercular infiltration throughout, whilst recent tubercle occupies the inferior portion, and older tubercle and perhaps caverns the superior, the cretaceous and calcareous concretions will be found at the apex.

"4. A comparison of the opposite lungs will frequently show, that whilst on one side there is firm encysted tubercle, partly transformed into cretaceous matter, on the other the transformation is perfect, and has occasionally even passed into a substance of stony hardness.

"5. The puckerings found without these concretions exactly resemble those in which they exist. Moreover, whilst puckering with grey induration may be found at the apex of one lung, a puckering surrounding a concretion may be found in the apex of the other.

"6. The seat of cicatrices admit of the same exceptions as the seat of tubercles, and in about the same proportion. There can be no question, therefore, that these cicatrices and concretions for the most part indicate the arrestment, disintegration, and transformation of pre-existing tubercular exudations into the lungs."

Causes.—Of the causes of tuberculosis, and the deposition of tubercles in the lungs, the progress of medical science has not yet enabled us to speak with any degree of certainty, and the same may be said of that variety of tubercular disease, classified under the comprehensive term scrofula, with its external abscesses and disfiguring ulcerations. It is very difficult to assign the correct value to hereditary transmission from parent to offspring, regarded as a pre-disposing cause of tuberculosis, because a large proportion of the population is subject to anti-hygienic conditions, which call the disease into existence; the lives of so many young persons are passed in these days of hard toil under unhealthy conditions, that it is readily acquired, or originally induced. What is gleaned from parents respecting their family history, is frequently vague and deceptive; some will tell you that consumption is not known among them, when closer investigation satisfies us that some member of it has suffered from hip-joint disease, open abscesses in the neck, and even fatal affections of the head which must have had a tubercular origin. Instances of hereditary transmission are constantly seen in the emaciated frame of the infant whose consumptive mother barely survives the birth. When the child dies the lungs and other internal organs are so studded with tubercles that little doubt can be entertained that the disease originated at the earliest period of utero-gestation. It may be laid down as a law, having few exceptions, that the union of healthy parents results in the birth of healthy children, and that they grow up to be strong and vigorous; but when one parent is tuberculous and the other healthy, tuberculosis is apt to show itself in the offspring. As the children one after another reach a certain age they begin to lose flesh and strength, and at last die with all the symptoms of pulmonary phthisis, or tubercular disease in some other organ. The best explanation for this numerous class of cases which we observe in some families, where the victims have been carefully shielded from exhausting or depressing influences, is to be found in a blood dyscrasia, or some changes in the vessels or tissues.

Age is one of the most fertile pre-disposing causes of tuberculosis, the blood in childhood having a great susceptibility to undergo those changes which constitute the peculiar pathological transformation. We can only conjecture what the specific change is; but we do know in early life that the blood is deficient in solid constituents, and in blood corpuscles. As children grow up to maturity, and life advances, the quality of the circulating fluid is enriched, the tendency to tubercular change becomes less and less, and the power of arrest or elimination is acquired if the constitutional strength can be maintained. It may be that the diminished number of red corpuscles in chlorosis and anæmia is one reason of their fatal termination being frequently accompanied by the deposit of tubercle and the gradual development of phthisis. For an illustration of this, I may refer to the number of young women who seek advice at our hospitals for amenorrhœa and arrested catamenial losses under the belief that the cessation of uterine discharge is at the root of their disorder, when in reality the true cause is attributable to an altered condition in the physical characters of the blood, which can no longer bring sufficient stimulus to bear upon the uterine function.

The effect of intermarriages in the spread or freedom from the disease has been well pointed out by Sir William Jenner. (a) "That tuberculosis is transmitted from parent to child, is one of the best established facts in medicine. The extreme frequency of tubercular diseases in some circumscribed country districts is, in part at least, explicable by the frequency of intermarriage amongst persons living in such districts; and conversely the exception of particular circumscribed districts from tubercular disease is due to the same cause; in one case, from some special circumstance, tuberculosis has been introduced into the district, and then spread in it from the cause I have mentioned, *i.e.*, intermarrying; in the other case, the freedom from the disease of the district, at any given time, is the cause of its continued freedom. Intermarriage of the inhabitants, the disease being absent, prevents its introduction.

Where hereditary transmission is so strong (and that it is so daily experience affords the most conclusive evidence), the germ of the disease either lies in a latent state,

(a) "Braithwaite's Retrospect." Vol. xlviii., p. 55. 1863.

(a) Address before the Epidemiological Society of Lond., 1865.

or is actively transmitted by the parent. Rilliet and Barthez furnish some interesting facts to the effect that, "of 26 children whose fathers were tuberculous, or *probably* so, 22 died tuberculous, and 4 non-tuberculous; of 32 children whose mothers died tuberculous, or *probably* so, 22 died tuberculous, and 10 non-tuberculous; of 6 children whose fathers and mothers died tuberculous, 4 died tuberculous, and 2 non-tuberculous. There were 46 cases, or about 1 in 7, in which the hereditary influence more or less prevailed, and 11 in which it was the sole probable cause." (*a*) There are many points of extreme interest on this part of the subject which I cannot now pursue, such as the relative frequency of its transmission by the two sexes, and the manner in which this takes place.

Children brought up by hand, and weaned too soon, or neglected by the mother, are very liable to the disease. A case is related by Meggs and Pepper (*b*) of a healthy woman, who had several vigorous children whom she had nursed. She gave birth to one which she could not nurse, and this child, after pining for many months, died of tubercular meningitis.

Bad or insufficient food, leading to prolonged indigestion and diarrhœa, exext a powerful influence in the production of tubercle. Artificial foods of all kinds, when too exclusively relied on, may awaken the disease; and defective nutrition and mal-assimilation, however brought about, are common causes of tuberculosis in those who are not even pre-disposed to the affection. The eruptive fevers and whooping-cough frequently act as a starting point; the disease having an admitted tendency to spring up after these acute affections. The continuance of febrile action is liable to alter and deteriorate the quality of the blood, and to render it susceptible of tubercular change. If we look back in memory only to our experience of the number of children who have exhibited symptoms of tuberculosis, as the consequence of febrile disorders, we are in a great measure driven to embrace the doctrine that such diseases as whooping-cough and measles not infrequently originate the disease in constitutions, neither innately consumptive, nor hereditarily tainted. It is highly probable that these two zymotic affections have this formidable termination, because the pulmonary organs rarely escape some degree of implication.

In those cases in which pneumonia and bronchitis are associated with tuberculosis, it is a disputed question whether the inflammation is a secondary affection, or whether it has been the essential and true cause. Both views have some show of reasoning, and I shall therefore consider the subject at some length. We may repeatedly witness children whose general health fails for months together, when the physical signs afforded by auscultation and percussion reveal no evidence of abnormal change in the pulmonary organs. The disease may advance considerably before they afford any evidence of alteration, and we may have extensive tubercular deposit, which is unsuspected by us.

The plasma exuded in states of acute inflammation bears an almost identical resemblance to that which is poured out in low forms of disease happening to cachectic and tubercular subjects. The essential difference consists in the former case of its vital endowments, or capacity for higher organisation, whereas in the latter it has no power to advance in this direction, and the exudation remains much in the same condition as when it was first secreted. The physical and general signs, too, between a case of chronic pneumonia in a weakly person, and tubercular infiltration are so closely allied, that notwithstanding that the history and progress of the two affections may be some guide to diagnosis, they constantly fail to put us in possession of any conclusive evidence. Now, it is worthy of notice that a general cachexia regulates the anatomical character of all these exudations, and that in the absence of any apparent exciting cause there has still been a factor in operation, which deals a fatal blow to the doctrine of spontaneous origin. The children of consumptive parents may bear characteristic proofs of the disease, but all do not die of phthisis—some may attain to a ripe old age, and others as they reach maturity drop off one by one. Every child bears traces of the constitutional diathesis in the delicacy of form, accelerated circulation, and general appearance; but some have escaped the circumstances which call tuberculosis into action. The different functions of the body are languidly carried on, and enough nourishment is appropriated for the maintenance of life; or from some unforeseen causes (ever ready to come into operation) a period arrives when an inflammatory affection of the lungs, or some other part springs up. Through perverted nutrition, the exudation or effusion of coagulable lymph takes piace, and local disease is initiated. Here is an argument suggesting the probability of a new power or agent, suddenly altering the nutrition of an organ; but it may be contended, with equal force of reasoning, that the exudation was there slumbering and undiscovered, and only required the stimulus of external causes to rouse it into action. I think strong arguments may be adduced on either side. It is both certain and evident that the earliest signs of inflammation should be watched for in those persons who manifest the tubercular cachexia; and it will, I think, accord with the experience of most physicians when I add that there is a susceptibility to irritation and congestion of the pulmonary organs from trivial causes in these cases, similar to what occurs in the different textures of the body, when the blood is contaminated by the detention of noxious elements, which the impaired or damaged secretory organs are unable to eliminate from the system.

(*To be continued.*)

(*a*) "Ancell on Tuberculosis." Longman, Green, and Longmans. 1852. P. 377.
(*b*) "Diseases of Children," p. 842.

ON A CASE OF CONCEALED ACCIDENTAL HÆMORRHAGE. (*a*)

By J. Ashburton Thompson,

Fellow of the Obstetrical Society of London; Surgeon-Accoucheur to the Royal Maternity Charity; Surgeon at King's Cross to the Great Northern Railway Company.

I propose to address you upon a rare and very fatal complication of pregnancy, to which the appropriate name of "Concealed Accidental Hæmorrhage" has been given by Dr. Braxton Hicks. That name sufficiently imports the nature of the complication; but probably, until it was pointed out, one would not be prepared to find that the symptoms to which retention of the discharge gives rise differ essentially in mode of occurrence, in kind, and in danger, from those of accidental hæmorrhage of the ordinary sort. Yet such is the case. In the latter hæmorrhage the symptoms which arise are those of hæmorrhage simply; and as on the one hand a little accidental hæmorrhage is not uncommon in the course of ordinary labour, so, on the other, the patient does not suffer in that case except in proportion to the amount of loss. But when the discharge is concealed the case is widely different. In the first place, although the cause of the hæmorrhage is similar, it is not identical. There is separation of the placenta, it is true; but the separation is what has been called a central separation—that is, the attachment of the organ to the uterus by its rim remains intact, the effusion being confined between it and the adjacent part of the uterus, and hence *concealed*. Thus it is plain that the amount of hæmorrhage which can occur at this period is but small, and it might even be asked whether (beyond the death of the fœtus and the induction of labour) any symptom of consequence would occur. Yet the result of so small a loss is immediate syncope, which (unless the symptoms be relieved) passes on to collapse, and quickly ends in death. In the meantime the

(*a*) Read before the Harveian Society of London.

case is obscure; very often the collapse is the only obvious symptom, although pain is sometimes added; and frequently the case bears the closest possible resemblance to one of laceration of the uterus. The remedy lies in taking those steps which will most speedily ensure delivery; every moment of delay adds immeasurably to the patient's already imminent danger, and it appears that Nature is not able to accomplish much under these circumstances, for if the patient be not delivered she will die. I will first of all show you that the subject has been rarely discussed.

In 1860 Dr. Hicks read a paper before the Obstetrical Society of London in which he stated that after a lengthened search he had, up to that date, been able to find reports of fifteen cases only, and among them were three —the only cases which had occurred among twenty-two thousand consecutive labours attended in the maternity department of Guy's Hospital. To these fifteen cases he added seven, up to that time unpublished, and collected by him from private sources, together with the one he himself had witnessed, and which was the occasion of his essay. In 1868 three more cases were reported to the same society by different Fellows. Next, in 1870, Dr. Goodell, of New York, published a paper in which the literature of this subject is exhaustively summarised; and although he fully concurs in the general belief that such cases are extremely rare, he has yet succeeded in collecting as many as 106 from various sources, where they were often detected under other names, or, no post-mortem examination having been made, were recorded as obscure cases of sudden and fatal illness during pregnancy. Many of them were supposed cases of spontaneous rupture of the uterus, to which, as I have said, accidental hæmorrhage bears a close resemblance, and I propose presently to endeavour to point out some of the signs by which one accident may be distinguished from the other in doubtful cases. It was only by indefatigable industry, and a labour which those only can properly estimate who have been engaged in a similar search, that Dr. Goodell was able to collect so many examples. But in proof of the rarity of the subject, I will repeat some facts which he cites to the same end. Mesdames Boivin and Lachapelle denied the possibility of accidental concealed hæmorrhage. So did Velpeau. Blundell, Churchill, Cazeaux, and Burns never saw a single case. Lastly, to adopt Dr. Goodell's own words, the manner in which this complication is spoken of in every work upon obstetrics, except that of F. Ramsbotham, is historical, and not clinical. What Dr. Goodell wrote in 1870 still holds good. There is indeed in the last published System of Midwifery a scant description of the symptoms of concealed accidental hæmorrhage; but it has not received, as so obscure a complication deserves to receive, a separate section to itself, and the directions for treatment are mingled with those for the treatment of ordinary accidental hæmorrhage, if indeed it can be said that any distinction between the two is made.

In 1875 Dr. Brunton communicated to the *Obstetrical Journal* of Great Britain an account of five cases of this kind with which he had himself met, and to the above cases I now add the one which I am about to repeat to you. In showing the fact of its rarity, and in asserting that no adequate description of this complication of pregnancy is to be found in any English work upon obstetric medicine, little or no reference to it being made in most books, I trust I have shown, too, that the subject may not unprofitably occupy our attention this evening.

Case.—A tall, thin, large-boned woman of lymphatic temperament was seized with pain at about two weeks previous to the termination of her seventh pregnancy. She had not suffered any shock. At five o'oclock in the evening she began to suffer from "cutting" abdominal pain, which, though somewhat different from that usually suffered at the beginning of labour, was not distinctive enough to alarm her. At nine o'clock she was found apparently in the early stage of a normal labour. She made no unusual complaint, presented no unusual appearance, and was experiencing slight throes every few minutes. The os was about an inch in diameter, thick, and a little hard; the membranes were entire, and the vertex presenting. At ten o'clock I found her lying on her back; and I was informed by the nurse that my presence was desired not so much on account of the progress of the labour as shown by the throes (which were not severe) as on account of the complaints of persistent pain which the patient constantly made. I desired her to turn over on her side, which she promised to do as soon as her pain went off, and I therefore sat down to wait a few minutes. I soon perceived that she was suffering from continuous pain, to which every now and then a feeble throe was added, and I therefore hastened to make a vaginal examination. I found that there was a trifling external hæmorrhage, including a small clot of about half an ounce in weight; the os dilated to a diameter of two inches, but still rather unyielding and thick; and the membranes extremely tense. Prolonging the examination during two throes, I observed that the membranes maintained a uniform tenseness, and on examining the uterus externally, I found that it too was curiously hard, well defined, and incompressible; that it was impossible to make out the fœtus through it, and that it was extremely tender. The patient continued her constant complaint; she began to get pale, restless, and anxious, though far from collapsed, and the pulse rose to 120, at the same time that it became very feeble. On recognising these symptoms it was not difficult to diagnose the existence of that kind of hæmorrhage known as the "concealed accidental"—a rare form, and one but very seldom described. Being careful, in the first place, *not* to rupture the membranes, a large dose of brandy and ergot was given, and dilatation of the os assisted as far as possible by the finger. It yielded more rapidly than I expected; the membranes began to protrude a little into the vagina—but not much, for they always remained tense—and at last they broke, a small quantity of colourless *liquor amnii* escaping. The head immediately occupied the os, and three fair throes ensuing at short intervals, the child was expelled. Assisting the delivery with the left hand, I followed the uterus down as it contracted with the right, and as soon as the child emerged a little pressure immediately expelled the placenta, together with a large quantity of blood, both fluid aad clotted. The child was dead, but not blanched; the placenta was normal in appearance, but showed evidence of its separation in a thin pellicle of clot spread over nearly its whole surface; it was without the central depression frequently observed in such cases. The discharge consisted of about one pound of fluid blood, and one and a-half pounds of clotted blood, of which the greater part was very firm and solid. The uterus contracted well, and altogether there was not more than half-a-pint of post-partum hæmorrhage; yet the patient, who for about five minutes after delivery had appeared pretty well, soon passed into collapse. Dr. Brunton, for whom I had previously sent, now arrived, and by our united exertions we succeeded in saving the patient after she had shown the various symptoms usually attendant upon severe hæmorrhage—paleness, cold, restlessness, disturbance of vision, incoherent muttering, vomiting, intermittence and temporary complete failure of the heart's action, and the rest, from which repeated doses of egg and brandy, sinapisms, warmth to the extremities, and so forth, recovered her after about an hour and a-half. The pulse was carefully watched the whole time, and presented the following phenomena at minutes after delivery:—5 minutes, 120, fair, irregular (irregularity of the pulse is frequently observed after normal delivery, continuing for a considerable time); 20 minutes, 126, large, soft, feeble; 25 min., 112; 30 min., 108, a little firmer, but intermitting every fourth beat; 45 min., 80, very soft and large again, intermittent (vomiting began); 50 min., 78, still intermitting; 55 min., 72, of bad quality, but not intermittent; 80 min., 93, and normal—that is, though irregular, almost recovered in point of force and tension.

She then slept for five minutes, and woke up again very

much better, and with a natural appearance. She took milk, egg, and brandy, and an hour and a-half afterwards was found with a pulse of 64, very small and weak, not quite so well as at the last observation, but safe for the time. Twelve hours afterwards she was pretty well, with a pulse of 120, of fair quality, and she made a good recovery.

From what I have already said, it may be thought that this subject has been sufficiently handled of late to render any further discussion of the symptoms and treatment unnecessary; yet I believe it still remains to write a classical description of a case of accidental concealed hæmorrhage. This I do not propose to attempt; but to examine the various symptoms with a view of ascertaining what, if any, are really diagnostic, and of arranging them in their order of frequency and of occurrence. It remains to settle a line of treatment to be pursued, for some difference of opinion exists upon a point which, barely stated, may appear trivial, but which is, in fact, of great importance—the time of rupturing the membranes.

The chief symptoms of Accidental Concealed Hæmorrhage are seven in number, viz. :—1. Faintness or syncope, and collapse. 2. Constant uterine pain. 3. Deficiency of the throes. 4. Tenseness of the membranes. 5. Persistence of this tenseness between the throes. 6. Alteration of the uterine tumour in (A) shape, (B) size, (C) quality. 7. Tenderness of it. These symptoms were all present in my own case, which was therefore a particularly clear one, and I shall consider them in the order in which they are set down. For statistical corroboration of any assertion I may make I shall depend upon an analysis of thirty-three cases which I have made, comprising Dr. Hicks' twenty-three, the eight others to which I have referred, my own, and one from the *New York Medical Journal* for 1848, upon which I fell by chance. Occasionally I shall refer to Dr. Goodell's cases, among which the last is included.

Faintness or syncope is the constant symptom of the onset of this kind of hæmorrhage. It is constant because it does not depend upon the amount of blood effused. If it were a truly hæmorrhagic syncope it would be absent in those cases in which the effusion was small in quantity. Case 2 is a striking example. The total effusion was no more than half a pound; yet the patient was taken with sudden syncope, rapidly became collapsed, and died quickly. Case No. 33 is no less remarkable; for the same sequence of events was observed, although the total effusion was only 17 oz. In cases 25 and 26 (in both of which the patients died) the effusion was a pound and a half and from that quantity to two pounds respectively. When there are repeated effusions the patient may faint under the first, and recover for two or three days, and then succumb to a second attack. Such are cases 13 and 25. This syncope runs on to collapse in every case, but sometimes there is no noticeable stage of mere fainting, and sometimes on the other hand collapse only sets in after delivery. My own case is an example of this, and case 24 is another. A comparison of the whole number shows that in seventeen collapse supervened upon the accident at once, or set in with great rapidity; while in fourteen it advanced slowly; in the remaining two not occurring until after delivery. Fainting at the onset and collapse at some period or another, but most often at an early period, seem then to be constant and therefore essential symptoms of this accident. Vomiting, diarrhœa, colic, and tympanitis, are occasional attendants upon this symptom, just as they are upon collapse from other causes—rupture of the uterus especially. But they are not frequent symptoms, and would require but little notice here were it not that occasionally they have been (after the fainting) the only prominent symptoms, thus leading to their being mistaken for the primary disease. Dr. Goodell's own case is a noteworthy example of this. He says that even now he is unable to say whether the vomiting were the cause or the effect of the hæmorrhage. Of course vomiting, like any other sudden and violent muscular exertion, may separate the placenta; and for that reason its occurrence during pregnancy is always looked upon with apprehension if it be violent. As a symptom of internal hæmorrhage, alone it is of no value. It may, on the other hand, act as a very serious obstacle to the diagnosis of a doubtful case, and most especially if it should be accompanied by colic and meteorism, for both of these are not infrequent concomitants of rupture of the uterus.

Since the small quantities of blood above described are not sufficient to have caused collapse (and much less therefore the death of the patient), from hæmorrhage, it becomes necessary to look for some other explanation of these events. It is to be found, I believe, in the sudden tension to which the uterine wall is subjected. Yet it appears from the circumstances of some of these cases that the walls of the uterus are dilatable with ease; that is to say, that being filled with the entire ovum, yet an "enormous"—such is the term used—an enormous quantity of blood was found within it in addition, after death. It is still not plain, therefore, how half a pound of blood could exert pressure enough to cause serious distress. Accordingly it will be found that all those cases in which a comparatively small effusion caused sudden collapse were cases in which the blood was confined between the placenta and the adjacent portion of the uterus; the centre of the former alone being separated, a sac was thus formed of such capacity that to accommodate even a small clot the uterus must have given way to an extent disproportionate perhaps, at that particular part, to the distension it suffers when there is a larger effusion spread over a wider surface. In these cases the placental tissue is found hollowed out, or flattened and condensed, or sometimes even ruptured by the pressure. It is this sudden stretching of the uterus which in all cases conduces to the collapse, and in some, in which the hæmorrhage is inconsiderable, causes it; and that is the reason that collapse is a constant symptom of concealed hæmorrhage.

Stretching of the uterus, or a part of it, which is competent to cause collapse, must also in every case cause pain too. This is the second symptom of concealed hæmorrhage. In addition, this pain bears a particular character in that it is a *constant* pain—continuous and quite independent of the throes, although it is aggravated by them. It was its continuousness which first attracted my attention in my own case.

In every case of the thirty-three which I have analysed in which any positive note is made upon this point, with only one exception, pain was present—that is to say, in twenty of them. This statement coincides exactly with that which Dr. Goodell makes—wherever anything is said about pain it is noted to have been present. And I think his farther remark may be endorsed—that in that case in which it is clearly stated there was no pain it is probable the attendant arrived after collapse had occurred, when every symptom dependent on the sensations of the patient was necessarily absent. The obvious cause of the pain makes it probable also that that symptom was present in those cases in which nothing, either one way or the other, is said about it. So again, with regard to the continuous character of the pain, I find that in every one of the twenty in which its character is referred to at all—that is, in sixteen—it is said to have been constant; and we are warranted in inferring that had it been observed it would have been found constant in the remaining four. I am therefore inclined to consider continuous pain as a constant symptom, and therefore an essential symptom of this form of hæmorrhage, depending as it does upon the same cause as those other constant symptoms syncope and collapse; the last-named condition alone being competent to hide the pain, as above remarked. The seat of this pain is of course the uterus, but it is not always referred to that part by the patient. It is sometimes felt in other parts of the body as well—the back and hips, and in one or two cases it has been referred to these parts alone. It is very frequently described by the patient by that term which one would

expect upon a knowledge of its cause—as a bursting pain; eight out of twenty used this term. When the patient volunteers that she feels as "though she would burst," that expression affords a diagnostic between the pain ensuing on rupture of the uterus and that under consideration. But often the patient describes it in other ways; my own patient called it a tearing or cutting pain, and objected at once to its being called "bursting." In that case the pain comes nearer in kind to that which follows on rupture, but its diffusion over the whole uterus and indeed its severity too are points of difference between it and the latter. Occasionally tenderness of the uterus is noted, and that is another symptom which I feel inclined to think ought to have been noted much oftener than is the case. Tenderness is said to have been present in but five of the thirty-three cases. But it is over-distension which causes the continuous pain; and, since the uterus is filled with contents which are in great part fluid, pressure upon any part of it must cause such an increase of pressure at every part of it as shall increase the pain too. Tenderness is "pain upon pressure;" hence I think that tenderness would have been oftener observed had it been looked for.

The feebleness or absence of uterine contraction is another sign which may be regarded as constant. Most often, as I have before observed, if not invariably, this kind of hæmorrhage precedes labour; it excites labour, much as the injection of warm water between the uterus and membranes excites it. Hence in some cases it will be found that the throes are absent because labour has not begun. Should the case be watched for a time, it will presently be observed that some feeble throes are superadded to the continuous pain. They may recur with regularity, yet they are always very slight, and appear to gain nothing in force as time goes on; nevertheless, for the same reason that the uterus is tender they may cause excruciating accessions of pain, and so simulate those throes attendant on rupture which are said to be excruciating. Two causes are in operation in these cases to diminish the uterine action; they are, over-distension of the uterus, and collapse. Upon the former I need scarcely make any observation. But I may remark that there is nothing so inimical to uterine contraction as collapse; and that is best illustrated by a reference to uterine action in cases of rupture. In the case of that accident—upon which it is commonly asserted that the throes stop abruptly—I have recently shown that (subject to evacuation of the organ either by the natural channels or into the abdomen) the force and frequency of the throes vary in an inverse proportion to the amount of collapse, invariably. It will therefore fall to be considered, in discussing the best method of treatment, how far rupture of the membranes may be depended upon to overcome, not only the paralysis of over-distension, but the collapse which results from it as well. In diagnosing a case, then, in which the throes are absent, consider whether the collapse be such as will account for their absence; for, if it be not, there is some other cause at work which is not a mere rupture. That, *per se*, has no influence over the uterine contractions. Yet another point of differential diagnosis may be mentioned here, and that is, the almost invariable occurrence of the symptoms of this kind of hæmorrhage before labour sets in. Without denying that laceration of the gravid uterus does occasionally occur before labour, yet that is a very rare circumstance; and unless direct violence have been inflicted, it is far more probable in any given case that hæmorrhage, and not rupture, is at the bottom of the train of obscure symptoms which has attracted attention.

Although the throes are absent, that does not prevent a very thorough and speedy dilatation of the os, such as is witnessed in many a normal labour before a single expulsive pain has been experienced. The hæmorrhage and the collapse both favour this relaxation of the lowest zone of the uterus, and afford, indeed, the only advantage which can be taken in dealing with these cases. Even in examples in which the os has been but partly dilated, when the membranes were ruptured its expansion has been completed under comparatively feeble pains in a truly surprising manner. This is a most important point to recollect in treatment.

(*To be continued.*)

Clinical Records.

MEATH HOSPITAL REPORTS.

CASES UNDER THE CARE OF

LAMBERT H. ORMSBY, F.R.C.S.,
Surgeon to the Hospital.

CASE I.—*Recto-Vesical Fistula.*

NICHOLAS M——, æt. 58, was admitted into the Meath Hospital on the 16th April, 1875, suffering from a very tight stricture of urethra, and a fistula communicating with the bladder and rectum, through which the greater part of his urine passed per rectum.

History.—States that he was in the Royal Irish Constabulary for many years, during which time he was subject to all the vicissitudes of his calling, being out in all weathers, subject to wet and cold; was on the whole a very temperate man. About two years ago he fell across a beam of timber and received a severe contusion in his perinæum, from which he apparently recovered in the course of a few weeks, without any bad effects, such as extravasation of urine, perineal fistula, &c. Ten months after the injury he noticed he did not pass his water as free as usual, and required much forcing to completely empty his bladder, at the same time noticing the stream considerably diminished in size. He then applied for relief, and a silver instrument (No. 4) was passed with much difficulty into his bladder. This treatment was continued for some time, until he moved to another part of the country, away from advice, and he allowed the stricture to be neglected. About a month or so after this he noticed when he attempted to pass water a great dampness and moisture appeared to issue from the anus. After a week he noticed the urine began to pass through the rectum whenever he went to pass water, and this continued to flow in variable quantities up to the time of admission into hospital, when he was carefully examined, and his perinæum appeared perfectly healthy, no appearance of fistula or abscess; the urethra was then explored, and two very tight strictures detected, one in membranous portion of urethra and the other two inches from orifice, which allowed a gum elastic catheter (No. 3) to pass with much difficulty and manipulation.

Treatment adopted.—Mr. Ormsby, on examination per rectum, was able to feel a small papilla very high up, in the gut, corresponding to the rectal opening of the fistula, through which the majority of the urine passed, and thus putting the patient to great inconvenience, as on each occasion of his requiring to empty his bladder he had to take down his trousers or allow them to be saturated.

A gum elastic catheter (No. 3) was then passed into the bladder and ordered to be retained for a couple of hours.

April 21st. Less urine passed through rectum when catheter (No. 4) was introduced: this plan of gradual dilatation was continued every second day, when a larger instrument was used, sometimes with success, at others the same size was only found practicable.

On April 30th passed catheter (No. 6) into the bladder, and for the last two days he found very little water passing through rectum. Two days after he did not find any, and the treatment was still continued for a fortnight longer, when catheter (No. 8) could be passed with great facility, and he can now pass his water with a full and easy stream. His condition continued to improve, and he was discharged about the middle of May in perfect

health. He has since been heard of, and was then quite well, and had no return of the fistula, &c.

Mr. Ormsby mentioned to his class, when talking of this case, how very important it was when exploring the urethral canal to use the greatest tenderness and care during the passage of a catheter into the bladder, and particularly so when a metallic instrument was used. In fact, in inexperienced hands, a gum-elastic catheter, rather than a metallic one, in all cases had better be introduced, and anything approaching to force in the introduction of an instrument he condemned very strongly, and mentioned it was frequently attended with a very serious set of complications. Recto-vesical fistula had occurred before now from such a cause, in others it had followed after tapping the bladder through the rectum, or people sitting on a sharp splinter of wood, or an iron spike which passed through rectum and bladder; at the same time, in cases that were complicated with tight strictures, the indication evidently was to cure the stricture, and the urine would always more likely pass by its natural passage than otherwise, as this case so satisfactorily demonstrated, for on the stricture being dilated nearly to its natural size the urine ceased to pass through the rectum, and the man has continued well ever since.

CASE II.—*Lacerated Urethra.*

Dennis M——, æt. 35, occupation a currier, was admitted into hospital on the 7th of April, 1874, suffering from internal laceration of urethra.

History.—On the day before he stated he was in a row with some others and was kicked and knocked down, receiving at the same time a very severe kick in the perinæum and base of penis. He suffered great pain, and tried to pass water immediately after getting up, but found he could not, but saw a great quantity of blood issuing from end of penis.

State.—On admission he complained of very great pain, was rather collapsed, said he had a great desire to pass water, but that it gave him such excruciating pain that he feared to make the effort. The penis and scrotum were very much swollen and ecchymosed, and blood was still passing from the urethra.

Treatment adopted.—He was immediately put into a warm bed and an india-rubber flexible catheter (No. 10) gently passed into the bladder, and a considerable quantity of bloody urine drawn off. This catheter was then left in the bladder—20 drops of tincture of opium in 2 oz. of camphor water administered to prevent or anticipate any rigors that might arise. The man then slept for a couple of hours, and said he felt much better after his sleep. The plug was taken out of end of catheter, and more urine passed mixed with blood. Perinæum carefully examined to detect if present any bulging of extravasated urine; no appearance of such being present.

April 9th.—He expressed himself much better, pain considerably less, catheter removed, cleansed, and re-introduced, when the urine flowed freely through it, a little blood still mixed with it, but no sign externally or constitutionally of extravasation of urine.

April 13th.—Much better, pain less, no blood now in urine; says he has pain at night. Ordered 15 grains of hydrate of chloral in 2 oz. of infusion of hops.

April 14th.—Catheter removed, as the swelling in the penis and scrotum had nearly disappeared, and no blood had passed from the urethra for last three days.

From this time he made a rapid recovery, and left the hospital in about a fortnight without any pain or annoyance in passing his water.

Mr. Ormsby mentioned, with reference to this case, that lacerations of the urethra were lesions that required at times very prompt and active treatment, owing to the grave consequences that may occasionally arise after the receipt of such an injury. The danger of extravasation of urine is one that the surgeon must always bear in mind, and the treatment should be so regulated as to anticipate or prevent such an occurrence. A flexible catheter passed into the bladder and retained is a most important point in the treatment, so as to allow all the urine to flow through the instrument and not to come in contact with the lacerated mucous membrane of the urethra. As regards retaining the catheter, there is sometimes a difficulty when retained by plaster or with tapes, the urine flowing through the catheter wetting the tapes and plaster, which allows the plaster to become loose and the catheter slips out. This can be all obviated by using a most ingenious india-rubber noose, that is attached to the end of the catheter, and embraces the penis, never slips, retains the instrument perfectly; water does not affect it; it is flexible, to allow distension of penis, &c., and is purchased for a trifle at any surgical instrument-maker's.

Lacerations of the urethra are frequently followed on healing by contraction and induration, which is very often the starting point of very troublesome and intractable stricture.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

SUCCESSFUL CASE OF GASTRO-ENTEROTOMY.

MR. MAUNDER read an account of a case of intestinal obstruction which he had attended in consultation with Mr. F. Gordon Brown. The patient, a male, 63 years of age, of costive habit, passed some blood on two occasions *per anum*, without any apparent, cause, about six weeks before coming under observation. He had also for some months suffered from borborygmi. His general health had not been good, his pulse being feeble and intermitting. He had had occasional attacks of gout. On October 23rd, 1875, he consulted Mr. Gordon Brown for constipation and great uneasiness in the bowels. A mild aperient relieved him. On the 28th he saw Mr. Brown again, and made a similar complaint. On examination the abdomen was distended and tympanitic, especially in the centre, while the regions occupied by the colon were markedly flat. A tumour could be detected on deep pressure, situated somewhat to the left of the umbilicus. The patient looked anxious and felt sick. Two senna draughts were administered, and he had previously taken a large number of aperient pills. The next morning he was no better, and he complained of great pain round about the umbilicus and towards the right iliac fossa. The pain was paroxysmal, recurred constantly, and was excessive. Temperature, 97.5 deg.; pulse, 68, as usual. On October 29th, at 2 p.m., Mr. Maunder saw the case. Hiccough had set in; a copious stimulating enema was administered. In the evening the pulse was 100 and feeble; the pain in the abdomen was severe, and the tenderness had increased towards the right side. On October 30th an O'Bierne's tube was introduced, and about five pints of warm water, medicated with a little brandy, were readily injected, but without satisfactory result. Mr. Maunder agreed with Mr. Brown that the large intestine was empty, and that the cause of obstruction was very likely a growth seated in the wall of the bowel, and probably somewhere about the lower part of the ilium. Belladonna suppositories were ordered, and seemed to give relief to physical pain and to procure sleep. Hiccough continued. On October 31st the patient was no better. On November 1st the bowels were still unrelieved. There was no flatus. Vomiting commenced. Tympanites had increased. Hiccough continued. Possible relief by operation was suggested, but declined. On November 2nd the patient wss weaker, with an anxious sunken countenance. The abdomen was more distended, jutting forward at the umbilicus. He still vomited. Small hopes were entertained of his recovery. On November 3rd he had rather gained ground than otherwise. Dr. Strange Biggs (a relative of the sufferer), having joined in consultation, it was agreed—the patient having consented—to make an artificial anus in the small intestine in the right iliac region; and at 3.30 p.m. the operation was performed by Mr. Maunder. Somewhat below the level of a line drawn between the antero-superior spine of the ileum, on the right side, and the umbilicus, a longitudinal incision was made about an inch and a-half long, over a coil of distended bowel, dividing layer by layer, skin, fascia, muscles, and, lastly,

peritoneum to the extent only of some three-quarters of an inch. Bowel now presented, but did not protrude in the least. To allow it to do so in order that some superficial sutures might be introduced to fasten it to the margin of the wound, a minute opening was made into it with the point of the scalpel to set free pent-up gas. This rapidly escaped, and, as the bowel began to collapse, the operator seized it with the aperture in it with a pair of forceps, and, drawing the viscus slightly forwards, gave it to his assistant (Mr. C. F. Hawkins) to hold, while he introduced on each side a fine suture. Three silver wires, to be converted hereafter into six sutures, were passed through the edges of the wound and across the bowel, and then this latter was opened in its long axis sufficiently to admit the point of the index-finger. A large quantity of gas immediately escaped, and was soon followed by an abundant flow of semi-solid rusty black fæces. Immediately after the operation the temperature was found to have dropped 1·5 deg. Sickness and hiccough had ceased. At 11 p.m. the patient expressed himself greatly relieved by the operation. On November 4th, at 10 a.m., the patient was found to have slept well during the night. His pulse had varied from 60 to to 100. The abdomen was flattening. At 10 p.m. he had passed a comfortable day. His temperature was 97 deg., pulse 60. He had eaten some bread and butter. On November 6th the patient took his nourishment well. His temperature was normal. November 16th.—He sat up out of bed on this the thirteenth day after operation. On December 17th he had gained flesh, and said he was in better health than he had been for many months. The passage of fæces was controlled by a hollow india-rubber plug, devised by Mr. Brown for that purpose (similar to one exhibited). It was worn within the bowel without the least inconvenience. Mr. Maunder remarked that, for the moment, the history concerning the persistent sluggish nature of the patient's bowels led one to hope that an accumulation of fæces might be the cause of his discomfort; but the absence of distension in the line of the colon, and the ready injection of five pints of fluid with small material results, quickly dissipated this hope, and likewise compelled one to accept for the seat of obstruction probably a point not lower in the alimentary canal than the cæcum, possibly higher. The nature of the obstacle was doubtful; but the fact that the anus and the rectum were both healthy, and that the patient had never had hæmorrhoids, and yet that, on two occasions recently, blood had been voided, coupled with the fact that a tumour could be made out with moderate distinctness (the existence of which had been confirmed since the operation), led to the suspicion that a growth, probably malignant in character, had invaded the wall and obstructed the channel of the intestine. Again, the absence of great distension and the comparatively early vomiting, made it reasonable to believe that the obstruction was not lower than the point already indicated. At the same time, the disease must be regarded as chronic in its character, and certainly non-inflammatory, the temperature never being above normal. And thus it was possible to eliminate as possible causes of obstruction every variety of internal strangulation and ileus. With regard to treatment, very little was advisable, and that little without much hope of success. Supposing the calibre of the bowel to be narrowed by a growth in its wall, there yet might be a channel along which fluid, but not solid, fæces could pass, and, with that view, belladonna and sulphate of magnesia were administered. Vomiting having set in, the patient was fed by the bowel alone. On the next day, having rallied, an immediate operation was urged as his only chance. The operation was somewhat similar to that which Mr. Maunder advised in another case in 1872 (*Medico-Chirurgical Transactions*, vol. lv.), and which Mr. McCarthy had performed successfully on a male adult 52 years of age. It consisted in opening the ileum. Both Trousseau and McCarthy have shown that this bowel will be reached in this region; an important fact as regards the nutrition of the patient. The great principle of practice upon which Mr. Maunder insisted was non-interference with the general contents of the abdomen. A knuckle of bowel having been exposed, that alone was to be manipulated. No particle of the intestinal contents must enter the peritoneal cavity; and, therefore, the utmost care must be had to plug the wound with the protruded bowel. It was noteworthy that gastro-enterotomy (artificial anus in the small intestine) was not even alluded to in some recent English works on Surgery, probably because it had been regarded as too dangerous to life, a sufficient distinction not having been drawn between the operation now under consideration and gastrotomy, in which search was made for the obstruction. In this search lay the danger. Another reason was the supposed uncertainty at what distance from the stomach the small intestine would be opened, and early death by inanition (erroneously) expected. In the present instance, the excreta were of a brown colour, and all but solid. In February, 1876, the patient had gained flesh; was in capital health, and went about as usual. With one exception, the author could learn by inquiries among professional brethren of no other instance of recovery in the history of British surgery. In two cases only had he recommended this operation, and in both it had been successfully performed.

Mr. Brown had seen the case within a few days, said the patient could walk four miles, and that he suffered no inconvenience from the wound; scarcely ever passing flatus. The patient injected warm water daily to relieve the bowels.

Mr. Smith referred to a case in which he had operated, but unsuccessfully.

ANEURISM OF THE ARCH OF THE AORTA, WITH OBSTRUCTION TO THE PASSAGE OF BLOOD THROUGH THE LEFT CAROTID AND SUBCLAVIAN ARTERIES; SPONTANEOUS CURE OF THE ANEURISM NEARLY COMPLETED; DEATH FROM EMPYEMA.

Dr. Greenhow read notes of the case which was that of a needlewoman, aged 45, married. Her father and mother had both died of phthisis. The patient had been subject to coughs and colds; and, for two years before coming under observation, had never been free from cough and shortness of breath. Three months before admission to the Middlesex Hospital, she had had rigors, followed by pain in the left side of the thorax. On admission to the hospital, her breathing was laboured; her respirations were 32; she lay constantly on the left side, and when placed on the right side, gasped for breath, and appeared to be dying. Her pulse was 130; her temperature 100·7 deg. The chest appeared larger on the left than on the right side, both in front and behind; and the left side did not expand at all during inspiration, whilst the integuments of the same side were œdematous. There was general dulness over the left lung on percussion, and absence of breathing-sounds throughout the same area, except at a small space below the spine of the left scapula. The respiratory sounds were mostly normal over the right lung. The heart was pushed to the right, and its impulse could be felt all over the left lung. Its sounds were normal. No pulse could be detected in the left subclavian, brachial, or radial artery. The pupils were equal; the voice was unchanged; and there was no difficulty in swallowing. The left arm was not swollen. There was frequent cough, and much muco-purulent sputum was raised. After a time, the left mamma became inflamed, and was incised; the patient died shortly afterwards. At the post-mortem examination, an abscess was found just beneath the left pectoralis major muscle, communicating with the pleural cavity through the third intercostal space. Three pints of pus were drawn from the left pleural sac; and the left lung lay at the back of the cavity, against the spine, bound down by firm adhesions. An aneurismal sac, adherent to the sternum and the left lung, was found at the upper part of the thorax. It sprang from the summit of the arch of the aorta, between the left subclavian and carotid arteries; measured eleven inches from right to left, and ten inches from front to back; communicated with the aorta by a very wide mouth; and was almost completely filled with laminated decolourised fibrine. The innominate artery was patent; an inch to its left was the left carotid, of which the channel was completely obliterated, the vessel itself for an inch lying in the wall of the aneurism. The left subclavian artery was distant three and three-quarter inches from the carotid; it lay partly in the aneurismal sac, and a bristle could be passed through it into the aorta. The aorta generally was atheromatous. Dr. Greenhow remarked that twice during life, when the empyema was known to exist, the chest was tapped, but that the trocar each time penetrated the left lung, and failed to draw off any fluid. At the same time an intra-thoracic tumour was diagnosed, which was at first believed to be cancerous, but afterwards aneurismal, there being no pulsation of the left radial artery. Dr. Greenhow thought it probable that, during life, no blood had latterly passed through the narrowed left subclavian artery, and that the impediment to the circulation through this vessel and the left carotid artery had favoured the deposit of laminated clot in the aneurism, with which eventually its cavity had been nearly filled. The case was important in its bearing upon the question of the surgical treatment of such aneurisms by ligature upon the distal side of the sac. Mr. Brasdor had proposed such an operation; and Mr. Heath, in 1872, exhibited a

patient whose left carotid artery he had tied for aneurism of the ascending portion and arch of the aorta, and who had been greatly benefited by the operation. Dr. Greenhow thought that the case which he had just related, and which showed spontaneous cure of the aneurism, almost completed, in connection with occlusion of the two distal vessels nearest to the sac, afforded strong corroborative support to this plan of treatment for the cure of thoracic aneurisms.

ANEURISM OF THE ARCH OF THE AORTA: LIGATURE OF THE LEFT CAROTID ARTERY: RELIEF TO THE SYMPTOMS, AND DIMINUTION OF THE TUMOUR.

Mr. HOLMES brought forward this case. The patient, a woman aged twenty-one, had never had any accident; but the present disease was attributed to an attack of rheumatic fever a year ago. When admitted into St. George's Hospital, she had a very large aneurism, occupying the terminal part of the aortic arch, with an exceedingly loud *bruit*, and a very strong thrill over the two upper intercostal spaces. The condition of the heart was difficult to judge of, on account of the loudness of the *bruit* and the pressure of the large tumour, which seemed to have displaced it downwards. No pulse could be felt in any of the arteries of the left arm. The pulse in the two carotids was natural, and in the right radial it was regular and about 60. She suffered occasionally from hæmoptysis, and was liable to faint at the least exertion. The treatment by complete rest and restricted diet (on Mr. Jolliffe Tufnell's plan) was carried out for several months, and with much benefit; and she improved so much after several months of this treatment, that in August, 1875, she was sent to the Convalescent Hospital at Wimbledon, where she was allowed to get up a little and to take ordinary diet; but she returned to St. George's Hospital in October with the pulsation and *bruit* somewhat increased. She was again put to bed; but as the aneurism appeared distinctly advancing up the left side of the neck, and there was considerable bronchitis, it was thought advisable to tie the left common carotid artery. It should be mentioned that in the interval since her first admission, the condition of the arteries of the left arm had varied much. Sometimes no pulse whatever could be felt; more commonly the pulse could be felt, though not very plainly, in the brachial artery, and more easily in the ulnar, while in the radial it was only occasionally perceptible. The operation (on October 21st) was followed by very great, but not immediate, benefit. It was not till the second day that any marked change was perceived, when the area and strength of the thrill began obviously to diminish, and continued to do so for a month—the first intercostal space, which had been bulged out by the tumour, becoming concave—and the symptoms of pressure on the air passages very much relieved. In this state she still continued. There was now (March 10th, 1876) a very loud *bruit*, but she was well enough to get up a little during the day, and had evidently derived very great benefit from the operation. In remarking on this case, Mr. Holmes observed that it was an incomplete one, and was only produced as an interesting pendant to that of Dr. Headlam Greenhow. In the latter case the left subclavian was obliterated; in the present there was some obstruction, the nature of which was rather hard to determine. It could not have been the result of pressure on the trunk artery, seeing that the brachial was pulsating while the radial could not be felt, nor the result of obstruction of the individual vessels by embolic clots; at least such obstruction could not be complete, for the pulse was felt at one time and not at another. But, on the whole, it testified to some obstruction to the growth of the tumour in the direction of the left subclavian, and encouraged the attempt to stop the growth of the aneurism up the neck and towards the trachea, by tying the left carotid; and the result had certainly, up to the present time, justified the operation. Mr. Holmes was inclined to attribute the benefit produced by the distal ligature in aneurism to the cessation of the circulation through that part of the sac with which the tied artery was in direct continuity. If this were so, the indications for the ligature of the carotid (left or right) in aortic aneurism, and of the right carotid in innominate aneurism, must be the growth of the tumour up the neck, and the advancing symptoms of pressure on the trachea; and such were the indications relied on in the present instance. If this view were correct, it would also follow that the ligature of the third part of the subclavian held out no such prospect of benefit, since the whole circulation must still go on through the branches of the first part of the subclavian; and it might even be apprehended that the rapid increase which must take place in the circulation through those branches might possibly be accompanied by an increase in the tension of the sac.

Dr. DOUGLAS POWELL thought it difficult to say when surgical interference should be resorted to. He had had a case under his care in the Brompton Hospital in which there was an aortic aneurism, where the left carotid and subclavian were given off. He had treated the case with complete rest and diet for five months without any marked benefit. He then consulted about the operation, but was glad it had not been performed, for now the patient was going about; great improvement had taken place. He might add that the left radial artery was pulseless; the pulsation over the tumour was much less.

Dr. BURNEY YEO asked Dr. Greenhow where he punctured in his case of thoracentesis; to which Dr. Greenhow replied that the first puncture was made at the back of the axilla, and the second one inch in front of the first. Had he punctured further forward, doubtless the fluid would have been reached, but he was deterred from so doing by the impulse of the heart in that region.

Mr. CHRISTOPHER HEATH had tied the carotid and subclavian artery with well marked decrease in all symptoms lasting over four years, and then followed by death from intemperance. The case in which he had tied the carotid only had also now lived four years. These cases proved the utility of surgical operations for aortic aneurisms. The difficulty was to say which artery ought to be tied—which artery was the next beyond the aneurism. It had happened to him to tie the wrong carotid, and the patient died from anæmia of the brain for the reason, that the aneurism obstructed the one carotid artery and the ligature obstructed the other so that no able, as it contains a comparison of recent information with blood could reach the brain. He was very disappointed at the assistance rendered by the sphygmograph, which he thought could not be relied on. As regards the question, when should the operation be performed? it could not be said definitely; it was one for experimental research, and if the treatment of the physician were useless, the case might be said to require surgical interference.

Dr. MAHOMED had never met with an aneurism on which the sphygmograph had not thrown some light. He could refer to cases which had not been suspected until the sphygmograph was used. One aneurism he had proved to be confined to the innominate artery, and not affecting the aorta, verified by post-mortem examination. In a case now under the care of Mr. Lane, he believed the sphygmograph had proved the presence of an arterio-venous aneurism, for the markings varied with respiration showing the inspiratory effort diminished the blood and decreased the pulsation.

Mr. HOLMES said that in the treatment of aortic aneurisms he considered ligature of the carotid to have a good effect, but he did not advise ligature of the subclavian in the third part of its course, because, as all the branches were given off in the first and second part of its course, the circulation through those vessels was increased, and the pressure of the blood in the main trunk increased proportionally. Under any circumstances the operation was serious, and its results doubtful, and should not be undertaken until the rest and diet treatment had been long and carefully tried.

Mr. HEATH said Mr. Holmes appeared to take it for granted that the exact position of the aneurism could always be defined; but such was not the case. It was in this particular point that the surgeon required the assistance of the physician; but physicians could not always decide. In one case of ligature of the carotid, the aneurism was on the right side, but he tied the left carotid and the operation was successful. In another case the aneurism was on the right, and he tied the left vessel, but he was wrong. The object was to tie the vessel next beyond the aneurism.

DUBLIN OBSTETRICAL SOCIETY.

THE fourth meeting of the session was held on Saturday, Feb. 12, the President of the Society, Dr. LOMBE ATTHILL, in the chair.

ASCARIS LUMBRICOIDES.

Surgeon-Major J. JOHNSTON exhibited under the microscope a specimen of the *ascaris lumbricoides*, which he found in very active motion in the os uteri, in a case of vesico-vaginal fistula.

The President said the specimen was a very interesting one. It had been found in a position in which it had never been seen before. If it had not been discovered it might have traversed the Fallopian tubes, and given rise to very distressing symptoms.

Dr. KIDD said they had read of the ascaris having crept out of the anus into the lower part of the vagina, but he thought it was a new fact to find that it had passed up so high as the os uteri; and he thought it was a fact that they were very much indebted to Dr. Johnston for having placed it on record. If it had succeeded in establishing a habitation there it would have created a considerable deal of inconvenience.

MYXOMATOUS TUMOUR.

Dr. F. T. PORTER exhibited a specimen of myxomatous tumour of the uterus, which he had obtained in the course of dissection.

UNDILATABLE OS UTERI.

The Hon. Secretary, Dr. J. R. KIRKPATRICK, for Dr. M'GUIRE, then read a paper on this subject.

The PRESIDENT thought it would be a dangerous principle to lay down that in all cases in which the os refused to dilate they were to use the forceps. He had, however, used the forceps in a case of undilatable os, and in some instances he had been gratified with the result.

Dr. CRONYN, who had seen a great many cases of unyielding os, had never seen the practice of incision of the os resorted to.

Dr. KIDD said he never used the forceps in any that could at all be called a case of undilatable os. There could be no worse practice than, with an os uteri an inch in diameter, hard and unyielding, to force delivery with the forceps. He thought by so doing the life of the patient was endangered. To introduce a hard iron instrument for the purpose of overcoming the rigidity of the os was a most injudicious practice.

Dr. DENHAM endorsed the views of Dr. Kidd. Nothing could, in his opinion, be more reprehensible than the idea of passing a forceps into an undilated or undilatable os.

Dr. GEORGE JOHNSTON thought it was most unjustifiable for any man to attempt to apply the forceps in the case of an undilatable os; but there was a difference between an undilated and an undilatable os. In many instances, by getting his fingers into the os, he could expand it a couple of inches wide, to introduce the forceps. He had had over 160 cases in which the forceps was used before the os was fully dilated, and there were only 10 deaths. He had only been obliged to perform incision of the os once, after he had adopted all the methods that they usually had recourse to to dilate it. He just incised the edge in one place, and he was then able to expand it. With that exception he never was obliged to perform the operation.

Dr. F. T. PORTER considered that a full dose of opium was almost as dangerous to the child as ergot was.

The PRESIDENT said he entirely disapproved of the principles laid down for general practice by the author of the paper. He (Dr. Atthill) was quite sure, if the practice of forcing delivery was carried out as a general practice, it would be most dangerous. He thought the exhibition of chloral in doses of 10 or 15 grains at intervals of 15 or 20 minutes until between 60 and 80 grains had been given was a better course of treatment than opium. He had been greatly surprised at the advantageous effect that a few drops of chloral had wrought in the few cases of rigid os he had met with.

Dr. T. MORE MADDEN said he had incised the os in more than one instance with very great advantage. He thought the practice of incising the os was a very useful one in some few cases in which the rigidity could not be otherwise overcome. He considered that the paper was the work of an able and practical thinker, though he (Dr. More Madden) entirely dissented from his practice.

ON THE USE OF THE SHORT STRAIGHT FORCEPS.

The discussion on Dr. T. More Madden's paper on "The Use of the Short Straight Forceps as a Tractor, and the Long Double-curve Forceps as a Lever and Compressor," was resumed.

Dr. CRONYN could not consider the forceps exhibited by Dr. T. More Madden as being in any degree an improvement upon the instruments in use. He (Dr. Cronyn) confessed that for a great many years—ever since he was Assistant Physician at the Rotundo Lying-in Hospital—he had been in the habit of using Beatty's forceps, and on only two occasions for years had he had recourse to the long forceps. He had never met with a case, with the exception of those two, which he could not deal with with Dr. Beatty's forceps. He had no hesitation in saying that he quite agreed in the theory that, as a rule, the forceps should only be used when the head of the child was in the cavity of the pelvis.

Dr. DENHAM thought the real question at issue was as to the time at which the forceps should be used. He was satisfied that a great deal of mortality had occurred from waiting too long. He thought no injury whatever arose to the patient from waiting until the first stage of labour was completed. He thought the experience of practitioners was that, as a rule, there was little apprehension of danger to mother or child until the os was dilated. He believed that in ninety-nine cases out of a hundred they might wait until the os was fully dilated. The subject was one of very deep importance. He had very little faith in the double-curved forceps.

Dr. GEORGE JOHNSTON said the deaths in the Rotundo Hospital in cases where the forceps had been applied before the os was fully dilated was one in sixteen. He was perfectly convinced that he saved the lives of both mother and child where he had applied the forceps in these cases. The only reason that he preferred Barnes' instrument was because it was lighter than the others, and had all the advantages that might be required.

Dr. T. MORE MADDEN said—As upwards of six months have elapsed since the paper now under discussion was read here, at the closing meeting of our last session, I may perhaps be permitted to remind the Society that its subject was the "History and Use of the Short Straight Forceps as a Tractor, and of the Long Double-curved Forceps as a Lever and Compressor," and that being designed for a twofold purpose, it was divided into two parts, only one of which has been alluded to during the protracted discussion which has since ensued. In the first part I entered very fully into the history of the forceps, for the purpose of showing that the very early and very frequent recourse to this instrument now recommended by some is but the revival of a practice introduced into vogue by the earliest authorities on operative midwifery, and I quoted passages from the work of Giffard, Chapman, Ould, Smellie, and several others of the first writers who described the forceps, to prove that shortly after its introduction the evils resulting from the premature employment and injudicious application of the forceps in the hands of the ignorant and unscrupulous men-midwives of the 17th and down to the latter part of the 18th century led to a reaction against even the legitimate use of this noble instrument, extending even to those cases in which its use was absolutely necessary for the safety of the parturient woman and of the child, and from the evil effects of which the practice of midwifery has been only very recently emancipated. In the second part of my paper I described two instruments, which I exhibited, and which I considered to be improvements on the ordinary straight and double-curved forceps, and I gave a detailed account of my use of the instruments in a very large number of cases, and made some observations as to the mannar in which they should be used, and the circumstances under which they should be resorted to. This paper, which was read last July, has now been very fully discussed and very freely criticised at three meetings of the Society. I should be quite satisfied with having thus attracted the attention of the Society to a subject of great practical importance, and would not now occupy your time were it not that I think some of the eminent obstetricians who do not agree with my views have hardly done them justice. Dr. Byrne has found fault with my use of the forceps in cases of threatened rupture of the uterus, and says that there are no symptoms which would warrant us in pronouncing that this accident was likely to occur in any particular case. I, however, was always under the impression that these premonitory symptoms of rupture were familiar as household words. I always endeavoured to impress them on the minds of students, and as an examiner I should unhesitatingly have rejected any candidate for his degree at the Queen's University or for the diploma of the Rotundo who was not acquainted with the signs which should warn him that this fearful accident was impending, and was not prepared to take the proper steps to avert it, as was done in the case I detailed in my paper. Dr. Byrne endeavours to prove that the mortality in my forceps cases was very high. Now I think this charge is hardly borne out by the facts of the case. Thus the tables I read here contain an account of 163 cases in which I applied the forceps in the hospital and in private and consultation practice, and of these many were cases of a most unfavourable kind, including rupture of the uterus, convulsions, exhaustion, and hæmorrhage, where I was only called in to deliver a woman who must inevitably have died unless delivered artificially. Now out of all these cases how many died? Only eleven; and of these, one, four weeks after delivery, from typhoid fever, and the ther nine days after delivery, from secondary

hæmorrhage. The former case should be excluded from this table, as the woman died four weeks after delivery from a non-puerperal disease. There were therefore but ten deaths in my 1163 forceps cases, and of these one was moribund from rupture of the uterus, two were dying of convulsions at the moment they were delivered, and a considerable proportion of the others died from epidemic disease. So that I believe the result of my forceps cases will bear a comparison with that of any practitioner who records his cases as honestly and as accurately, whether they be favourable or not, as I have done. Dr. Johnston, without entering into any reasons, characterises my short forceps as a weak instrument; but though the long forceps which he prefers is undoubtedly in his hand quite as safe as any instrument could be, still I have more than once seen reason to regret that, employed as they now are, before the os uteri is fully dilated, it would be well that young practitioners at least could be restricted to the use of a short forceps like mine, equally useful, and incomparably less hazardous than the long forceps are in incompetent or unskilled hands, and I cannot refrain from again thinking that it is more necessary to restrain than to stimulate the operative ardour of the pupils of a great school of midwifery, and to impress on them the paramount necessity of caution, prudence, and great patience in the management of labours, rather than the acquirement of mere operative dexterity. The President, Dr. Atthill, has very clearly surveyed the points which I was anxious to bring under the consideration of the Society. But the instruments he has exhibited from the museum of the hospital are entirely different in form and curvature, in the annexed screw, and in fact, in almost every respect from those I showed here last night, except that, like mine, one was a long and the other a short forceps. I should be very glad if Dr. Atthill would give my short forceps a trial in the hospital over which he presides, as if he did so he would, like other practitioners, come to use no other instrument in the second stage of labour. With regard to Dr. Porter's question, I have not myself noticed any ill effects to the children delivered by the forceps, but I can well conceive it quite possible that sad effects might be produced by the great pressure of my long double-curved forceps. Dr. Kidd has, I am glad to say, sustained my opinion that the long forceps should not be applied as a rule of practice before the full dilatation of the os uteri, and without admitting it, both Dr. Kidd and Dr. M'Clintock bear out my view that two different forceps should be employed, as they draw a clear distinction between the operation which they call the high operation, before the head has passed through the brim, and in which I said a long forceps was required, and what they call the middle and low operation, in which the head is in the cavity of the pelvis, or on the perinæum, and in which delivery might be effected with my short forceps. I only regret that the lateness of the hour does not permit my replying as I had intended, and hoped to do to the other speakers who have done me the honour to take part in this discussion.

The Society then adjourned.

Apropos of our remarks last week on the abolition of militia surgeoncies, a narrative of the effect of such a movement may be interesting. A certain regiment in the north of England recently mustered for training. The officers assembled and accosted each other, but no doctor amongst them, the regimental depôt surgeon being stationed thirty miles off, busy with his proper duty. Next morning the recruits assemble for examination, with sergeants in charge, and the officers whistling away the time until the doctor arrives to pass them. The day advances and the telegraph is set to work, but fails, after an expenditure of many shillings, much patience, and an abundance of expletives, in producing the medical officer. Meanwhile no one knows what to do with the recruits, who, not being soldiers, can neither be armed, billeted, or paid, and are still loafing about waiting to pass the medical examination, for which no doctor is forthcoming. Finally, there is a consultation of officers, who decide to call in the services of the nearest civil practitioner, who attends with his assistant late in the evening, and in about two hours earns a large sum by passing the recruits. Next day comes the arrival of the long-expected doctor, after the work is done, and the next week a tornado at the War Office, in consequence of the expenditure.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 29, 1876.

THE BILLS FOR THE AMENDMENT OF THE MEDICAL ACT.

We understand that the Colleges of Physicians and Surgeons have presented petitions to Parliament against Mr. Cowper-Temple's Bill for the admission of women educated in foreign universities to the privileges of registration as medical practitioners. The ground on which these petitions are based is not at all conversant with the question whether women should or should not be allowed entrance to the profession, on which question the College of Physicians has to a certain extent expressed itself affirmatively. Mr. Cowper-Temple's Bill proposes to open to women portals which the law and the Medical Council have rigidly closed against men, and it proposes to recognise as qualifications to practise medicine in these kingdoms degrees of the sufficiency of which as guarantees of education we have neither knowledge nor control. If a home licensing body establishes a new degree, it must satisfy the Medical Council that the course of study and the examination are up to the required standard, and even then it will not confer a right to practise until it is placed on the Register by a special Act of Parliament; and, if the licensing body should at any time unduly lower the standard of the degree, the Medical Council has power to disfranchise ir by representing the matter to the Privy Council. In the case of the foreign universities, we do not know that the curriculum or examination is sufficient; and if the degrees were once admitted to the Register, we have no right of visitation and inspection which would satisfy us that the educational level of those degrees was kept up.

We opine that the Bill is not likely to pass. It is not in any case to have its second reading until July, and we believe the President of the Medical Council has already warned the Government as to the measure. It is in principle the same as that against which last year the Medical Council, through the executive committee, entered a strong protest.

Mr. Gibson's Bill also deals with the recognition or registration of new degrees, for its third clause proposes to place upon the Register the Baccalaureate in Surgery and the State Medicine Diploma of Dublin University.

We argued last week that this latter degree, not being in any respect recognisable as a medical or surgical qualification, was not entitled to registration except as a qualification additional to other degrees. Since we called attention to the subject, we understand that the Branch Medical Council for Ireland has had a meeting thereupon, and has resolved unanimously—in reference to Clause 3—that it "requires very serious consideration, and that a bill containing that clause should not be pressed forward without affording to the General Medical Council and the medical corporations of the United Kingdom represented on it time for considering the effects of that clause."

This Bill is set down for the 30th of March for second reading, and as its chances of passing are good, we trust that the President of the Medical Council will have lodged a *caveat* against this clause before it is too late.

THE ROTUNDA HOSPITAL.

Few of our readers are unacquainted with the splendid range of buildings, commonly known as the Rotunda Hospital, which constitute so noble a monument of one man's philanthropy, that man, too, being a member of our profession.

More than a hundred years ago, Dr. Bartholomew Mosse conceived the idea of rearing an hospital which would be at once a refuge for poor suffering women, and a great school of midwifery. With untiring energy he carried out his great plan, and though he himself died in poverty, his memory has ever been revered as one of the greatest benefactors of his fellow-creatures and of his country.

Nor was he content with erecting a magnificent hospital; he sought also to place it on a sure foundation by creating an income for its future support; but his efforts in this respect only serve as another proof of the fallacy of man's foresight. His provision for the future maintenance of the hospital, which he expected would be permanent, was to be derived mainly from four sources—

1st. A tax imposed by Act of Parliament on "public sedan chairs."
2nd. A Government grant of £3,000 a year.
3rd. The profits derived from entertainments given in the Rotunda and adjoining ground.
4th. A tax imposed on the inhabitants of the square, in consideration of which the governors were bound to light it.

As to the first, "public sedan chairs" being things of the past, the tax no longer exists as a source of income; but, unfortunately, a sum of £11,000 was borrowed, chargeable on this tax, and the interest, amounting to £440 a year, has still to be paid by the hospital, although the "chair-tax" is gone.

Next, our paternal Government has slowly but surely withdrawn its aid; the £3,000 a year has been reduced to £700, and this pittance is continued solely on the ground of the great national benefit conferred by the hospital as an ducational establishment.

Third. The profits derived from the public rooms and gardens, at one time very large, and even in our own student days estimated at £1,000 a year, now realise but £300. This falling off has been specially marked since the opening of the Exhibition Palace.

Fourth. The square tax, too, has ceased to produce a revenue. A clever lawyer having raised the point that the lighting should be by oil lamps, not by gas, the question is still *sub judice;* so we can only say that for the present the charity loses this source of income.

To sum up our comments, this excellent charity, this renowned school of midwifery, which for a hundred years has attracted pupils from all parts of the world, which has furnished a succession of obstetricians who have rendered the Dublin School of Midwifery famous, has gradually had its sources of income dried up, and that, too, from no fault in itself, or on the part of its managers. The result is easy to anticipate. The institution is this day in debt to an extent not much under £1,000. Nor is this all. It is an old building; time has told on its fabric; it needs extensive repairs, especially the chronic wards, those devoted to the treatment of the "diseases peculiar to women." They urgently need repair. In fact, nearly £2,000 must be promptly expended on this wing, or these wards must be closed.

Can any Irishman read this brief outline of the history of this renowned hospital without feeling a wish to aid it? We call on the members of our profession to remember how much they owe to it. Let its old *alumni*, the hundreds of "old Rotunda pupils" throughout the kingdom, come forward with their contributions, be they ever so small; still more, let them, among their patients and acquaintances, urge its claims. They are those of no common nature. They are those of a charity and of a school of midwifery of which Ireland is justly proud. As a charity it annualy relieves some thousands of the suffering poor, while to the wealthy classes its existence is no less valuable, since from the experience obtained within its walls the wives and daughters of the rich derive the greatest benefit. Let physicians, then, impress these facts on their patients and acquaintances, and the difficulties into which this great institution has fallen will soon be removed.

Contributions should be remitted to the Master or Secretary at the Hospital, and all such will be acknowledged in our columns.

THE MEETING OF THE GENERAL MEDICAL COUNCIL.

The Executive Committee, which met last week has, we understand, adjourned, with the intention that the Council shall hold its usual annual meeting in the end of May, a decision which we hope the President will not allow to influence him. We have never understood the reasons which have caused the annual assemblies of the Council to be put off until the hour had passed for doing anything except talk of exploded questions. Year after year the profession is agitated—as it is at the present moment—by attempts at legislation upon which the Medical Council should have a consultation and a well-considered opinion, and, year after year, these questions settle themselves, or are settled by the individual interference of the President, the Council as a whol ebeing profoundly ignorant and absolutely silent upon them. Not until close upon the dog days, when medical men, Members of Parliament and ministers are all hopelessly *blasé* does the Medical Council come together to consider

subjects which have been debated in the mind of the profession months before. If the Council is never again to initiate any action for the good of the profession or the public, it might at least interest itself in considering the action initiated by others, and we venture to observe that the profession expects something from it more than a pleasant summer trip to the metropolis and a dull chat over subjects which have little interest in comparison to those which have been settled beforehand. If the Council were what it might be, it would be up and doing at the opening of Parliament each February. If its meeting for 1876 be held at the end of May it might—for legislative purposes—be as well not held at all.

A JUST CONVICTION.

A FARMER named Henry Bayfield Hatch, of Cannon Court Farm, near Leatherhead, was summoned before Mr. Benson, at the Southwark Police Court, under the Sale of Food and Drugs Act, 38 and 39 Vic., cap. 63, sec. 6, for selling to Henry Kirby, at the Waterloo Railway Terminus, "milk which was not of the nature, substance and quality of the article demanded by such purchaser." The nominal complainant in the case was a wholesale dealer in milk, who was in the habit of receiving 2,000 gallons of milk daily at the Waterloo Terminus, from farmers in the country, which he sold to the retailers. In the early part of last month he arranged with the defendant for a daily supply at that station, and shortly afterwards he received complaints from the retailers which induced him to communicate with Mr. Coxhead, one of the sanitary inspectors, who took samples of the milk and forwarded one of the sealed bottles to Dr. Muter for analysis. The certificate of that gentleman showed that the milk was adulterated to the extent of 20 per cent. with water. The magistrate was reminded that many retail dealers had been fined heavily for selling adulterated milk, entailing great hardship upon those poor men, owing to the acts of the farmers who supplied the wholesale dealers.

A conviction was obtained, and the defendant was fined and had to pay the costs

We recommend this case to the consideration of sanitary officers; let them go at once to the fountain-head, examine the article in bulk as well as in retail, and they will probably discover culprits for whose individual sins dozens of retailers may have to suffer.

It may appear somewhat hard upon the retailer that he should be answerable for the guilt of another, but the public must hold the retailer responsible for the purity of the article which he sells. It is for him to see that he purchases what he undertakes to sell. When the retailer of milk enters into a contract with a farmer to supply him with so many gallons *per diem*, that contract is in itself a warranty that the unadulterated article shall be supplied; and if there can be any doubt as to its purity, surely it becomes the retailer's duty to have the article tested in bulk, as in the case above reported, and not to allow the fraud to be carried on until accidentalty discovered by one of his customers who may happen to be more discerning than the greater portion of the public.

We never have been able to recognise the grounds upon which the grocer, druggist, or milkman claim to be treated differently from every other tradesman who is held responsible for the good quality of his wares. If an ironmonger sold an article as wrought iron and it turned out to be cast metal, would he be allowed to plead that he did not know the difference himself, or to refer the complaining consumer to the maker who sold the article to him? If a jeweller sells a ring as gold, and it proves on service to be only plated, would he be permitted to say that he was told it was gold—did not know how to find out whether it was or not—and did not consider himself at all liable for the little mistake? If not, why should a druggist be allowed to sell mustard two-thirds flour and turmeric, or senna one-half false leaves, and then protest that it was a great hardship on him that he should be prosecuted for doing so? Let him do as any other tradesman does. If he is unable to answer for the quality of the article from his own observation, let him give the manufacturer an explicit written order for the exact article which he requires, and if anything else be supplied, he has his remedy at all times against the manufacturer for any penalty which he may suffer. Inconsistent as the statement may appear, we have no objection at all to admixtures so long as they are honest and not poisonous. We can quite believe that mustard and flour, or cocoa and starch, may be more palatable, and at the same time cheaper than genuine mustard or cocoa. We believe also that if these articles were honestly sold as mustard or cocoa mixture, and the composition made known and sold, as they might be, at a much lower price than the genuine article, they would be found by the public to serve their purpose, and would be bought largely without the inducement of any misrepresentation.

Notes on Current Topics.

On Absorption by the Human Diaphragm.

DR. ARCADIUS RAJEWSKY, of St. Petersburg, has made experiments with the human diaphragm, by which he obtained the following results:—

1. The normal diaphragm absorbs fluids and such substances as there are dissolved in these.

2. if the diaphragm be inflamed, it allows fluids coming into contact with it to pass its system of vessels more easily.

3. When an inflamed diaphragm becomes injected, it will be seen that the intercellular spaces are connected with the lymphatic capillaries, and that they form peculiar canaliculi in the connective tissue.

4. After the removal of the epithelium of the serous membrane, there are opened new avenues for the transportation of fluids, by the intercellular canaliculi commencing on the surface of the membrane.

Singular Vital Statistics.

THE *Philadelphia Medical Reporter* says it is wonderful how large is the increase of wounded soldiers each year since the American war, according to the Pension Office rolls. Not less marvellous is the extraordinary longevity of the survivors of the war of 1812. That was not agrea

war; not many troops were engaged, and no very large force mustered into the service of the United States, and the war came to an end almost sixty-one years ago. Yet the Commissioner of Pensions reports 15,875 survivors of that war on the rolls of the pensions. Very few, indeed, of these can be less than eighty years of age, and the number must be nearly if not quite ten per cent. of the whole force mustered for service. If the veterans of the late war of the rebellion prove so tenacious of life, nearly 200,000 of them will survive in the year 1926.

Hospital Saturday in Birmingham.

SATURDAY last was "Hospital Saturday" in Birmingham. Contributions from the various works were paid in at the Joint Stock Bank, and amounted to between £1,100 and £1,200. The Licensed Victuallers' lists did not close till late at night; other contributions will no doubt be received. The collections last year amounted to £3,800, but a considerable falling off is anticipated this year on account of depression in trade.

A Puzzle for the Doctors.

THE *Globe*, under the title of "A Puzzle for the Doctors," refers to a case described in the New York papers. The subject of the attack was a well-to-do farmer, taken suddenly with convulsions. These convulsions were said to be terrible to witness, and to make their attack every year. He experienced no pain during the attack, but was conscious the whole time, though unable to prevent it. His contortions were described as simply horrible, every muscle in the body writhing and twisting.

The people supposed the man to be possessed of the devil.

Receiving this report from New York papers, it is difficult to know how much is true and how much untrue, especially as there is a clear and descriptive account of the patient "assuming all manner of shapes and actually tying himself in a knot." If the patient had not "actually tied himself in a knot," we might look upon the case as no great puzzle for the doctors. Certain diseased conditions of the cerebellum, including tumours, sometimes produce convulsions most painful to witness, but yet the patient feels no pain, and, though perfectly conscious of what is going on, he is unable to overcome his movements. The diseased conditions to which we refer are not accompanied by an attack of periodical occurrence once a year, as in the case reported in the New York papers; but doubtless, if there is any truth in the reported symptoms there are physicians who could explain them.

The General Medical Council.

SOME important changes are about to take place in the General Medical Council. By the melancholy deaths of Drs. Parkes and Begbie, two seats are at the disposal of the Crown, and we understand that Dr. Sharpey, whom the Government were anxious to re-appoint, his term of office having just expired, has declined the honour, on the ground of failing sight and hearing. Thus the Government have the unusual number of three out of the six Crown nominations to fill before the next general meeting. We believe we are correct in stating that Professor Lister, of Edinburgh, will replace Dr. Begbie, and it is the general wish that the remaining vacancies shall be filled by the two most fitting representatives of the profession in the English provinces. On whomsoever the choice may fall, we trust that the claims of surgery will not be overlooked: medicine has already too great a preponderance in the Council. Another important change will, we hear, occur at the next meeting. Dr. Francis Hawkins has sent in his resignation as General Registrar, and a successor will have to be chosen. Hitherto this office has not debarred its holder from private practice, but this will not be the case in future. The duties are quite sufficient to occupy the entire attention of a registrar, and we understand this will be a *sine quâ non* in the new appointment.

Japanese Jugglery.

THE Japanese are a wonderful race; the facility with which they accommodate themselves to circumstances is surprising. Their powers of imitation are more than a match for their inventive genius, and as they find the former pay so much better of the two, we gradually see them dropping from their old pinnacle of original handicraft to one of servile imitation. It has been remarked that imitation is the sincerest form of flattery; but when it exists on the outer surface, and the inner is found like the whited sepulchres of Scripture, "full of dead men's bones," it becomes both repulsive and dangerous. These last three words express exactly what is going on in Japan at the present time in regard to the best known and appreciated articles of consumption, and medicines. If you desire a bottle of Bass, Allsopp, or Guinness, you get a facsimile bottle and label, but the contents is a vile concoction of native liquid of a very filthy nature. Dinneford's fluid magnesia, Dr. Collis Brown's chlorodyne, and many similar articles, come in for an equal share of native attention, the English Government stamp being copied with such exactitude as to deceive "the very elect" revenue officers. Yet there is no secret in the matter. From a friend just returned from Japan we learn that establishments exist in Yedo and Yokohama for the imitation of any label you like to take them, under the eyes of the Japanese Government; doubtless you could get a Bank of England note engraved with equal facility. The Japanese know that deception is being practised; but as the majority have never tasted the originals, they are unable to discriminate, and so content themselves by accepting what is palmed upon them as English, and to which their palates have become accustomed. Even Leibigs extract of meat label has been imitated and placed upon tins containing decomposed desiccated stuff, and sold at the highest figure in consequence of its ripeness. Surely the British Government can use some influence with the Japanese authorities to stop this traffic. The loss to the revenue of stamp duty should be one incentive for prompt remonstrance; the serious interference with the commerce of this country another; and the risk of selling articles dangerous both to health and life under colourable imitations of the English Government stamp the most potent of all. The subject is worthy of their consideration.

Surgeon-General Gordon, M.D., C.B.

We heartily congratulate Surgeon-General Gordon, who has been gazetted Honorary Physician to her Majesty the Queen. Dr. Gordon is a Commander of the Bath and of the Legion of Honour, and an author of considerable repute; his last work, entitled "Practical Hygiene and Surgery of the Franco-Prussian War," has laid army medical officer sunder real obligation; and we understand he has at present in the press a work on "Burmah and the Burmese," written during a journey through that country, of which so little is known, with the Commander-in-Chief of our Indian Forces, Dr. Gordon being at the time and still Surgeon-General of those forces. Much interest has been excited in literary circles about his forthcoming work, which, besides being of a popular nature, will contain chapters of interest to medical readers on the botany, zoology, climate, and medicines of the country, illustrated with photographs and sketches taken on the spot.

Official Revelations of Adulteration.

We have, as our readers know, entered with some warmth into the crusade against the rascalities of adulterators, and have done our best to counteract the overwhelming influences which the shop-keeping classes are enabled to exercise in Parliament, and by which they have been enabled to pass Mr. Sclater-Booth's Act of last year for the protection of trade frauds. The *Pharmaceutical Journal* and other trade periodicals have endeavoured to show that our statements as to the extent and importance of these trade rogueries were at the least exaggerated, being based, for the most part, on police-court prosecutions, in which the evidence might be open to doubt.

The Report of the Principal of the Somerset House Laboratory, which appears in the Eighteenth Report of the Commissioners of Ireland Revenue, recently presented to Parliament, supplies us with official evidence, which is not open to denial, or capable of being explained away. We select from it a few statements having special reference to articles in which the medical profession is interested:

"Last year," says the Principal, "there was a great scarcity of lemon juice sufficiently good in quality for ships' stores, and during the present year large quantities of foreign-squeezed juice have been presented for examination, but a considerable proportion had to be rejected, on account of its having been below the standard. The English squeezers of lemons are now so well aware that only good juice will be accepted that they seldom present inferior or diluted juice for examination, but foreign-squeezed juice is obviously prepared with little care, as it frequently contains common salts, and is sometimes diluted with water. During the past year only 12·6 per cent. of home-squeezed juice presented for examination had to be rejected, while 22·8 per cent. of foreign juice was declined.

"Although the quantity of juice rejected amounted to 23,325 gallons, no member of the trade has questioned the justness of a decision.

"Of the medicines used largely in tropical climates, which, on account of the difficulty of procuring them abroad, should be of the best description, and of the greatest purity, cinchona bark has been supplied of very inferior quality, being almost useless as a medicine, and, *in one or two instances, the bark examined was not cinchona bark at all.* Of the cinchona alkaloids supplied, some of the most expensive have been adulterated with those of little commercial or medicinal value, and, in several cases, one kind has been substituted for another, the substituted article being invariably of less value than the one it was made to represent.

"Ninety-two samples, consisting of beer and wine for hospital use and ships' stores, have been examined for the Admiralty. A beer sample taken from the supply was found to be 30 per cent. lower in commercial value than the tendered sample.

"One hundred and seventy-three samples of coffee, or substitutes for coffee, have been examined, and of this number 164 were adulterated. The proportion of adulterated samples is greatly in excess of the previous years, on account of a large seizure of roasted acorns having been made at a manufactory in the East End of London; the samples taken contained about 10 per cent. of coffee, the remainder being roasted acorns. Roasted acorns were first placed before the public as 'Pelotas coffee,' but the manufacture being illegal, it was prohibited. They were next introduced to the public under the name of 'Coffee Surrogate,' but the manufacture of this has also been stopped, and it is hoped that the seizure and condemnation of the article will be sufficient to deter the firm from again embarking in the trade.

"Fifty-nine samples of beer, and of substances used in the brewing of beer, have been examined. 31 were found to be genuine and 28 adulterated, the adulterants being common salt, liquorice, treacle, caramel, ginger, and, in one instance, tobacco.

"As many statements have been made in public that cocculus indicus is generally used as a beer adulterant, it has been considered advisable that during the past year close attention should be given to the subject. Officers and supervisors of intelligence regularly survey the brewers, and not one of them has been able to detect cocculus indicus on a brewer's premises, nor have the samples of beer examined here for many years past contained it. The reports which have, from time to time, been published of cocculus indicus being used as a beer adulterant have not proved satisfactory when thoroughly investigated, but much stress has been laid on the fact that a large quantity of the drug is imported into this country, and that, therefore, it must be used in the way stated. To solve this difficulty, careful inquiries have been made as to what becomes of the cocculus indicus imported, and it has been found that almost the whole of it is again exported, chiefly to Germany, and what is retained for home consumption is, according to returns obtained from wholesale chemists and drug grinders of undoubted respectability, used either for poisoning fish, or, when powdered and mixed with fat, employed as an ointment for killing lice on cattle."

Regarding the general question of adulteration in the light of this report, it must be borne in mind that the statements made therein refer to a very few out of the multitude of articles of daily consumption which are usually suspected to be adulterated. The Somerset House Laboratory is charged with the examination only of articles which pay duty or in which the Government is interested. When it is remembered that the manufacturers of such articles are aware that they will be liable to analysis, and, nevertheless, are in the habit of "trying on" these frauds, it may be easily imagined what is the condition of purity of articles which are put into circulation without any check upon their impurity except an occasional prosecution which Mr. Sclater-Booth and the shopkeepers have done their best to make abortive.

London Gas.

In one of the experiments explained in our report of Mr. Crookes' lecture at the Royal Institution he demonstrated that the force exerted by the light of a gas flame was five and a-half times greater than that of a candle, against whose effect it was balanced. There can be no

doubt that the chief part of the force in the case of the gas light was due to what he termed "the dark heat," that is, the heat of the extra red end of the spectrum. The interposition of blue glass reduces the force exerted by the light nearly one-half, and most London gas burns usually so blue that it might be mistaken for burning brimstone, or burning with a blue glass screen before it. Mr. Crookes should be requested to devote his attention to the examination of the London gas every week with the aid of his radiometer, as Professor Frankland tests the water of the various water companies, and so at least we might be in a position to read and write by night in London without the risk of headache and loss of sight from the great impurity of the gas.

A Vivisection Deputation.

A DEPUTATION headed by Lord Shaftesbury, Mr. Cowper-Temple, and others professing to represent a "Society for the Protection of Animals liable to Vivisection," waited on the Home Secretary last Monday to urge the immediate preparation of a measure of a restrictive character. It was evident, however, that some of the speakers did not understand the Report of the Royal Commissioners—probably had not read it—as one speaker said the report contained no recommendation as to the use of anæsthetics in experiments. Then it appeared by what others said, that the Society for the Protection of Animals had not made up its mind on other points, as some asked for total prohibition "for a system which was abominable and atrocious;" another for prohibition, because the progress of true physiological science will be promoted rather than retarded by the revolting cruelties which are sometimes practised in its name." When asked to point out the cruelties to which allusion had been made they could not do so. The climax was reached when one of the speakers told the Minister that "they (the deputation, we suppose) were divided as to the use of Royal Commissions, some believing that they were appointed merely to allow Parliament to evade troublesome questions," and so forth. This was too much, and elicited from Mr. Cross a warm disclaimer of any "shelving" propensities on his own part or that of the Government: "The report," he went on to say, "has only been a short time before the public, and I do not think you have any right to complain of delay. All I can say is that it has been and is now receiving very anxious and careful consideration. Although every one in the room is anxious that legistation should take place, and all speak of the report as very temperate, still the observations which have fallen from many hon. gentlemen present have tended to legislation in a very different direction to the report, quite sufficient to show what I am well aware is the extreme difficulty of any legislation—viz., to lead to general approval. It would be an extremely difficult matter to legislate upon when there are conflicting views of the question, and the only endeavour which the Government must make, and which they desire to make, is to come to a satisfactory conclusion on the whole."

The Anti-Vivisection Publications.

MR. DARWIN, in a letter to *Nature*, protests against the misrepresentations and garbled quotations put forth by the Society for the Protection of Animals liable to Vivisection on the Report of the Royal Commission on Vivisection. Under the heading of "Extracts of Evidence on Extension of the Practice of Vivisection, and Abuses connected therewith," the following words occur:—"Dr. Crichton Brown, describes 'forty-six animals sacrificed in trying if chloral were antagonistic to pycrotoxine. Cases of poisoning by pycrotoxine are of rare occurrence. Twenty-nine animals used in Ferrier's series.'"

"I will leave your readers to judge," writes Mr. Darwin, "of the kind of impression which this passage tends to give; I will only ask, is it in accordance with the ordinary principles of justice that the following important details (also gathered from Dr. Crichton Browne's evidence) should be entirely omitted by the compilers of the statement?

"1. Pycrotoxine is sold in large quantities as Barber's poisoned wheat for the destruction of birds (3218) concealed in an edible substance; this poison must therefore pass largely through the hands of an ignorant and careless class of persons.

"2. Dr. Crichton Browne succeeded in proving that, after a poisonous dose of pycrotoxine has been given to an animal, if a dose of chloral be given subsequently, the animal will recover (3163).

"3. The operation to which the animals sacrificed were subjected, 'consisted in the introduction under the skin of a little fluid, by means of a perforated needle . . the pain is infinitesimal (3218).

"4. The after effects are convulsions and death, and convulsions themselves are not necessarily painful (3218). This is proved by direct and distinct evidence.

"5. In consequence of the use made of Barber's poisoned wheat, numbers of small animals die of it in convulsions every year" (3218).

It is almost incredible that experiments which may result in saving human life should be mentioned in the manner above quoted; while a course of action, identical as far as the ultimate effect on the animal is concerned, in which there is no question of saving life, and which is repeated a thousand times for the private benefit of its performers, is omitted!

"6. In Dr. Ferrier's researches, anæsthetics were so 'carefully and liberally given' that five animals out of the twenty-nine sacrificed 'died before they were touched or operated on in any way.'" (3178).

Comment upon the doings of these professed societies for "The Protection of Animals," which must act at the expense of our common humanity, is quite unnecessary.

Deaths by Violence.

NONE but those accustomed to London life by night and day, can imagine the risks attending locomotion in its streets. The Registrar-General has supplied us with statistics of deaths from violence during the past year, which amounted to the enormous number of 2,852, or more by 82 than in 1874. Of these 298 were from suicide, and represent about the average number; they were much less frequent in October, November, and December than in the first three months of the year. The chief increase was in the deaths from negligence and accident. Accidental deaths by poisons were below, by drowning above, the average. The deaths by suffocation have recently shown a remarkable increase;

the annual numbers were on an average 407 during the six years 1865-70; in the last four years the numbers were 496, 534, 540, and 555. This increase deserves the attention of the coroners; nearly all the victims were children.

Two hundred and thirty-one men, women, and children, died of injuries by horses and vehicles in the street of London. It is the highest number yet recorded in a year. The vans, waggons, and drays killed 82, carts killed 55, cabs 39, omnibuses 18, carriages 15, horses 11. Tram-cars are driven now with more care than they were; the deaths they caused in the last three years declined from 17 to 14, and to 9. The vans, waggons, and carts are evidently not driven so skilfully as the other vehicles, and they have no sufficient breaks. Some of the victims were probably infirm and a few might have been intoxicated; but this was not the case with the majority. The *numbers injured* reported to the police, exclusive of 93 killed on the spot, were 2,926. So in this battle of the streets going on daily 231 were killed and more than 2,926 were wounded. Can nothing more be done to diminish these injuries and deaths?

The Metropolitan Water Supply.

Dr Frankland reports that the water supplied to the metropolis from the Thames in February was much less polluted by organic matter than that delivered in the previous month. We notice also that he ably combats the erroneous views entertained by Mr. John Evans, of the Geological Society, who tries to show, from the results of chemical analysis, that the polluted water of the Thames is purer than the spring water from the chalk, and thus seeks to make the inhabitants of the metropolis content with their present supply. Dr. Frankland says:—"His statements on this subject are founded upon an entire misconception of the meaning of the analytical results. A most exhaustive chemical examination of the river waters of the Thames basin, on the one hand, and of the spring and deep well waters on the other, has shown in the most unmistakable manner the immense superiority of the latter for dietetic purposes. Indeed, it is obvious that, even with the most efficient river conservancy imaginable, aided by the best efforts of the Legislature, the Thames must always receive so much pollution as to render its use for the supply of the metropolis highly objectionable. No preventive measures can hinder the washings of highly-manured land, the excrements of cattle, the imperfectly purified sewage of towns and villages, and the partially-cleansed discharges from paper mills, skinneries, and tan-yards from mingling with the stream in enormous quantities, and which, from a sanitary point of view, are of a highly dangerous character."

Cruelty of a Surgeon to an Imbecile Sister.

On Saturday, George Wyer, surgeon, of Eastwood, was sentenced to three months' imprisonment by Baron Huddleston, at the Nottingham Assizes, for cruelty to his imbecile sister, who has been in his care. From information which reached them, the Lunacy Commissioners sent a physician to Wyer's house, and in an attic he found the woman wallowing in dirt. She had neither clothes, fire, furniture, light, nor ventilation, the chimney being stuffed and the windows boarded. Only a streak of light was visible through a nick. A neighbour stated that she often heard the woman cry, and once saw her tied to a tree in the defendant's garden.

The Eucalyptus as an Insectifuge.

The *Garden* quotes from a private letter a statement that the placing of a young plant of eucalyptus in a bedroom infested with mosquitoes has been found sufficient to cause the disappearance of the insects.

Testimonial to Dr. Maurice Corr.

In a notice of a proposed memorial to Dr. Maurice Corr, of Dublin, which we printed last week, it was inadvertently stated that the Council of the Irish College of Surgeons "found they could not give effect, in consequence of the legal obligations of their charter," to a recommendation from the College that they should remunerate Dr. Corr for past services to the profession in Ireland. It is true that the Council were so advised, but were informed that they might utilise Dr. Corr's services in such capacity and at such salary, as a College officer, as they might think fit. Feeling bound to make an effort to carry out the recommendation of the Fellows of the College, they appointed Dr. Corr Secretary of the Building Committee, at a salary of £70 a-year, which salary he now enjoys.

The New Dental Society.

The new Dental Society, upon whose formation we commented a few weeks ago, has now been organised. It is called the Association of Legally Qualified Dentists, and the chief of its objects are to be "the establishment of an improved code of ethics; the endeavour to encourage a higher educational standard, both general and professional, for those who may hereafter practise the special branch of dental surgery; and the furtherance of modes of practice compatible only with the highest professional status." This authoritative explanation merely strengthens the opinion which we expressed on the former occasion, namely, that the Association is quite uncalled for, can do no good, and, on the contrary, must do harm, by causing dissension in the profession, and weakening the power of the Odontological Society. The latter Society comprises all the eminent dental practitioners, and most of those practising dentistry as professional men. To this Society dentistry owes, unquestionably, its present respectable position in this country as a recognised special department of the medical profession. The labours of the founders of this Society resulted in the establishment of the licence in dental surgery of the College of Surgeons, the organisation of efficient schools of dental science, and the attraction to the speciality of an increasing number of highly educated and qualified practitioners. The laws of the Society are as strict in enforcing professional conduct as those of any medical society; and we can assert that, in administering these laws, there has been constant watchfulness, so that the Society forms a body of strictly professional men, favourably comparable with any similar association. Some of these gentlemen are without any recognised qualification, some possess only the diploma in dental surgery, whilst a fair proportion have medical and surgical degrees, and a few

the highest scientific qualifications. The Society unites all that is good in the dental profession, and the work that it has already done is a guarantee of its capabilities of achieving more in the same direction. The new association sets out ostensibly to further the same objects; but it is difficult to understand how its promoters hope to do more as a separate body than could be realised were they to direct their energies through the older society, and with the co-operation of those eminent practitioners who have successfully devoted much of their lives, with great self-sacrifice, to the advancement of their profession. The promoters of the new association are seven in number. Four of these have throughout either held aloof from or openly opposed the various movements which have resulted in dental reform. It is difficult, with our present information, to discover the motives of the remaining three in uniting themselves in this venture, and we trust it is not too late to hope they may perceive the anomaly of their position and retire from it before irreparable mischief has resulted. Whilst it would be unjustifiable to impute to these gentlemen any motive but a desire to benefit their profession, it must be admitted that the unfortunate and ill-advised method of procedure adopted in starting the new society furnishes an excuse for the indignation which has been aroused, and the unflattering comments which have been evoked. It is justly pointed out that if the desire had been really to form a representative association of qualified dentists, the proper course would have been to have convened a general meeting to consider the subject. Instead of this, four or five practitioners, having assembled and discussed privately the matter in hand, unhesitatingly set themselves up as a representative body. Such a course could not be defended even were those engaged unquestionably leaders in their profession, and it becomes somewhat offensive when they have no claim to assume any position of authority, being with two exceptions either comparatively young or entirely unknown and untried men. Those who are acquainted with the politics of the dental branch of the profession, who are aware of the difficulties with which the pioneers of progress in their department have had to struggle, and who appreciate the necessity for union and co-operation, will perceive that the mismanagement to which we refer is alone extremely deplorable.

Two more deaths are reported from the milk fever epidemic, one in Bolton and the other in Halliwell, a neighbouring village.

We regret to learn that Mr. Henry Arnott, Assistant Surgeon to and Lecturer on Anatomy at St. Thomas's Hospital, has resigned his appointment owing to failing health.

Dr. Habershon will lecture at the Royal College of Physicians of London, on the Pathology of the Pneumogastric Nerve, on March 31st, and April 5th and 7th, at five o'clock.

Dr. Robert Liveing, one of the Physicians to the Middlesex Hospital, has resigned. The appointment will probably devolve on Dr. Cayley or Dr. R. King, next in succession as Assistant Physicians.

The staff at Charing Cross Hospital will be the poorer for the resignation of Mr. Fairlie Clarke, who is giving up consulting in London, for general practice at Tunbridge Wells. Mr. Clarke's hospital career has proved him to be a trustworthy surgeon and a consistent lecturer, and the institution from which he disconnects himself will therefore regret the severance.

On Wednesday last the first stone of the New Lambeth Infirmary was laid by Mr. Ward. Owing to the large increase in the population of the parish, which numbers at present some 230,000 inhabitants, it was found that the old workhouse in Prince's Road was quite inadequate for the requirements of an infirmary. It was therefore decided to erect a new infirmary, which would be for the reception and treatment of 357 females and 278 males. The building will consist of six isolated blocks, with medical officer's residence, and all necessary departments. Each block will have communications by corridor. The buildings will be of three storeys, and over 100 ft. in length each block. Arrangement is also made for cases requisite to be isolated. The total estimated cost is £50,000.

Literature.

THE STUDENT'S GUIDE TO THE PRACTICE OF MIDWIFERY. (a)

Dr. Roberts must be congratulated on having written a very useful little manual. The teaching is good and trustworthy, which is more than can usually be said of such manuals; and although the book does not pretend to compete with more extensive and ambitious works, it is well up to the best knowledge of the day, and for beginners is probably much more strongly to be recommended.

The only fault to be found with it is its brevity, which is not usually a thing to complain of in such works, for we see frequently that the writer has been cramped in expressing the fuller knowledge of his subject which he evidently possesses.

Perhaps this may be remedied in another edition, when we trust the publishers will feel justified in according more space to the author.

BRAITHWAITE'S RETROSPECT OF MEDICINE.(b)

This well-known and useful publication keeps up its high character as a reliable chronicle "of every discovery and practical improvement in the medical sciences."

The subscriber to the Retrospect may rely on having skilfully culled for him from among the various Journals, Transactions, and publications of all kinds, everything of value that has a practical bearing on professional work; and as the book is in a handy form, he may put it in his pocket and read a bit here and there, as time and opportunity may offer. All the recent advances in medical, surgical, obstetrical, physiological, and other sciences ancillary thereto are noted, and especially, we think, therapeutical matters are well attended to. It is a useful record of recent work.

(a) "The Student's Guide to the Practice of Midwifery." By Dr. Lloyd Roberts. London: J. and A. Churchill. 1876.
(b) "Braithwaite's Retrospect of Medicine," July to December, 1875. London: Simpkin and Co.

Medico-Parliamentary Intelligence.

HOUSE OF COMMONS.—Friday, March 24th.

MEDICAL OFFICERS OF THE ARMY AND EXCHANGE.

Mr. Hardy informed Mr. Dunbar that no right of exchange existed anywhere, because it was a matter of commission. But with respect to medical officers, every application for exchange was carefully considered and decided on its own merits; as a rule no application of a medical officer was refused; and he did not, therefore, propose to make any alteration on the subject.

VIVISECTION.

In reply to Mr. Watt, Mr. Cross said that the Government did not in any way underrate the very important evidence which had been taken by the commission on vivisection, but at the present moment he could not do more than give the hon. gentleman an assurance that the subject would receive the serious attention of the Government. He could not promise that any immediate legislation would be attempted upon the question.

ANTI-VACCINATION.

Replying to Mr. Pease, Mr. Sclater-Booth said that, except by the notice of the hon. gentleman's question, his attention had not been called to Mr. Milner, chairman of the Keighley board of guardians, who had been committed for ten days' hard labour for the non-payment of a fine of 10s. for the non-vaccination of a child. No one regretted more than himself the necessity of prosecution under the vaccination acts, especially where the offence was repeated a number of times. But when his hon. friend put forward the case of a chairman of a board of guardians as especially worthy of the notice of the house, he must remind the hon. member that it was the duty of a chairman of a board of guardians to enforce the acts, and not set an example of disobeying them. The payment of a fine would at any moment have released Mr. Milner from prison. With regard to any alteration in the law, he did not think that Parliament would agree to such a proposal.

CORONERS IN IRELAND.

In answer to Mr. O'Shaughnessy, Sir M. H. Beach said that the Government did not contemplate moving for a committee during the present session to consider the advisability of legislation on the office of coroner in Ireland.

Obituary.

SIR JOHN CORDY BURROWS, KT.

We regret to announce the death of Sir John Cordy Burrows, Kt.

Sir John, who was a Fellow of the Royal College of Surgeons of England, was Consulting Surgeon to the Hospital for Sick Children at Brighton, where he had for many years enjoyed a lucrative practice. He was a man of great perseverance and energy, and of a genial disposition, and was well known in Sussex as a promoter of every undertaking which concerned the elevation of the masses. He had more than once served in the capacity of Mayor of Brighton, and for the part he had taken in improving that town and benefiting his fellow-townsmen, he received from the inhabitants a testimonial, consisting of a carriage and pair of horses, together with a silver model of the Victoria drinking fountain, which he had been instrumental in erecting in the Steine. At the same time Lady Burrows was presented with a silver tea and coffee service. He was knighted in 1873.

Sir John was Surgeon to the 1st Brigade Sussex Artillery Volunteers, and in virtue of his occupying that position, it was his custom to invite, at a great cost, all volunteer medical officers to a *déjeûner* on the numerous field-days held at Brighton. He took a great interest in the British Medical Association, of the S.E. branch of which he was president, and at the last meeting of the Association in Edinburgh he was elected to be president at the meeting to take place in Brighton next August.

Sir John had been ailing for some weeks past, and he died at his residence at Brighton on the 25th March, at the age of 63, leaving a widow and one son.

SIR J. W. FISHER, F.R.C.S.

Another of the few remaining links of the profession with the past century has just been severed by the death of Sir John Fisher, which occurred last week at his residence in London.

The deceased knight had arrived at the patriarchal age of 88 years, the diploma of F.R.C.S. Eng. (Hon.) having been conferred upon him as far back as 1809. Oddly enough, in the very machine-room where The Medical Press and Circular is now printed Sir John attended his first anatomical lectures, under the celebrated Hunter, when subjects for dissection were more easily obtainable than now. He was educated at the St. George's and Westminster Hospital Schools, and was a Fellow of the Medico-Chirurgical and the Medical Societies of London.

NETLEY HOSPITAL.

It is stated positively by a contemporary that the Army Medical School at Netley is about to be abolished. There have for some time been floating rumours of this intention, and it seems consistent with Mr. Gathorne Hardy's policy, which is to get the army medical work done in the cheapest way and by the cheapest hands, no matter by what means. At the time when Lord Herbert founded the school, the profession was full of doubt as to the necessity for it and its usefulness; but those doubts have been long since dispelled, and every one now feels that the probation of the army surgeon at Netley was the most valuable part of his education, without which he would enter the service in ignorance of the speciality in which he was to practise, and unacquainted with the manners and customs of his *confrères*.

The abolition of Netley School—if it should be carried into effect—will deal one more blow at the efficiency of the Army Medical Service, because it will cause the medical cadet to enter upon charge of his regiment and into association with his brother officers as an absolutely raw recruit, with whom—until he has qualified himself in army customs—no intimacy on the part of his brother officers can exist, and to whom his military duties are a hidden mystery.

We have grumbled at the wooden immovability of King Log Cardwell, but it was perhaps preferable to the erratic flights of King Stork Hardy.

SCIENTIFIC GRANTS.

At the last meeting of the Committee of Council of the British Medical Association the following scientific grants were made on the recommendation of the Scientific Grants Committee, in addition to those granted in August last, making a total for the year of £268. Professor Rutherford—a further grant of £80, in addition to £20 granted at the last meetig, for researches on the Biliary Secretion. Dr. McKendrick—£30 for researches into the Antagonism of Medicines, and £10 for researches on the Dialysis of Blood. Dr. Alfred Galabin—£15 (or £20 if required) for investigations in Pulse Curves

especially in relation to such states as Fever and Bright's Disease.

We congratulate the Association on the growth of its liberality in the cause of science. Even these pittances expended by the hands of zealous students will do something to give the organisation a scientific character and to redeem it from the opprobrium of being simply a co-operative pic-nic and printing society. If the Council could spare say even a tenth of the income of the Association for the purposes of scientific investigation, great results might be achieved; but such a grant would be too much to spare from the all-absorbing appetite of the Association's journal.

THE WESTMORELAND LOCK HOSPITAL, DUBLIN.

THE election to the Surgeoncy of this institution, vacated by the death of Dr. Morgan, will take place on Saturday next. The selection will probably be made between Dr. Macnamara, Dr. Peele, Dr. Mapother, and Dr. Martin, but Dr. Meldon, Dr. Tweedy, and many others are competitors. We are able to state that Dr. Wheeler, of the City of Dublin Hospital, is not a candidate.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

NOTICE TO SUBSCRIBERS.—The Publishers will be glad to receive the subscriptions for the past year, 1875—£1 2s. 6d. Subscriptions in advance for 1876, at the reduced tariff of 21s. per annum, post free, must be paid before the end of this month in London, Dublin, or Edinburgh.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

WE are requested to state that Dr. John H. Clapman, 60 Pembroke Road, Dublin, HON. SEC. of the Irish Medical Association, has been appointed Treasurer to the Association, *ad interim*, in the room of Dr. Morgan. Subscriptions will be gladly received and duly acknowledged by him; and it is requested that members will be kind enough to send their subscriptions for the current year as soon as convenient.

A POOR MEDICAL STUDENT.—We have to acknowledge the receipt of one guinea from "Five Friends," Abersychan, Wales, towards the appeal which appeared under the above heading in our last.

BRITISH FREEDOM UNDER VICTORIA.—Post-cards are being sent all over the country containing paragraphs under the above heading, with violent denunciations of the despotic nature of the laws which compel the vaccination of children against the consciences of their parents. The cases cited occurred in Sheffield, where two persons were fined in the full penalty and costs for neglecting to comply with the vaccination. We commend the magistrates for their firmness in refusing to listen to the fanatical appeals of the anti-vaccinationists, the head of whom is the Rev. Hume-Rothery, who is sending round these mischievous post-cards.

MR. C. J. P.—The request shall be attended to when opportunity offers.

DR. G. M. H. is thanked for his letter, which he will find noticed elsewhere.

DR. HABERSHON will lecture on Friday afternoon next, at 5 p.m., at the Royal College of Physicians of London, "On the Pathology of the Pneumogastric Nerve."

CREPITUS IN OVARIAN TUMOURS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Mr. Croly, in his reply in the debate on his case of ovariotomy, seems ignorant that the presence of crepitus means that the two peritoneal surfaces are rubbing on one another, and therefore that they cannot be adherent.

I am, &c.,
F.R.C.S.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Lithotomy. By W. P. Harris, M.D. London: J. and A. Churchill.

Diseases of the Urinary Organs. By Sir H. Thompson, F.R.C.S. London: J. and A. Churchill.

Electricity in Medicine and Surgery. By G. V. Poore, M.D. London: Smith, Elder, and Co.

Skin and Other Diseases of India. By Drs. Fox, Farquhar, and Carter. London: J. and A. Churchill.

The Sanitary Powers of the Iron Springs of Schwalbach. By R. Birnbaum, M.D., Berlin.

VACANCIES.

King's College Hospital.—Assistant-Surgeon. Honorary. Applications to the Secretary at the College, Strand.

St. Thomas's Hospital.—Assistant-Surgeon, honorary; and an Apothecary. Full particulars to be obtained on application.

Middlesex Hospital.—Physician. Honorary. Particulars of the Secretary.

St. Mary's Hospital, Paddington.—Lectureship on Botany. Particulars of the Secretary.

Brompton Consumption Hospital.—Resident Clinical Assistants. Full particulars of the Secretary.

Argyleshire. Rural Parish on Mainland.—Medical Officer. Salary, £100, with residence. Private practice allowed. Address M.D., Western Club, Glasgow.

Parish of Wig, Isle of Lews, Scotland.—Medical Officer. Salary, £150, with fees extra, and private practice allowed. Address the Inspector of the Poor, Stornoway, N.B.

Essex Lunatic Asylum.—Second Assistant Medical Officer. Salary, £100, with board, &c. Apply to Dr. Campbell, County Asylum, Brentwood.

Gloucester County Asylum.—Senior Medical Assistant. Salary, £150 per annum, with board, &c. Address the Superintendent of the Asylum.

Suffolk Lunatic Asylum.—Medical Superintendent. Salary, £400. Applications to be addressed to the Clerk of the Peace.

Notts County Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board. Address Dr. Phillimore, Snenton, Notts.

Birmingham General Hospital.—Registrar and Pathologist. Salary, £130, with board and residence. Applications to the House Governor.

Birmingham Free Hospital for Sick Children.—Resident Medical Officer. Salary, £80, with board and residence. Applications to be addressed to the Committee.

Warneford Hospital.—House-Surgeon. Salary, £100, with board and residence. Applications to the Secretary of the Hospital, Leamington.

Boston Union.—Medical Officer. Salary, £115, with extra fees. Address the Clerk of the Union, Boston, Lincolnshire.

Carlow Union, Bagenalstown Dispensary District.—Medical Officer. Salary, £100, with an additional £20 as Sanitary Officer. (See Advt.)

APPOINTMENTS.

BRUNTON, J., M.A., M.D., Examiner in Midwifery and Medical Jurisprudence in the Glasgow University.

COOPER, J. N., L.K.Q.C.P., House-Surgeon to the Pendleton Branch of the Salford Royal Hospital and Dispensary.

GRAHAM, J., M.D., C.M., Medical Attendant to the Royal Irish Constabulary, Killough and Ardglass.

GREENE, J. S., M.R.C.S.E., L.S.A.L., Medical Officer for the No. 3 District of the Newport Union, Salop.

M'DIARMID, Dr., Medical Tutor at the University of Durham College of Medicine, Newcastle-on-Tyne.

MARSH, E. A., L.S.A.L., Junior Resident House-Surgeon to the Torbay Infirmary, Torquay.

MORISON, A., M.B., C.M., Honorary Medical Officer to the Holloway and North Islington Dispensary.

NORTH, J. C., M.B., Medical Officer to the Brecknock Union Workhouse.

POWELL, E., M.R.C.S., L.S.A., First Assistant Medical Officer to the Kent County Lunatic Asylum at Barming Heath.

RENTON, J. C., M.B., L.R.C.S.E., Assistant-Surgeon to the Glasgow Eye Infirmary.

SANDERSON, J. B., M.D., F.R.S., Examiner for the Natural Sciences Tripos, University of Cambridge.

SHEPPARD, W. A., Apothecary to the County Infirmary, Kilkenny.

YOUNG, A., B.A., L.S.A.L., Second Assistant Medical Officer to the Kent County Lunatic Asylum, Barming Heath.

Deaths.

BANKS.—On the 15th March, at Southsea, George Fletcher Banks, M.R.C.S.E., Fleet-Surgeon R.N., aged 52.

BLOXAM.—On the 11th March, at Ryde, Isle of Wight, John Charlton Bloxam, Surgeon, aged 69.

BURROWS.—On the 25th March, at his residence, 62 Old Steyne, Brighton, Sir J. Cordy Burrows, F.R.C.S., thrice Mayor of Brighton, aged 62.

COLLINS.—On the 17th March, at Sherborne, Edwin Stephens Collins, M.R.C.S.E., aged 50.

CROOME.—On the 20th March, at Middleton-Cheney, Robert Croome, M.R.C.S.E., aged 81.

DEWAR.—On the 18th March, at Glasgow, Donald Dewar, M.D., aged 50.

EMPSON.—On the 12th March, at Kilkenny, Richard Empson, L.A.H.D., aged 52.

FISHER.—On the 22nd March, at his residence, Grosvenor Gate, 33 Park Lane, W., Sir John William Fisher, M.R.C.S., aged 88.

HOLLAND.—On the 21st March, at St. Chad's, Lichfield, suddenly, Charles Holland, M.D., D.L., F.R.S., in his 75th year.

HUDSON.—On the 13th March, at Walsingham, Peter Hudson, M.R.C.S.E., aged 64.

PILKINGTON.—On the 11th March, at Carrick, Queen's County, George Pilkington, L.K.Q.C.P.I., aged 48.

WELD.—On the 17th March, at Hurstmonceaux, Sussex, George Henry Weld, L.R.C.P.L., aged 43.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 5, 1876.

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ON TUBERCULOSIS IN CHILDREN AND THE CONDITIONS WHICH RESEMBLE IT.

By W. H. Day, M.D., M.R.C.P.Lond.,

Physician to the Samaritan Hospital for Women and Children.

(*Continued from page* 255.)

"Catching cold" is so constantly assigned as the starting point of active pulmonary disease, that we cannot escape from the conclusion that it is no mean factor in the active development of tuberculosis. There is a case recorded by Dr. Herman Weber (*a*) of a boy, ten years of age, the son of healthy parents, who had an ordinary sore throat, in August, 1871. This was followed about the twelfth day by pain in the right side of the throat, extending to the ear, and causing deafness; the tympanic membrane became yellowish and prominent, and Dr. Weber suggested that it should be perforated, and if the advice had been carried out it might have saved the child's life. In November, 1870, he began to cough, and was sick and feverish; the pulse was 130, and the temperature 103 deg. The chief symptoms were headache, sleeplessness, constipation, and dry cough; crepitant rhonchi were heard, but no dulness. There was deafness, but no discharge from the ear, and the urine was non-albuminous. There were two temperature elevations every day between 103 deg. and 105 deg. and two depressions to between 98 deg. and 100 deg., and the pulse varied from 65 to 160 in the minute. The boy died November 26th, and during the last few hours of life the temperature rose from 101 deg. 5 min to 106 deg. On a post-mortem examination, grey miliary tubercles were discovered in the pleura, pericardium, liver, and meninges of the brain. The right temporal bone and internal ear were normal, but the tympanic cavity was filled with soft caseous matter.

Indifferent health may be present in a large number of cases for years, and the patient may remain free from any actual disease; but when exposure has led to cough and febrile symptoms, then ensue the usual signs of bronchitis, accompanied with expectoration. No dulness is to be detected below the clavicles at first, or above the spine of the scapula; but, at a later period, this significant sign is added to the rest, and we are irresistibly led to believe that we are dealing with a case of phthisis, originating in catarrh. In many young persons, when the chest sounds clear on percussion, and there is bronchitis of all diameters of the bronchial tubes, the lungs are found studded with miliary tubercles after death. Death has been so rapid in many instances, that the development of these granulations to have reached such a mature stage, must have preceded the last inflammatory attack. The diminution of resonance (often absent) does not become apparent in these cases till the bronchitis has existed for some considerable length of time. I do not think that this view altogether invalidates the doctrine that the tubercles may not have initiated the bronchitis; and on this point I shall invite your opinion and discussion, for I am free to confess that my mind is not entirely settled on this important question of cause and effect, nor do I see anything in the etiology of the disease why it should follow any uniform or fixed law. The same causes originate varied affections, modified by susceptibility and constitution though not following the same chronological order.

In the progress of ordinary phthisis, which continues for years, each fresh attack of tuberculosis is preceded by bronchitis. It is of common occurrence to meet with persons who have dulness under one clavicle, harsh or feeble respiration, defective expansion, and prolonged expiration. Such a patient takes cold or gets wet through, when the dulness on percussion is increased, and the inflammatory process leads to a further deposit of tubercle, or if a female, she may be the subject of a local disease, which keeps up

(*a*) "Clinical Transactions." Vol. viii., 1875, page 135.

the pulmonary mischief, and even if it can be removed the shock to the system may further reduce it, and determine the fatal event. A patient, aged fifteen, suffering from ovarian disease, was admitted into the Samaritan Hospital, under the care of Mr. Spencer Wells, on the 8th December, 1874. She had been subject to cough all her life, and latterly, in summer as well as in winter, but she had only recently expectorated, and had never had hæmoptysis. She was a person of nervous temperament, and any fatigue or excitement increased her cough; she had a wan and delicate look; her lips were inclined to a dusky pallor, and the tips of her fingers were bluish. Below the right clavicle, to the lower border of the third rib, a distinct bubbling crepitant rhonchus was heard on inspiration. In the right supra spinous fossa, the percussion note was dull, with prolonged vocal resonance; deep inspiration, too, was attended with small and large liquid crepitation throughout both backs. The temperature was normal, the pulse averaged from 84 to 88, and the respirations were 16; the heart's sounds were normal. On the 2nd of January, 1875, the bronchial irritation continued, and 14½ pints of fluid were removed by tapping, with so much relief to her pulmonary symptoms, that four days later (January 6th) she was successfully operated on. The lungs then scarcely indicated any deviation from health, except the consolidation above the spine of the scapula, as I have before mentioned. On the morning after the operation she complained of much oppression of the chest, and sonorous rhonchus was heard throughout the pectoral region. On the following day she was weak and exhausted, and had great difficulty in expectorating some scanty frothy sputa; loud mucous râles could be heard all over the room; the skin was perspiring; the temperature, 101 deg. 6 min.; pulse, 140; respirations, 24. On the 9th, the sputa were diminished and purulent, and the temperature next day had reached 102 deg. 6 min., in spite of four doses of aconite. On the 10th, the patient was seized with free epistaxis twice during the day, and the bowels moved of themselves four times freely. On the 11th, the temperature was 102 deg. 8 min; pulse, 124; respirations, 32. As there was nothing in the wound to cause this, it was thought that her lungs were seriously involved, and that she might be suffering from some complicated pneumonia. A careful examination of the posterior lobes of the lungs (not always easy to make after ovariotomy) proved that they were resonant throughout, and that the vesicular murmur was everywhere distinct: she expectorated some purulent sputa, not in the least frothy; the temperature had fallen to 101 deg.; pulse, 124; respirations, 32. On the 14th, the cough was incessant, but the sputa freely coughed up, the larger bronchi being only involved: the morning temperature, which was only 99 deg. 8 min., rose to 102 deg. 8 min. in the evening, and there was some amount of dyspnœa. This great difference between the morning and evening rise was a most significant sign. On the 18th, the temperature was 99 deg., and the pulse, 82; a good deal of purulent matter was expectorated with considerable cough. She went to a convalescent home at Brentwood. Three months ago I heard that this patient died of pneumonia, in Oxford, six months after the operation This was, I think, a case of tuberculosis, influenced by the local disease in the abdomen, to such an extent, that had the patient escaped ovarian trouble, she might have lived on for many years. As it was, her life was unquestionably prolonged by the operation.

When tubercle is being deposited in the lung, bronchitis is one of the most common attendant symptoms in young subjects. If the bronchitis is persistent, and does not yield as readily as the uncomplicated affection, it is suspicious of tuberculosis; when tubercle is disseminated equally through the pulmonary organs, there is sometimes wanting the sign of consolidation, and this is apt to lead us astray. In a depraved state of health the formation of tubercle takes place rapidly or slowly, and general crepitation may be detected throughout the chest: but there may be neither dulness nor prolonged expiration of the breath. There is but little cough, and, if the subject is young, the expectoration is swallowed. The pulse and respiration may not be greatly accelerated, nor is the temperature in the early stages above the normal standard. Yet, as the disease advances, these last symptoms become more developed, hæmoptysis occurs, the lips become livid, the extremities cold, and delirium may supervene. These are, of course, rapid cases, and strictly bear the name of acute phthisis.

The glands which lie near the bifurcation of the trachea in children are very liable to contain tubercular matter, and they may reach the size of a hen's egg or even larger. I have now a child under my care in whom the signs of *bronchial phthisis* are well-marked; the breathing between the scapulæ at the upper part is bronchial and almost amphoric, and the percussion note hyperresonant. Where the glands are softening it is not unusual to meet with a clear defined tympanitic note in this situation, and this arises where there is no consolidated lung between the cavity and the posterior wall of the thorax. When the child cries or coughs, the voice is conveyed to the ear with extraordinary power, just as though it was transmitted direct from the larynx or trachea in which it was formed without getting into the bronchi at all. Calcification is, however, much more common than softening of the bronchial glands. But in making a diagnosis it should be remembered that we often meet with dulness in the interscapular space from enlargement of the tubercular glands near the spinal column, and hence a wooden or cracked pot sound is elicited on percussion. This sound is also occasionally caught in front, at the upper part of the sternum, when the enlarged glands lie under the anterior margin of the lungs.

Febrile symptoms are significant, and when the attacks are severe or frequent they will generally be found dependent on the rapid formation of tubercles. But persistent feverish symptoms are sometimes met with in young children, when there are no signs of a local character in the chest—no cough, no wheezing—and yet after death the lungs are found to contain tubercles. "I attended a little boy," says Dr. James Russell, of the Birmingham General Hospital, "aged six, with one of the most experienced surgeons of this town. His illness lasted for eight weeks; my attendance comprised the last week only. His sole symptom was persistent feverish reaction, though with scarcely any delirium; the one single symptom of a local character was constant rapidity of breathing. The child's chest was searched over and over again, both by my colleague and by myself, for any indication of disease, but, to the very last, percussion was normal; not even a wheeze could be discovered; and there was entire absence of cough and expectoration. Death was rather sudden, I suspect from fainting. On examination, both lungs were positively filled with tubercles. (*a*) No mention is made of the temperature, but the feverish reaction and rapid breathing were very significant. If the half of one lung is obstructed in its functions, by the rapid development of tubercles, they must occasion serious mischief by diminishing the power of the respiratory apparatus. In some cases where the production of tubercles is rapid and general, a state of tubercular asphyxia takes place, and embarrassment in breathing bordering on suffocation from imperfect respiration, without suppuration in the lung, or the usual symptoms of phthisis.

What is the pathology of such a frequent case as this? A young person takes cold in winter, and is seized with cough: spitting and dyspnœa. During the cold weather he is tormented with his ailment, and cannot lose it till the warm weather returns. The patient appears in good health, and has not lost flesh or strength: he relishes and digests his food, and there is neither sweating or diarrhœa. He is well in the summer, but every winter has a return of the symptoms, and each succeeding attack is more

(*a*) Braithwaite "On Fever and Bronchitis as early signs of Phthisis." Vol. lxi., p. 70. 1865.

troublesome to shake off than the one that has preceded it. By-and-by the disease does not subside in the summer, and there are added general and physical signs, which prove the serious nature of the affection: he now slowly begins to lose flesh and strength, and the expectoration becomes thicker and purulent; dulness is detected in one or both apices of the lungs, followed by softening, and a fatal termination.

So much for bronchitis as a cause; but let me add a word or two on tuberculosis having its origin in pneumonia or parenchymatous inflammation.

E. F., aged twenty, well made and rather muscular, but with fair eyes and light hair, caught a cold on the 22nd of October, 1874, followed by a severe rigor; pain came on in the right side (pleuro-pneumonia), and extended to the abdomen. The left lung was also slightly involved, and for a long time the sputa were rusty and varnish-like. At the consultation to which I was summoned to meet the two medical men in attendance, I found that leeches had been applied, followed by a blister, and calomel and opium had been given, but not enough to affect his gums. I found him sitting up in bed, with a pale, nervous, and anxious look; there was a little viscid bronchial secretion, nith a thin streak of florid blood, but not mixed with it. wn the right side, from the clavicle to the nipple, the dul- Oess was considerable, and the breathing tubular, abrupt, and divided; the heart's sounds were conveyed to the ear with unnatural intensity, and the vocal fremitus was greatly increased. Posteriorly the dulness extended from the spine of the scapula downwards, and only a trace of crepitant rhonchus could be caught on deep inspiration; broncophony was loud and muffled over the hepatised parts, and the character of the respiration was similar to that in front. In the infra-mammary region, at the edge of the axillary border, a creaking sound as of a solid substance slipping over an uneven and elastic surface was distinctly heard on taking a deep breath. We agreed to resume small doses of mercury, and to apply a succession of blisters over the back of the affected lung. Resolution commenced slowly, and the patient went on satisfactorily, and left for Torquay at the end of a month from my visit. There was sufficient exudation into the pulmonary tissue, and plastic deposit coating its pleural investment after six weeks of acute illness, to lead me to dread the possibility of future tubercular change, and from the lingering delicacy of constitution which remained many months afterwards, we might well be apprehensive that the lung had not yet returned to health and activity.

I am not sure that the means employed to reduce pneumonia in some constitutions may not prostrate the vital powers, and lead to degeneration of the effused lymph, which otherwise might become organised and cast off in the healthy progress of the disease. No problem in medieal practice demands more consideration for its solution than that which requires us quickly to determine at the bedside how far we may safely venture with antiphlogistic remedies in acute disease. If active inflammation long assails vital organs like the lungs, and is timidly dealt with, the effused products after a while resist absorption, and become irritating; and if the measures employed are too heroic, then the general strength may either fail at once, or decline more gradually. But a deadly disorder may grow out of the attack. Rare as it is for tuberculization of the lung to succeed pneumonia, recent investigations have shown how numerous are the sources of blood contamination, and from what slight irritation it may arise, and we cannot dismiss the danger from our minds where a large extent of lung is involved in inflammation, even if no predisposition exists.

Symptoms.—It is a distinguishing feature of tuberculosis in childhood that several organs may be affected at one and the same time—the lungs, the liver, the pleuræ, the spleen, kidneys, and peritoneum, when special symptoms common to disturbance in any of these organs become developed. The general symptoms, however, may be present for an indefinite period without our being able to trace any local lesion; and when this is so, as we shall presently see, the elevation of temperature is the only reliable ground for diagnosis. The symptoms will vary according to the seat of the tubercular lesion. Among the earliest I have noticed is pain in the stomach and indigestion, the child being frequently brought under our notice by his parents for this solitary symptom, when the more general and common features of the disease, as loss of flesh, thirst, and evening paroxsyms of heat have not yet indicated its approach. I have particularly noticed this symptom of gastric pain, and occasionally vomiting, among my youthful out-patients, even in those exceptional instances where I have had reason to think considerable care has been bestowed on diet and regimen. For weeks together I have known this symptom continue, and whilst it lasts digestion and assimilation are interfered with, and the children have a pinched and exhausted look, and lose flesh quickly. It demands attention and care, for it may be the evidence of tubercular mischief springing up in the abdomen or peritoneum, when the lungs are free from any infiltration of it.

Among other common symptoms is a capricious and irregular appetite: sometimes it amounts to hunger, and at other times food is so disliked that the weak stomach can retain it only for a short time. When the meal lies undigested in the stomach for an unusual time, it creates flatulence, pains, acid eructations, and diarrhœa. The motions vary in colour and consistence, sometimes being deficient in bile, and costive or loose; at other times they are dark, or have a glairy appearance resembling the white of an egg; the urine is acid and turbid on standing, throwing down pink, or even white lithates; the tongue is glazed or furred at the dorsum, or it is of a bright red at the tip and edges, the papillæ being prominent. When the appetite is capricious there is a dislike for any fatty kind of food, thirst is commonly present, and the pulse is habitually quick and weak. If the local symptoms remain obstinate a state of hectic fever is established, and under emaciation, high temperature, and diaphoresis, the patient gradually dies with the local determination of tubercle to some special organ, as the lungs, brain, or peritoneum.

Temperature.—Wherever the deposition of tubercle is taking place in these cases, the temperature gradually increases in elevation, and the destructive changes in the lung continue. Of 24 cases recorded by Dr. Ringer, in which tubercle was being deposited, in 21 there was a continued elevation of the temperature of the body, and in these 21 cases the deposition of tubercle was proved, during life, by increase of physical signs, or after death by the post-mortem appearances. (*a*) The temperature, according to some observers, has been noticed not to exceed 99 deg. in some cases of acute tuberculosis, and that in the evening, when the maximum temperature is usually attained. I have never met with such a case; and here I would give my own experience, that the temperature has been persistently higher in the evening than in the morning. But when this process of deposition has ceased, the lung becomes tough and puckered, and the cavities lined with fibrous walls, whilst the temperature falls to the normal point. So it seems evident that, when the granulations have undergone this change, or have become quiescent and ceased to irritate, tuberculosis is curable. These cases are not unusual. Bronchitis, which is so commonly associated with softening of tubercle, and recognised by rhonchus and moist sounds, is a symptom to be expected and watched for. Here we have a rise of temperature proportionate, probably, to the tubercular infiltration and the bronchitis set up by it, though there may not be enough to interfere with the proper aeration of the blood, or to excite cough or dyspnœa. In severe cases of ordinary bronchitis, accompanied with dysnœa and other signs of obstructed circulation, there is no necessary elevation of temperature.

Small deposits of tubercle, when scattered through a

(*a*) "On the Temperature of the Body as a means of Diagnosis in Phthisis and Tuberculosis. Walton and Maberly. 1865. P. 5.

considerable portion of the lung, are not to be detected by physical signs, and we may not suspect such a condition till a disease like pneumonia or pleurisy sets in. Most of the symptoms of failing health and delicacy in a young person are put down to some change of constitution in the absence of frequent cough and expectoration, but the mischief has long been resident in the lungs, and the inflammatory attack was only wanting to rouse the graver evil. Some years ago I met with a young person who caught cold, and got an attack of pneumonia. There were frequent dry cough, hurried bronchial breathing, accelerated pulse, wasting, and high temperature, but no expectoration or moist rhonchi. Percussion was dull, and bronchophony was general over the posterior surface of the lungs. The patient apparently recovered, but two years later died with all the symptoms of pulmonary tuberculosis. For years she had been delicate, and her family feared she might die consumptive, but one medical man after another assured them there was no deposit of tubercle. There are many cases of children dying of tubercular meningitis, in whom tubercle is also met with in the lungs and peritoneum, who have exhibited no symptoms of its presence during life, and yet after death it is found so abundantly scattered through these organs, that it becomes a mystery how it was that we did not discover the morbid changes that were going on by some general or physical signs. Even the cerebral symptoms are sometimes so rapid and unexpected that the source of mischief must have been lying dormant for some considerable time.

When, moreover, it happens in tuberculosis that the weight of the body is kept up, and this is not unusual if the appetite is good, and there is no exhausting diarrhœa going on, we are the more driven to rely on a continued elevation of temperature as the only sure point of diagnosis in doubtful cases. For a considerable time the temperature may continue high, and the weight of the body remain undiminished, as in many cases of ordinary and advanced phthisis, the patients retain their weight when eating well and taking cod-liver oil. But this symptom would not justify us in concluding that the disease was arrested, or even present, unless physical signs were present also, and showed improvement. It will be acknowledged that when patients with considerable lung disease are progressing most satisfactorily, if the physical signs show no abatement in severity, they are liable at any moment to a relapse with the complications of profuse expectoration or hæmoptysis. In these cases, if we had watched the physical symptoms, we could scarcely have been unprepared for the changes. For instance, a man who died in August 1875, aged 44, kept up his weight till within two months of his death, though the physical signs went on increasing till the greater portion of the right lung was useless as a breathing organ, but he took no exercise, and was most carefully watched during his illness, and supplied with every conceivable form of nourishment. Whenever in violation of the orders given, he ventured out for a walk and became fatigued, he was thrown back for some days.

The temperature in tuberculosis is subject to so much variation that a large field of observation is required to draw any practical conclusions from it, and cases require careful and diligent watching. When in any given case of illness in a young person, the temperature is daily elevated for a considerable period, and is not due to rheumatism or to ague, we may suspect tuberculosis, even if the general symptoms scarcely point to the possibility of this condition. We must be sure that the thermometer is correctly registered before it is placed in the axilla, and that the arm is kept well against the side for ten minutes or a quarter of an hour. The temperature is said to be so slightly altered in some cases that it scarcely exceeds the normal standard, but my experience induces me to think that it never remains so long if tubercle is being deposited. Soon the evening temperature is slightly elevated, and later on in some instances there is a rise in both the morning and evening temperature. At mid-day or about 5 p.m., we often observe a regular and well marked rise, varying according to the activity of the disease.

Dr. Wilson Fox (*a*) says that "Lebert found in 22 cases the mean evening temperature of acute tuberculosis was as follows:—In 2 not exceeding 100°4′; in 8, including those last mentioned, not exceeding 102°2′; in 9, more than 103°4′; in 4, from 103°4′ to 104°; in 1, from 104° to 105°5′." Dr. Fox found that a temperature of 104° was not exceeded by 62·5 per cent. in acute tuberculosis, and by 36 per cent. in acute phthisis. Temperatures exceeding 105° with two exceptions (acute rheumatism and phthisis) are found exclusively in acute tuberculosis. Both Wünderlich and Lebert record cases of hyperpyrexial temperatures before death. The latter mentions one case where it rose to between 107° and 108°, and as we have noticed, the temperature rising high shortly before death in Dr. Weber's case.

The more I have thought and pondered over the fluctuations of temperature in disease, the more I have doubted the possibility of constructing any classification from which to draw any accurate conclusions. Diseases like tuberculosis and phthisis which are usually protracted and tedious, are those generally selected for experiment, but even these give such varying results, that nothing absolutaly definite or uniform can be gathered from them. Patients must live under precisely the same circumstances if deductions are to be of any practical value, the hygienic conditions must be alike, the treatment must be the same, and age and constitutional tendencies must be weighed and balanced. When tubercle is forming the temperature may rise to 106° or more. Dr. Theodore Williams says that it is never higher in the pyrexial cases of acute phthisis, but a few cases are recorded as high as 106°7′. I agree with him that there is often a rise after 2 p.m., or what is frequent about 5 p.m., when at the latter time it not unfrequently rises to the highest point in tuberculosis. It is probable that tubercle may form and the disease advance without any rise, which is perhaps due to exhaustion and collapse.

(To be continued.)

A CONTRIBUTION TO THE HISTORY OF PUERPERAL FEVER.

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Although it is yet an open question whether or not there be any specific febrile affection peculiar to parturient women, it is at least convenient, in the present state of our knowledge on the subject, to retain the generic name which usage and the "Nomenclature of Diseases" have rendered familiar to the profession, and, therefore, without admitting its applicability in every instance, I have affixed it to the present paper.

In December last I was called upon to attend a young woman in her second confinement. She was of delicate constitution, hard-worked, and very subject to neuralgia and hysterical paroxysms, which, I have remarked, are not unfrequently coexistent in the same person. The house she lived in was decidedly unhealthy; the drains were badly constructed, and, moreover, a large laundry business was carried on upon the premises, and superintended by my patient up to the commencement of her labour.

She was delivered on the 26th December last, after an easy labour, of a healthy male child, and seemed very comfortable when I visited her again in the evening. Next morning, however, she presented a very different appearance; her face was flushed, her pulse high, temperature over 100°, and she complained of much abdominal tenderness; the uterus was not enlarged, but excessively

(*a*) "On the Temperature, Pulse, and Respiration in Phthisis and Acute Tuberculization of the Lungs." *Med. Chir. Trans.*, Vol. lvi., p. 397.

tender on pressure; the lochia were scanty, and the bladder had not acted since the previous evening.

I prescribed a sedative, used the catheter and the syringe, and ordered poultices to be applied over the abdomen; but my instructions were not efficiently carried out in that respect, and towards evening the patient's condition was very much worse.

Not to enter into any minutiæ, I may state that, after having exhibited, *seriatim*, every symptom usually met with in severe attacks of puerperal fever, with the addition of several seizures of a cataleptic, rather than epileptic, character, and in spite of the remedial measures adopted in consultation with my friend Dr. Gervis, the case terminated fatally on the tenth day after delivery.

The post-mortem examination revealed the intensity of the attack, which was, doubtless, autogenetic or idiopathic in its origin, and influenced in its course by the adverse surroundings of the patient.

During my attendance on this case, and for a fortnight afterwards, I declined all midwifery practice; then, after thoroughly disinfecting myself, I attended three cases on the same day. The first, a primipara, did well and recovered without a single bad symptom; but not so the second and third: they each convalesced very slowly, and caused me much anxiety, but eventually recovered.

The question arises—Had their morbility anything to do with me? Was I the cause of their illness?

I venture to think not. I had used every possible precaution to avoid spreading the disease; and if I were the infecting agent, why should the first have escaped? She was a primipara, it is true, and the others were multiparæ; but is there sufficient in that circumstance to account for the immunity she enjoyed? I can scarcely think so: the antecedent health of all three women was good, and their circumstances and surroundings about on a par.

I am disposed to consider that the disturbing cause in both cases was *mental*, for both my second and third patients were disappointed by their nurses, whose defection, they admitted, annoyed them very much, and inconvenienced them not a little; while the first had the advantage of good and careful nursing, and recovered, as I have said, without a single bad symptom.

TWO CASES OF MILIARY FEVER.

By Thomas P. Tuckey, M.B. T.C.D.
Medical Officer Ballyhooly Dispensary District.

Since I was elected to the above dispensary, some three years ago, my district has been a regular nest of fever (if I may be allowed the expression)—typhoid, of which epidemic I have given a short account in the *Irish Hospital Gazette*. Typhus, and low, or adynamic, or nervous fever, have been very prevalent. I do not intend to say anything of the latter fevers, as they have been described by men in whose presence I feel (for, am I not in their presence when I read their works?) as nothing. Miliary fever, known by the name also of febris vesicularis, sweating fever (der Friesel), febris miliaris (Sauvages), purpura alba, la suette epidémique (Gastellier), and a host of other names, is, from what I can gather, a rare disease in this country, for it is, I believe, different from the fever mentioned by Sir Thomas Watson as miliary fever, which is synonymous with the famine fever of Murchison and the relapsing synocha of Christison, first described by Dr. Rutty, and afterwards by Dr. Cormack. Miliary fever *proper*, that is, the sweating sickness, occurred as a fearful scourge in England in the fifteenth and sixteenth centuries, and also in France in the last century (Boyer).

The two cases of fever I am about to describe were undoubtedly of this type, and not relapsing fever, as there was no return of the pyrexia after an interval of a fortnight. The following were the symptoms:—

Case I.—J. Divane, æt. 45, sent for me on the 10th of October. He complained of the following symptoms:—Lassitude, headache, pains in his bones, nausea, chills, followed by flushing, and loss of appetite.

His temperature was 100°, his pulse full and strong, reminding one of the pulse of acute rheumatism, about 100, but quicker at one quarter of the round of the second dial than at another. Urine scanty and clouded, bowels confined, respiration slightly increased, short and frequent cough, no expectoration, profuse sweating, no sudamina, face flushed, and perspiration rolling down his forehead, tongue furred, yellow, and moist. Ordered—℞ Zinc. sulphat. grs. xxx., emetic tartar, gr. ss.; to be dissolved in a cupful of tepid water. I also ordered him grs. v. of calomel and twenty of compound powder of jalap, to be followed by a black draught.

11th.—Bowels opened, pulse 110, full and strong, headache better, pains in bones gone; slight confusion of thought during morning; last night had unpleasant dreams; deaf, only hears when loudly spoken to, and requires some short time to understand queries; profuse sweating, with an unpleasant sour odour; the bed-clothes are quite wet, and when they are lifted off, quite a steam is perceptible; cough troublesome. Ordered—Turpentine epithem to front of chest, and the following powders:—℞ Pulv. potass. nit. grs. xxx.; pulv. Jacob. grs. vi.; pulv. ipec. grs. xij. Divide into 6 powders; one three times a day.

13th.—Deafness still continues, but patient is sensible, cough better; on examination of chest, bronchitic râles, soft, expectoration somewhat copious. Temperature 101·3°, pulse 106—10, strong, but variable, still full. Urine still heavy, but more copious, acid sweating still profuse. Sudamina, or rather miliary vesicles, over chest and shoulders, pearly and round, with top slightly flattened, about the size of small rape seeds, odour of patient very sour; no pains in bones; no swelling of joints; complains of great weakness. Ordered—℞ Liq. ammon. acet. ℥ss., spirit. æther. nit. ℥ij., tinct. cinch. ℥ss., infus. cinch. ad ℥viij. An ounce three times daily.

15th.—Deafness less, sweating still continues, cough much better, urine still heavy. Pulse 100, soft, temperature 99·3°, very weak; ordered plenty of chicken broth. Tongue cleaner, but still with a good deal of fur towards root. To continue mixture.

18th.—Pulse 74, temperature 98°, tongue clean; sweating began to lessen last evening; now completely gone. Urine clear, though not much increased in quantity, weakness extreme, can hardly lift his hands off the bed, complains of itching in his skin, the epidermis is coming off in fine scales. From this day he rapidly improved, and was soon able to get up, but even now complains of weakness, and says he is not quite the man he was before "it took him."

Case II.—J.W., æt. 56, a labourer, of powerful build, and much younger than his looks, sent for me on the 14th of October last. He complained of the following symptoms, having been ill some four days:—

Pain in the right side, cough and difficulty of breathing. He stated that four days before he had been working in the field, when he was taken with a shivering and vomited. He then went home and went to bed, taking, by the advice of an old woman, a tumbler of punch. Next morning he was in a profuse sweat, and had continued so until he sent for me. On examination I found evidences of congestion of his right lung. His pulse was 120, quick and soft, his temperature 102°; his urine was very scanty, and high coloured, bowels confined, profuse sweating, and miliary vesicles over chest and shoulders, expectoration green, and tinged with blood. Ordered—℞ Calomel grs. xij., pulv. opii gr. iss., pulv. ipec. grs. xviij. Ft. pulves, vi. One three times a day. A blister under right shoulder-blade for five hours, to be followed by a light linseed poultice; also, a clyster composed of decoction of barley, turpentine, as he complained of flatulence, and castor-oil.

15th.—Rather better, but lung complication, if not worse, not much better; *sweating stopped.*

16th.—Very bad, tremulous delirium, temperature 96°, pulse very quick, scarcely countable, respiration sobbing; face pale, pinched, and with that peculiar look by which

every practitioner knows so well that Death has set his seal on the patient.

17th.—Death.

I was for some time puzzled to account for the cause of the retrocession of the sweating and consequent great aggravation of symptoms resulting in death, until I heard from a neighbour of the deceased that he expressed a wish to have his bed made, and they put him standing on the mud floor until the bed was settled, which took some considerable time, and that when getting in again he complained of shivering, and soon after of great dyspnœa, and never rallied. I need scarcely state I heard nothing of this from the friends of the patient; they knew they had acted contrary to my orders; the Irish peasant, when in the wrong, knows how to cover his mistake in a very specious manner.

I think the cases mentioned suggest the following method of treatment:

1st. To encourage the sweating, as the sudden check of the perspiration was so evidently in this case followed by aggravated symptoms and death.

2nd. To look carefully for chest complications, as in both of the cases now recorded they predominated.

3rd. To support the strength in persons advanced in years, as they so early complain of great weakness.

That it was miliary fever, in contradistinction to relapsing fever, I think may be fairly urged by the following circumstances:—

1st. The similarity in the favourable and fatal cases of the symptoms, and the fact that lung complications were predominant in both.

2nd. The fact that the sweat was equal both *by day and night*, and not as in relapsing fever, chiefly by night.

3rd. That in the favourable case there was no relapse.

4th. That the patients were both men of comfortable means in their station of life.

5th. That there were no petechiæ.

6th. That the miliary petechiæ appeared on the third or fourth day instead of at the crisis as they appeared in the famine fever.

7th. That the first symptom of recovery was cessation of the perspiration, whereas famine fever generally showed an amelioration by profuse sweating.

CASE OF EMPHYSEMA OF LUNG WITH HEART DISEASE. (a)

By Christopher I. Nixon, L.R.C.S.I.,
Physician to the Mater Misericordiæ Hospital, Dublin.

Dr. Nixon showed specimens taken from the body of a man aged twenty-two years, who had been a patient of the Mater Misericordiæ Hospital. On admission he had evidences of general venous congestion. The cause of the embarrassment of breathing was capillary bronchitis supervening on old emphysematous lungs. He had the barrel-shaped chest usually seen in cases of capillary bronchitis. The heart was displaced downwards, and there was a very well-marked embolous beat felt in the epigastrium. For some hours before death the patient had well marked Cheyne-Stokes' breathing. The period of apnœa was not well marked in this case. On post-mortem examination the lungs presented an unusually good example of emphysema. The lungs were very voluminous, and protruded through an opening in the sternum. The condition of the heart was interesting. On examining it posteriorly they found that at the right auricle there were some evidences of lymph which were better marked when the heart was first removed. The effusion of lymph was solely confined to the back part of the right auricle. The apex of the heart was formed entirely by the right ventricle. The heart presented a very curious form; it was not exactly square-shaped, but had that form which was distinctive of great distension of the right side of the heart. The valves were healthy, and there was no enlargement. The right side was enormously distended, and the walls of the right ventricle were extremely hypertrophied. On looking through the tricuspid orifice the dimensions of it were seen to be very large, and it admitted with ease the tips of the five fingers. The valves were quite incompetent to close up. The chief point of interest was the occurrence of a loud murmur in the dynamic region at the right side of the heart, and he thought the explanation he offered of that a reasonable one, that when they had a murmur developed to a degree of intensity, the walls of the ventricle had undergone considerable hypertrophy. He thought that fact had been alluded to by Dr. Hayden in his work on Diseases of the Heart. Another point of interest was the occurrence of Cheyne-Stokes' breathing in a case in which there was no disease whatever of the aorta—in fact, if anything, the aorta seemed narrow. As far as he could see, the case went to support Dr. Little's views as to ascending and descending breathing. Another point of interest was the absence of double pulsation of the external jugular veins.

(a) Read before the Dublin Pathological Society.

INTUSSUSCEPTION IN A DOG. (a)

By Arthur Wynne Foot, M.D.,
Physician to the Meath Hospital.

Dr. A. W. Foot exhibited a specimen taken from one of the lower animals—from a large Mount St. Bernard dog. It was an example of intussusception at the termination of the ilium and ilio-cæcal valve with the cæcum in the ascending colon. The animal had been convalescent from a severe attack of distemper, and got within reach of a large round of spiced beef, the entire of which he greedily ate. The immediate result was an attack of jaundice. Medical aid was called in, and the doctor who saw the animal prescribed a mixture of aloes, scammony, and jalap. The animal had but a small evacuation from the bowels, and then exhibited great tenesmus, with a discharge of blood, and great efforts at straining. The dose was repeated, and the symptoms were aggravated thereby, and at the expiration of three days the animal died. Before death he had become completely jaundiced, and exhibited the jaundice at his eyes, under the nails, and at the mucous membrane of the gums. There was but little peritonitis; and it was a remarkable thing that dogs seemed but little liable to peritonitis, and that was borne out by a case brought before the London Pathological Society, and recorded in last year's Transactions by Mr. Jonathan Hutchinson. The intussusception was very large, the intussuscepted portion of the gut being about twelve or fourteen inches in length.

Clinical Records.

MELBOURNE HOSPITAL. (b)

A Case of Embolism treated by the Intra-venous Injection of Ammonia.

Under the care of T. N. Fitzgerald, L.R.C.S.I.

I was called, in consultation with my friend Dr. Rees, to see a gentleman aged 68, of medium height, full habit, and florid appearance. He complained of pain about the region of the bladder, frequent micturition; passed large quantities of pus and mucus with the urine, and had, in fact, all the symptoms of stone. We examined his bladder carefully, and found what we considered a sacculated calculus. He had been sounded previously on several occasions by surgeons, but the stone was not discovered. As lithotrity in such a case was contra-indicated, we decided on lithotomy.

Accordingly, on the 1st of June, the patient being placed under chloroform by Dr. Neild, and the staff being held by Dr. Rees, I proceeded to perform the lateral operation. As the perinæum was very deep and the prostate enormously enlarged, the bladder could not be reached by the finger. However, after a little difficulty, I succeeded in extracting the stone (which was in a saccule in the left wall of the bladder) by a long curved forceps. It was of uric acid formation, covered with earthy phosphates. It must have been firmly attached to its nidus, as a large portion of thickened membrane came away closely adherent to one side of the stone.

(a) Read before the Dublin Pathological Society.
(b) Read before the Medical Society of Victoria.

There was a little troublesome hæmorrhage from the prostatic veins, which was stopped by the umbrella catheter.

The case progresed favourably until the fifth day, when sitting up in bed, with the window open, he caught a little cold. On the evening of the same day Dr. Rees saw him. He found the temperature 102°; the pulse 120 ; the respiration hurried. Fearing the advent of some pulmonary complication, he ordered turpentine fomentations and a mixture containing carbonate of amonia and ether. On the following morning, the feverish symptoms had subsided very much, but acute orchitis of the right side suddenly appeared. Leeches and hot fomentations were ordered, which by the the evening had had the effecl of reducing the inflammation and removing the pain. Late on the evening of the same day, June 8th, Dr. Rees saw him again, and noticed a further increase of temperature, and feverish symptoms ; but the testicle had resumed its natural size, and was not painful. Early on the following morning I was summoned, but could not attend until half-past 9 a.m. On entering the chamber, I found a wonderful change from the previous day. The man was lying on his back ; chest spasmodically heaving ; no pulse to be felt at the wrist ; the heart could be heard, and it only produced a sort of irregular churning noise ; the whole body was deathly cold with the exception of the feet and legs, which perhaps were kept warm by the hot-water jars in the bed. The attendant, who was a very intelligent man, informed me that at a quarter-past 6 a.m. the patient was sitting up in bed washing, and expressed himself as feelihg much better, in fact he wanted to get up, so that he (the attendant) left the bedroom for about five minutes, and on his return found the wondrous change that I have described. I told the friends that tha case was hopeless, and expressed an opinion that the man would be dead in a few hours. Having considered, however, the case for a few moments, I viewed it as one of embolism of some large vessel, and as a *deraier ressort* I determined on trying the intra-venous injection of ammonia. The largest vain visible at the bend of the elbow (the median cephalic) was laid bare and an injection of ten drops of liquor ammoniæ fort. with the same quantity of hot water quickly sent into the circulation. A few convulsive movements followed, chiefly of the facial and cervical muscles. There was at once a decided change for the better in the pulse, it did not last long, as in ten or fifteen minutes the old symptoms of intense prostration retbrned. Again ammonia, with tha hot water, was sent into the same vein. The result was just as before, except that the arm joined in the convuisive movements, and that there was a more lasting effect on the circulation. Being obliged to leave at half-past eleven, I left instructions for the administration of brandy and beef-tea injections into the bowel, hot applications to the extremities, and the ordinary treatment in such extreme cases. Dr. Rees saw the case about one o'clock and injected ammonia as before, and with the same result. By this time the pulse could be counted, but it was extremely weak, compressible, and irregular. We agreed te meet in the evening in consultation, and should the patient be then alive to try the ammonia in a larger quantity. Accordingly, we met at about seven o'clock. The man was then alive, breathing still irregularly, the iace was duskish, the pulse very weak, and the skin cold and clammy. We opened a vein in the left arm at the bend of the elbowf and injected with a jerk fifteen minims of liq. ammoniæ fort. and the same quantity of boiling water. This was at once followed by a violent epileptiform convulsion, which lasted several seconds. Gradually, like a man recovering from a fit, he opened his eyes, looked round, asked what was the matter, and wantod te engage in ordinary conversation. The change was really magical. The pulse at the wrist returned to its natural and full force ; the discolouration of the face disappeared as soon as the surface of the body resumed its proper temperature. From that day to the present, the case has progressed satisfactorily, and the man is now quite out of danger. The question is, what was the nature of the case? and on this point I should very much like to hear the opinion ol this Society. Both Dr. Rees and myself at first viewed it as one of embolism ; I am still of the same opinion, although the situation of the the clot is a matter for speculatiou. Was it in the right auricle? if so, was it dissolved by the ammonia, or washed into the circulation? We watched the case very closely for abscess, or any other symptom indicative of the breaking down of a clot, but the only change worth noticing was slight congestion of the basis of the lungs (which we viewed as hypostatic) and a mild bronchial attack. In a recent number of the *Lancet*, Dr. Richardson relates the result of his researches on the effect of ammonia (given in very large doses) on clots. If it is a fact that ammonia given by the mouth has the power of dissolving a coagulum, surely the intra-venous injection of its most powerful preparation ought to have as good if not a better effect. I am quite convinced that this man's life was saved by the ammonia, and I feel that we all owe a great debt to Professor Halford for introducing this treatment.

The operation itself requires to be carefully done. It is not an uncommon thing to hear of a slough being produced from the extravasation into the tissues of a portion of the powerful caustic alkali. The first case I operated on, although only a drop or two of ammonia escaped into the tissues, a slough the size of a shilling was the result, and the separation of the dead flesh and healing of the wound took a long time. Being warned by this case, I have been very careful ever since, and such a result hae not taken place.

Transactions of Societies.

PATHOLOGICAL SOCIETY.

Dr. Nixon showed several specimens, the description of which will be found on page 278.

Dr. A. W. Foot exhibited a specimen, description of which will be found on page 278.

Dr. James Little exhibited a specimen which tended to show that enteric fever began with great abruptness. It was taken from the body of a young woman who was admitted to hospital with sore-throat, vomiting, &c., and died on the eighth day of her illness. They could get very little history of the case indeed. The symptoms which usually present themselves were exhibited in the case before admission to hospital. As her husband was out at work she had been left in a room by herself, and when admitted was unable to move a finger. She lay covered up in the bed perfectly prostrate. She was unable to speak or put out her tongue, but readily swallowed any liquid given her. A quantity of dark brown, exceedingly offensive feculent matter was being continually squirted from the bowel, so much so that the woman was, in spite of every care, continually lying in a state of wet. She also discharged urine in that way, and on adopting the precaution of examining the region over the bladder, he noticed that it was full, and on a catheter being introduced, fifty ounces of high-coloured and slightly albuminous urine escaped. The woman never rallied from that condition, and died on the third day after her admission. The intestines presented most characteristically and in an aggravated form the appearances seen in cases of enteric fever. The last eight feet of the small intestine and the first two feet of the large intestine presented marked appearances in the solitary glands. The solitary glands, when first removed, were very like those which were seen in the skin in a case of small-pox when the eruption was becoming pustular. Peyer's patches were very much affected ; those in proximity to the ilio-cæcal valve were chiefly affected. There was no eruption, and the temperature presented nothing that was very characteristic.

Medico-Parliamentary Intelligence.

THE OBSTETRIC LICENCE OF THE ROYAL COLLEGE OF SURGEONS.

Dr. Lyon Playfair has given notice of his intention to ask the Vice-President of the Council, whether he is aware that the Royal College of Surgeons possess by charter and now exercise powers to grant a licence which entitle the holders to a place on the Medical Register, and to all the privileges of fully qualified medical practitioners, although the licentiates may not have been subjected to examinatian in anatomy, physiology, medicine, or surgery, but simply in the single subject of midwifery ; and whether he has communicated with the Medical Council on the subject.

CORONERS IN IRELAND.

Sir M. Hicks-Beach said, in reply to Mr. O'Shaughnessy that last session he stated to the house that, in his opinion

t was advisable that an inquiry by a select committee should precede any general legislation on the office of coroner in Ireland, and he had expected that some hon. member who took an interest in the question would this year take some action with regard to it. As the subject was not of a pressing nature, it was not the intention of the Government to move for the appointment of a select committee.

ARMY MEDICAL OFFICERS.

Mr. HARDY, replying to Mr. Dunbar, said every application for exchange made by medical officers of the ar my was carefully considered and decided on its own merits. He did not intend to make any change in the existing system.

VIVISECTION.

Mr. CROSS said, in reply to Mr. Wait, that the Government did not in any way underrate either the importance of the evidence given before the Royal Commission on vivisection, or the clear manner in which the commission had gene into and reported upon the question. At present, however, he regretted to say he could do no more than give the hon. member an assurance that the subject would receive the careful consideration of the Government. He could not state whether any immediate legislation would be proposed or not.

VACCINATION.

Mr. SCLATER-BOOTH, in reply to Mr. Pease, said his attention had been directed by his hon. friend's question to the case of Mr. Milner, the Chairman 6f the Keighley Board of Guardians, who had been committed for ten days' hard labour for the non-payment of a fine of ten shillings for the non-vaccination of a child. No one regretted more than he did the necessity for prosecutions under the Vaccination Acts, especially when they were repeated a number of times. As, however, his hon. friend quoted the case of a chairman of a board of guardians, he might remark that it was the duty of a person filling such a position to see that the law was enforced, and not to set an example of disobedience to it. Moroover, the payment of the fine would at once release Mr. Milner from prison. It was not his intention to propose to the Government any alteration of the law; and even if an alteration in the Vaccination Acts were proposed, Parliament would probably not consent to it.

ARMY MEDICAL SCHOOL.

Mr. G. HARDY, in reply to a question by Mr. O'Leary, said it was not intended to fill up the vacant professorship in the Army Medical School. The question of the Army Medical School would be submitted to the senate under the new act, and until he had heard what they proposed, it was not proposed to fill up the professorship now vacant.

ANOTHER appeal is made for funds towards the Harvey Statue to be erected at Folkestone. £800 only of the £3000 required has been subscribed.

A MARBLE bust has just been placed in the museum at the Middlesex Hospital of Mr. Campbell de Morgan, senior surgeon. The bust was executed by Mr. J. G. Lough, by whom it was presented to the hospital as "a token of gratitude and affection" to the subject of it.

A NEW scientific periodical entitled *Electricité* has been issued in Paris, under the patronage of Count Halley d'Arroz, director of the International Exhibition of 1877. It will be profusely illustrated, and will be used by the Commission of Organisation as one of its official organs.

THE first general geological map of Australia is now published. The name of Mr. R. Brough Smyth, F.G.S., appears alone on the title, but it has, of course, been largely compiled from the reports of other Australian travellers and investigators, among whom may be mentioned the names of Daintree, Selwyn, and the Rev. W. B. Clarke.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 5, 1876.

WATER SUPPLY OF LONDON.

A NUMEROUSLY attended deputation from the "National Health Society" waited on the Home Secretary on Tuesday last, for the purpose of presenting a memorial on the deteriorated water-supply of London.

The deputation was introduced by the Right Hon. Dr. Lyon Playfair, M.P., and Dr. Humphry Sandwith, C.B., presented a memorial which complained that the water supply was horribly tainted with the sewage of a district estimated at nearly 100,000 persons, and exclusive of a vast floating population, constantly occupied on and about the intake of most of our water companies.

The sixth report of the Rivers' Pollution Commission stated that vast experiments, unconsciously tried upon the health and lives of large populations, had resulted in proving conclusively, and at the cost of thousands of lives, that the water companies had transmitted cholera to their customers, and the deputation endorsed the words of the commissioners, who said, "It is much to be desired that even the claims of invested capital may not in future be allowed to impose upon the population of this country any further tests of so cruel and disastrous a character." It was a fallacy to say that the impurities were chemically changed and destroyed during their course down the river by the operations of Nature, and no sort of filtration would avail against water polluted in the manner referred to. The most costly domestic filters were useless against certain loathsome impurities, and even if effective could not be used by the mass of the population, and ought not to be required. The memorial further alluded to the evile produced by the want of a constant service supply at high pressure, and pointed out that the health of the poor is injured by water being stored in filthy cisterns, and absorbing the air of crowded dwellings. The deputation believed that the only means of carrying out a system of constant delivery of pure water is to place the water service under public control, and they requested the Home Secretary to take measures for transferring the direct control of the water supply

of London to a public body representative of the ratepayers, such as the Metropolitan Board of Works or a municipal council.

Cardinal Manning pointed out that the inefficient and impure supply of water might have a very evil effect upon not only the health but the sobriety of the poorer classes, and he thought it would be good public policy to follow the example of such places as Glasgow, Manchester, Leeds, and other towns, in the transfer of the supply to the local authorities; while Dr. Lyon Playfair thought that the Thames might still afford a proper supply if led away to its destination before it is mixed with the sewage of Oxford, Reading, and other large towns, and before it is fouled by the filthy discharges of paper mills, and other disgusting refuse. By the Rivers Commissioners of 1868 we are told that an exhaustive examination of the water of the Thames on the one hand, and of spring and deep well-water on the other, proves beyond a doubt the immense superiority of the latter for dietetic purposes. Indeed, it is obvious that with the most efficient river conservancy imaginable, aided by efforts of the Legislature, the Thames must always receive as much pollution as to render its use for the supply of the metropolis highly objectionable.

The Home Secretary said that he agreed so far with the objects of the deputation because the importance of the question could not be overrated. The supply of pure water to a population equal to the whole of Scotland was a matter of the greatest possible importance to the health and welfare of this great community. The question of the drinking water in London was one which had been a long time in his mind; ever since he had been in office he had been in consultation with persons who had considered the matter very much, and he had had some able papers laid before him with regard to the best means of obtaining a good water supply. At the same time, he was bound to say that he had not thought it right to lay his views before the Government, because he considered it would be wrong in any Minister to do so until he could show that he had made up his mind as to the practicability of carrying out such views. Until he (Mr. Cross) made up his mind on the subject, he should not lay any scheme before Government. He could promise that, if he lived, and remained in office, the matter would receive the attention of the Government.

PHYSICAL TRAINING FOR THE ARMY.

We have noticed that our excellent contemporary the *Globe* has on several occasions drawn attention to the necessity of adopting some means for improving the *physique* of our soldiers. The subject is certainly of grave importance, both in a political and in a hygienic point of view, and we are rather surprised that the Medical Press has not used its influence to encourage a movement that would be attended by most beneficial results. Still more surprising is the indifference with which the Government and the War Office authorities have regarded the physical training of our troops. There are indeed strong grounds why some change should be made in the manner in which our soldiers have been hitherto allowed to spend their time. There is an impression among our most experienced officers that the average *physique* of the men by whom the army is now recruited is far inferior to what it formerly was. It is not within our province to enter into the political reasons why in a small standing army like ours every soldier should be not only of average health, but also physically strong, active, capable of undergoing great fatigue, undertaking long marches—showing, in fact, good "staying" powers, but these desiderata once admitted, we feel it our duty to point out how much may be accomplished by devoting a little more attention to the physical education of our recruits. In fact, when we reflect what was done in this direction in the case of the best disciplined army the world has ever witnessed—namely, that of the Roman Empire—we are at a loss to account for our apathy and neglect. Every one who has read the opening chapter of Gibbon's great work must recollect what importance the historian attached to the physical training of the Roman legions as a condition of the wonderful efficiency to which they attained. The Roman exercises, he remarks, "comprehended whatever could add strength to the body, activity to the limbs, or grace to the motions. The soldiers were diligently instructed to march, to run, to leap, to swim, to carry heavy burdens. . . . It was the policy of the ablest generals, and even of the emperors themselves, to encourage these military studies by their presence and example; and we are informed that Hadrian, as well as Trajan, frequently condescended to instruct the inexperienced soldiers, to reward the diligent, and sometimes to dispute with them the prize of superior strength or dexterity." How different is the picture that would faithfully represent the habits and education of our soldiers! What a contrast would those stalwart and broad-shouldered Romans present to the many puny, sallow-faced, and narrow-chested men with whom our army is recruited—to men who "fall out of the ranks when tested by a long march or rather fatiguing field-day"—to men who cannot keep up a "double" for a quarter of a mile at a stretch, and who often fail to walk twenty miles in a day.

We are quite aware we may be met with the plea that the mode of modern warfare has rendered physical training of far less consequence now than it was at a time when a battle was generally a matter of close combating and hand-to-hand fighting, and when strength of muscle often decided the fortunes of the day. But this is no reason why physical exercises should be so much neglected by our military authorities as they are, and as they always have been. Forced marches, prolonged exposure to cold and wet, and other circumstances which tax the powers of the constitution, will always be contingencies to be provided against by a well-organised army, and the recent extraordinary feats of Captain Webb and Mr. Weston show what the human body may accomplish when long inured to unusual exertion. Besides, regular and systematic exercise has not only the effect of enabling the body to perform great feats of strength and to undergo extraordinary fatigue: it does a great deal more. It improves the general *physique* of a man who had been previously remarkable for his want of energy and strength. It often removes any inherent predisposition to disease that may be lurking in the system, and what is of equal im-

portance in a military point of view, it enables the system to resist those causes of disease to which every soldier is exposed during an arduous campaign. Nor are the good effects of physical training confined to the body alone. Systematic exercises, especially when practised in the open air, have a most beneficial influence on the mind. They raise the spirits—they invigorate our mental energies—they elevate and humanise our thoughts—they help to banish from the mind all feelings of despondency and many evil propensities, and they enable us to do with alacrity, or to endure with patience, what would otherwise be borne with impatience or resentment. Indeed we do not hesitate to say that there would not be half the crime, half the misery, half the insanity, which is now, alas! so prevalent, if we only realised the advantages to be derived from physical exercise and training, and from those habits of temperance and hygienic practices which all such training necessarily involves.

If therefore we may expect so much from a cultivation of the physical powers of the body, we cannot over-estimate its importance in respect to a small, compact army like ours, especially at a time when there appears to be a great falling off of strong and healthy recruits.

With respect, however, to the best means of carrying out the end in view, there is much difference of opinion. This is, of course, a matter for the consideration of our military authorities; but we must remark that no system will be satisfactory which does not embrace within its influence every private in the line. It has been suggested to organise a system of athletic competitions, to institute both company and regimental contests, supplemented by Government prizes. But the insufficiency of this plan, as well as of the short course of gymnastic instruction adopted in some quarters, consists in this, that such means tend to encourage a high standard of *physique* among a few, while the physical capacity of a large majority of our soldiers would still remain far below that which it ought to be. No plan can secure the object aimed at that does not, during several months of the year, set apart a small portion of each day for athletic exercises in which every soldier would be compelled to take a part. We are, however, trespassing upon the province of other writers. For the present we must be satisfied with endorsing the views of the one or two newspapers which have already drawn attention to the subject, and we trust that the whole press, both lay and medical, will continue to agitate a question in which, from feelings of patriotism alone, we should all feel deeply interested.

CONVALESCENT HOMES.

Mrs. Gladstone's Convalescent Home at Woodford, which has tended so much to the relief of particular hospitals and the benefit of convalescent patients, had its origin in the outbreak of cholera in 1866. Since its establishment other institutions, having similar objects in view, have been set on foot, not one of which, however, has been more earnestly devoted to the relief of the afflicted poor than the Convalescent Home for East London. The Lord Mayor of London evinced much interest in the movement by throwing open the Mansion House to a crowded and influential meeting of its supporters on Tuesday last; for it is acknowledged that a necessity for Convalescent Homes exists, and deserves the hearty co-operation of the benevolent.

Mr. Gladstone, on being called upon to speak, first begged to tender the cordial thanks of Mrs. Gladstone and himself to the Lord Mayor for the personal influence he had brought to bear in furtherance of what he felt to be a benevolent and worthy purpose; then proceeded to move the following resolution:—"That, to render convalescent homes available to the poorer classes, the system of privileged tickets, entailing canvassing and delay, should be dispensed with;" and he went on to say: "He belonged to that section of the community, who believe that the system of election for charities, with the extensive operations it entails, is a most ingeniously contrived machine for intercepting on their way to other benevolent ends a large portion of the alms of the community." These observations were received with cheers, for it has become more apparent of late that a grievous wrong must be done, more particularly with regard to convalescent homes, if applicants are compelled to exhaust their strength and means in a vain endeavour to obtain letters of admission to their benefits; and we believe, with Mr. Gladstone, that it is both wise and prudent that admission to hospitals, and indeed all institutions established for the afflicted classes, should be according to the urgency and need, and perfectly free—free in this way, that every man should be able for himself to put forward his claims to the benefit of the institution, and that there should be no competition as to coming within its doors but the competition of the greatest merit, that is to say, of the greatest need. The management of Mrs. Gladstone's Home may be taken as a model worthy of imitation, for this does not exceed five per cent. on the expenditure and work done. By a careful and rigid economy in every particular, nearly the whole of the money subscribed went to the support and benefit of those for whom it is intended. This, however, could scarcely be effected unless Mrs. Gladstone and those who so cordially assist in her good work gave their services almost gratuitously. But very few of the homes of the London poor are in any way likely to promote the recovery of the convalescent patient when discharged from the hospital, and we therefore hope that the result of Tuesday's meeting will tend not only to benefit Mrs. Gladstone's Home, but will also serve to largely extend the excellent system of Convalescent Homes throughout the country.

Notes on Current Topics.

Death from Chloroform.

An inquest was held at Liverpool on March 28th respecting the death of a Mrs. Rowlinson, who died while under the influence of chloroform. Mr. Evan Abraham Morgan said he was a duly-qualified physician and surgeon, practising as a dental surgeon. The deceased came to his surgery and told him she wished some stumps removed, and expressed a desire to have chloroform. He examined her pulse and heart, and thinking her a fit sub-

ject, gave her chloroform slowly. While she slept he took out two teeth and three stumps, at the same time keeping her face and breathing in view. Seeing a sudden change come over her, he opened the window and then threw cold water in her face. Her breathing became slower, and he placed her on the floor, and she then ceased to breathe. He resorted to Hall's system of artificial respiration, which, however, did not answer; and next tried Sylvester's method, and she breathed freely for about two minutes. Meanwhile, he had sent for Dr. Banks. The breathing of the deceased suddenly ceased altogether. Dr. Banks, when he came, applied the galvanic apparatus, but in vain. Dr. Richard Caton, lecturer at the Liverpool School of Medicine, who with Dr. Banks made a post-mortem examination of the body, said the cause of death, in all probability, was arrest of the heart's action, attributable partly to the weakened condition of the heart from disease, chloroform being the exciting cause. The jury gave a verdict to the effect that Mrs. Rowlinson's death arose from misadventure—from the administration of chloroform for a dental operation, and they absolved Dr. Morgan from all blame.

We cannot dissent from the view which the jury took in this case, and we admit that in the administration of dangerous anæsthetics by proper hands and with due care a misfortune cannot justly be visited upon the operator; but we consider that the administrator is imperatively bound to inform the patient or his friends of the risk which is incurred. The fact is now established that the mortality from chloroform is as high as 1 in less than 3,000 cases; and this in spite of the employment of the most approved methods of administration, in spite of the absence of appreciable organic disease in many of the victims, and in spite of the best known means of combating deadly symptoms when they show themselves. Even were no safer anæsthetic available, it is doubtful whether patients would consent to inhale chloroform for trivial operations like tooth extraction if they clearly understood the danger which they ran. On this latter point we may merely add that the majority of practitioners who devote themselves to the administration of anæsthetics have now entirely abandoned the use of chloroform in favour of nitrous oxide gas in dental operations, and most of them employ, in the majority of cases, the gas followed by ether in general surgery. It appears desirable that this change of practice, which is based upon sufficient scientific evidence, should obtain a wider publicity than it appears yet to have achieved.

Dress Reform.

A RECENT number of the *Housekeeper* has rather a long paper on this subject, and although some of the statements therein made are somewhat exaggerated, the following extract will show that there is a good deal of truth in the remarks of that journal. "Fashionable attire," observes our contemporary, "separates the body into zones. The upper part of the chest and the feet and ankles are the frigid zones, while the lower part of the abdomen is a torrid zone. . . . Instead of supplying the required extra clothing of these parts (feet and chest), fashion totally ignores the wants of nature, and gives the limbs even less protection than other parts which need it less. The upper part of the chest is often exposed even to the eye; at best it is usually covered by only a few thin layers." The writer then shows how the abdomen and thighs of females are, on the other hand, overburdened with clothes, and remarks that, while the "central portion of the body is thus burning with excessive heat, the limbs are allowed to go almost nude!' Among other remarks it is stated that "the many heavy skirts and under garments which are hung about the waist, with no support from above, drag down the internal organs of the abdomen, and cause them to press heavily upon the pelvis. After a time the slender ligaments which hold those organs in their place, give way, and various kinds of displacement and other derangements occur."

We feel sure our readers will readily endorse these observations; in fact, we doubt whether we are not ourselves very much to blame in not paying more attention than we do to the dress of our patients, especially of our female patients. We shall not be far wrong in saying that at present our advice in this direction seldom extends further than ordering a little flannel to be worn next the skin. As far as "individual hygiene" is concerned, the manner in which our patients are clothed is a matter of the greatest importance, and as we have long been of opinion that the general practitioner should look upon himself as an "officer of health" to the families who have the benefit of his services, we cannot too strongly recommend him to bear this subject more in mind either when he is actually treating or adopting measures for the prevention of a disease. We cannot now enter fully upon this topic; but with regard to keeping the chest well protected—especially in the case of females, who are so apt to be negligent in this respect—we may incidentally remark that the most recent investigations into the pathology of that chest affection which, of all chest affections, is the most common and the most fatal, show the necessity of protecting the lungs by proper clothing from the influence of cold—sudden changes of temperature, suppression of the perspiration, &c. The majority of the cases of pulmonary consumption have been shown to depend upon changes in the lung of a catarrhal or inflammatory nature, and the exciting cause of the disease to be in most instances due to what in common parlance is called "catching cold."

Dr. Crichton Browne.

OUR readers will perhaps remember some few weeks since we announced that Dr. Crichton Browne, whose name is eminent in the treatment of mental diseases, had received the lucrative appointment of Visitor of Chancery Lunatics. A few days since a memorial was presented to him magnificently illuminated on vellum, and signed by his past colleagues at the West Riding Asylum, and by about two hundred members of the profession principally engaged in asylum practice, in token of their appreciation of his great talents, and of the pleasure his appointment gave them. We have much pleasure in adding our sincere gratulations to those of the memorialists. Government appointments are not always made with a due regard to merit; the present is a happy exception.

Ether Drunkards.

THE registrar of Draperstown, county Londonderry, states in his return for the last quarter of the year 1875 that he had to register a death occasioned by drinking ether, which, he says, has been rather extensively made use of in that locality for many years, notwithstanding great attempts made by the clergy and others of influence in the neighbourhood to stop the practice. The person referred to had been drinking, it was stated, for two or three days, and had not taken food; on the evening of his death he partook of a draught of ether with two companions, and never spoke afterwards.

The College of Physicians of London.

ON Saturday was completed the work of raising into the hitherto vacant niches in the entrance to the College of Physi cians, Trafalgar Square, three statues by Mr. Henry Weekes, R.A., sculptor. Immediately over the doorway is placed that of Linacre, the projector and first President of the College. On one side is the statue of Harvey, by whose generosity the College obtained some landed property; and on the other the statue of Thomas Sydenham.

A Year's Mortality in England.

FEW of our readers would probably care to wade through the mass of tables supplied by the Registrar-General in his annual returns, yet they contain much interesting and valuable information; information as attractive to the statician as a good novel to its devotee. There is not a subject touched upon in this report which is not fraught with intere.t to every medical man. Thus we find births, deaths, and marriages given as they occur in our principal cities and towns, and are enabled to compute their relations to each other and their effects upon the general mortality; the water supply, sewerage, barometrical changes, &c., also occupy their allotted space, and show how they dovetail in with the ultimate result. We find that our largest towns in England are still growing; London proper, for example, contained a population in the middle of the year of three millions four hundred and forty-five thousand one hundred and sixty. The increase over the numbers in the previous year was 44,459, the registered births (122,871) having exceeded the deaths (81,513) by this number, which thus forms the year's balance. Then people flock to London from every county, from every part of the empire, and Londoners by birth flow beyond its limits in great numbers. The extent of this interchange of population is unknown, but the difference in the inflow and outflow probably does not exceed 3,000, that being all of the increase of population that remains unaccounted for by the excess of births over deaths.

During the year the births of males exceeded the births of females by 2,477; and upon the other hand the deaths of males exceeded the deaths of females by 2,321, thus redressing the inequality at birth. It is evident, therefore, that if there is any great inequality in the living popualtion of the two sexes it is due to the movements of migration. Now the females exceeded the males by 220,158. At the census of 1871 of the 1,731,109 women and girls, 226,393 or more than one in eight, were domestics, for whose services there is a demand greater than the demand not only for men servants, but for men in any other occupation. The milliners, dressmakers, sewing machinists, and seamstresses amounted to 102,359, the latter probably being as unhealthy as domestic servants are healthy. The estimated increase of population after the census of 1871 was 190,900, so the density of population then expressed by 42 persons to an acre has risen to 44 persons to an acre.

It has been shown in the supplement to the 35th report that by a general law under the existing sanitary conditions of England the mortality increases with the density of the population, and in such a way as to make the increased rate of mortality equivalent to nearly the eighth root of the increase of density. Now there were 25 persons to an acre in 1841, and 42 persons to an acre in 1871; the mortality in the years 1840-4 was 24·4, and by the increase of density it should have been 26·0 in 1871; but it was on an average 23·5 in the five years, of which 1871 is the middle. So it is a fair inference, that the Health of London instead of getting worse by reason of increased density, has grown better by countervailing sanitary measures.

The mortality in the year was at the rate of 23·7 to 1,000 living, which is higher by 1·2 than in the preceding year, and higher than the average of the preceding five years. The increase was very much due to the combination of epidemics of scarlet fever and whooping-cough. Mensenteric disease also increased. Bronchitis and pneumonia were raised above the average by the weeks of very low temperature. It is worthy of remark that the number of deaths to be dealt with in the year 1840 was 46,281, while in the year 1875 the number was 81,513, both being average years, and this is mainly due to increase of population, for the mortality was at the rate of 25·0 in the first, and 23·7 in the last year. The weekly deaths to be abstracted were 890 in 1840, and 1,568 in 1875.

Next we come to Greater London, which extends over the City and over the Metropolitan Police District, within a radius of 12 miles. The area is 698 square miles, equivalent to that of a circle of 14·9 miles radius.

The population was 3,885,641 in 1871; and it was estimated for 1875, by a satisfactory method, at 4,207,167; the births exceeded the deaths by 51,903; but the increase going on by this and by excess of immigration over emigration together was at the rate of about 80,000 a year. The mean density of population was between 8 and 9 persons to an acre.

We now come to the eighteen large English cities, which, exclusive of course of London, contain an aggregate population of 3,236,873. Nearly all these cities present the same problems for solution as London. Each has in its different degrees its Outer Ring, now healthier than the Inner City of these returns, but more destitute of sewerage, water supply, and cheap light, and thus owing its relative superiority mainly to the lesser density of its population, which is every year increasing. The mortality of some of the cities is decreasing; and among them may be named Liverpool, Manchester, Sheffield, Sunderland, and Newcastle-upon-Tyne. Bristol, Birmingham, Nottingham, Salford, Oldham, Bradford, Hull experienced higher rates of mortality in 1875 than in 1871. The salubrity fluctuates from year to year; but in the year 1875 the

towns, including London, stood in the following order :—Portsmouth 19·5, Sunderland 22·4, London 23·7, Norwich 24·5, Wolverhampton 24·7, Sheffield 24 8, Newcastle-upon-Tyne 26·1, Leeds 26·4, Birmingham 26·5, Leicester 26·6, Bristol 26·8, Bradford 27·1, Hull 27·4, Liverpool 27·5, Nottingham 27·7, Oldham 29 6, Manchester 29·9, and the borough of Salford 31·5.

The fifty other large English towns, with an estimated population of 2,724,784, offer some interesting facts. In this year the mortality was at rates below 20 per 1,000, in Dover (16·4), Chatham, Maidstone, Hastings, Reading, (18·7), Colchester, Devonport (18·5), and Cheltenham (18·8). The mortality exceeded 26 in Exeter, Stockport (31·6), Wigan (30·3), Bolton, Bury, Aston-under-Lyne (33·2), Preston (31·8), Gateshead and Carlisle.

Of course it will be generally understood, that the rates of mortality are chiefly dependent upon the density of population, and it will therefore be inferred that the smaller towns and rural districts, not included in the foregoing, have relatively lower death-rates. This inference is in the main correct; yet London, with its system of drainage and almost perfect sanitation, compares most favourably with districts of much lesser density which are not thus cared for in sanitary matters.

The Mosaic Code and Vitality.

Upon the above subject Dr. Richardson recently delivered a lecture in Whitechapel. Some curious statistics were brought forward. In Prussian Germany still-born children numbered 1 in 97 Jews, 47 Catholics, and 42 Protestants. Half the Jews at Frankfort reached 53 years; half the Christians succumbed at 36. Three reasons had been assigned for the high vitality of the Jews :—1, an innate excess of vital resistance ; 2, the observance of the rules of health laid down in the Pentateuch ; 3, that the Jews have followed, either under the influence of necessity or from natural prompting, a better life in all that relates to the maintenance of a healthy physical existence. There was no physiological or anatomical superiority of the Jews over other races. In some respects they were inferior to Saxons and Celts ; but they had less hereditary tendency to diseases such as scrofula, consumption, and rheumatism. Coming to the second cause, the influence of the Mosaic sanitary code could scarcely be overrated, and its provisions formed a marvellous collection of sanitary rules. The Second Commandment specified the times (the third and fourth generation) required to wipe out the effect of physical degradation. The third, sixth, seventh, eight, ninth, and tenth, all had reference to the rule of the passions. The fifth takes special care of the aged and infirm, and the fourth, which enjoins a special day of rest, and was seven times repeated, is so important a provision for health that a nation which followed it strictly, might, on the purest physiological grounds, expect to realise an extra seventh term of existence.

A great advantage was doubtless gained in the early ages by abstaining from the flesh of animals which fed on garbage, and at the present time those who strictly adhere to the principles of their religion refuse to touch food which may by any possibility be diseased or decomposed; whilst such food is freely partaken of, or even sought for on account of its cheapness, by the lower class of other persuasions. On this score alone a large number of young Jews who would otherwise succumb to diarrhœa and its effects live to swell the number of those who live beyond the fiftieth year.

Among the causes of the third category Dr. Richardson mentioned the comparative immunity from hard physical labour. He referred also to their ablutions and habits of cleanliness entailed upon them by their religion. On this text he might have given them a very excellent sermon, for in the matter of cleanliness the lowest classes of Jews are little if any better than their neighbours. That a far greater comparative number of Jews reach the age of 70 years than of Christians is an established fact ; but after that age it appears that the mortality amongst the Jews is greater than among a corresponding number of Christians. If asked to give the three chief causes of their longevity, we should say—1, abstinence from decomposing food ; 2, abstinence from alcohol ; 3, freedom from syphilis. Why the Jews abstain from alcohol we will not say, but as a fact they do so almost entirely. Syphilis again is extremely uncommon among the Jews. It may be due to the fact, that they have but little communication with others, and it may be in part due to the absence of the prepuce, the loose mucous membrane of which readily receives the virus. The freedom from syphilis would in great part account for the rarity of abortions and of still-born children.

Netley Appointments.

However divided opinion may be on the Army Medical School question, no one can cavil with the opinion very generally held among army medical officers, that the appointments should only be made for a fixed period, and not renewed in the person of the same individual time after time. This is unfair to other officers, who can under such circumstances have no incentive for work. A three years' tenure would, we think, be ample to compensate any officer for the work done. Under such a system there would be constantly flowing throughout the service a number of specially trained men, whose knowledge acquired by careful study could not be but beneficial to the army at large. The disadvantages of such prolongations are very great. They discourage officers having special tastes and capabilities from cultivating these gifts, they minimise the number of officers acquainted with such special details, and in other ways act detrimentally. No greater benefit could scarcely be rendered under such circumstances than the establishment of a fixed and printed rule prohibiting under any circumstances the prolongation of the period of holding those appointments, or if this is impracticable, from class interests, turn them over altogether to pure civilians specially qualified. Anything would be better than the constant grumbling we hear on all sides.

Army Medical Selections.

The appointment of Dr. Charles Gordon, C.B., to the post of Honorary Physician to her Majesty, and of Dr. Bourke, late Surgeon-Major 3rd Buffs, as the recipient of the good service pension recently vacated by the death of Sir David Dominick will, we are assured, be received with satis-

faction by the officers of this Department. Dr. Gordon has contributed a great deal to the literature of his profession in the army, and is one of its most distinguished Surgeons-General, and has very justly earned one of the very few distinctions which the Director-General has at his disposal; we only wish there were more of them to stimulate the flagging energies of the medical officers, for unhappily there are very few indeed who are content to advance the study of military medicine with only the prospect of a barren reward.

Small-pox in Liverpool.

At the meeting of the West Derby Guardians a letter was read stating that there had been a sudden push upon the Liverpool workhouse for accommodation for small-pox cases, the men's wards being full on Saturday, and asking in case of emergency that patients of that class might be received elsewhere.

Prescribing Chemists.

Another instance of the danger to which the public are exposed by this illegal practice was adduced at an inquest held at the East End of London on Saturday last, on the body of an infant aged seven months. It was alleged that death was occasioned by the administration of an improper mixture prescribed ond prepared by the wife of a chemist. Dr. Harris, who was called in, said the deceased was dangerously ill, and he ordered a warm bath. The same evening the infant went into convulsions and expired. Dr. Carpenter, who was also called in, said he had examined the mixture prescribed by the woman. It contained rhubarb, the administration of which in such a case as that under consideration would accelerate death. The evi. dence not being complete, the magisterial decision was deferred until one day this week. Here we observe the practice we have so often deprecated has gone a step lower. A chemist like other men cannot avoid being absent occasionally, but in order not to lose custom, his wife becomes the self-constituted doctor, and the not unnatural but very sad sequel follows.

The Vacant Seats on the Medical Council.

The selection of Professor Lister, of Edinburgh, to succeed Dr. Warburton Begbie as the Crown Representative for Scotland, is universally approved by the profession, inasmuch as he is a man not only of high surgical reputation, but of discretion and judgment. The seat vacated by Dr. Parkes is not yet filled, and it is said that a general practitioner will be placed in it in order—to some extent—to meet the views of the Direct Representation party, who complain—and with reason—that the rank and file of the profession is inadequately embodied in the Council. We are gratified that the Crown has placed a pure surgeon in the place of Dr. Begbie, and that the extent of the representation of surgery in the Council has not been reduced, and we hope we may interpret the appointment to signify an intention on the part of the Crown to equalise in some degree the number of the representatives of surgery and of physic.

The Meeting of the Medical Council.

The *British Medical Journal* gives expression, in its last issue, to a hearty concurrence in our view as to the propriety of a meeting of the Medical Council while there is yet time to discuss medical affairs concurrently with their legislative treatment. The *British Medical Journal* says :—

"Our contemporery the Medical Press, which is generally both well informed and judicious in its comments on the General Council, recurs again with great force and truth to the necessity for an earlier date of meeting of the General Medical Council. We have more than once pointed out that the late date of these meetings goes far to nullify the legislative influence of the Council. It meets at the fag end of the session, when all legislation affecting medical interests is either practically accomplished or practically hopeless. Meantime the President of the Council, who is very imperfectly authorised, has to carry on the business of the Council. . . . . The Council ought certainly to meet in April, if its meeting this year is to be anything more than a waste of valuable time and a large sum of money."

Our contemporary in its last words hits the mark. If the Council does not assemble until all the work is done or left undone, there would certainly be nothing lost by its deferring its meeting until the next Christmas holidays, when it might honestly and earnestly devote its attention to those subjects, including the Conjoint Examination question, the Amendment of the Medical Act, the Direct Representation of the Profession on the Council, and other equally important questions which need Parliamentary interference. What will any one gain, except the councillors, by a summer pic-nic of the Medical Parliament in Oxford-street? The House of Commons is settling the question of Woman Dctoring, and of registration of non-medical degrees. The corporations are coming to an arrangement about co-operative examination and about a reform of the certificate system, and, possibly, when the Council meets in July, it will have only to shake hands over settled disputes, and deliver itself of *ex post facto* speeches.

Posthumous Honour to Sir Cordy Burrows, F.R.C.S.

It is seldom that any town pays such funeral honours to one of its citizens as those accorded on Saturday to this deceased member of the profession at Brighton. Thrice Mayor, the corporation and towns people were anxious to show their appreciation of his services, and when it became known that the family had acceded to the request for a public funeral, so numerous were the applications to join in it that the general purposes committee of the corporation were compelled to limit the numbers. The procession, to the number of 1,500, was formed in the grounds of the Royal Pavilion, the adjacent South Enclosure, and Pavilion Place. Amongst those who took part in it were over 500 Volunteers, representatives of all the local societies, the Railway Company, the Mayor and Corporation, and nearly every local medical man. The Mayor (Captain Abbey) and seven past mayors were the pall bearers. All the shops and places of business were closed, and also the Aquarium, the Rink, and other places of amusement, and the route to the Extra-mural Cemetry, above a mile and a-half in length, was lined with thousands of people, intent upon paying a last mark of respect to one of the most popular public men Brighton has known.

THE Lancashire magistrates have appointed Dr. Campbell Brown, of Liverpool, public analyst for the county.

THE Goldsmiths' Company have voted the magnificent donation of £1000 to "the Queen's Fund" of the London Hospital.

ANOTHER death from milk poisoning at Eagley occurred on Saturday, making eighteen in all since the commencement of the epidemic.

THE late Sir John Fisher, whose death we noticed in our last, directed that out of his estate, £100 should be given to the Royal Medical Benevolent College, Epsom, a like amount to the Society for the Relief of Widows and Orphans of Medical Men, and £50 each to the St. George's and Westminster hospitals.

Correspondence.

ROTUNDA HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I read with much interest your article upon the Rotunda Hospital, and being an old pupil of that valuable institution, naturally feel anxious for its welfare. Though few medical men can give large subscriptions, they can influence their friends and patients. Acting on your suggestion, I have been able in a few days to collect close upon £20, and feel conkdent if my brother medical men took up the matter, the sum still required (£1,000) would soon be forthcoming.

I am, Sir, yours faithfully,

CHARLES C. MAYNE, M.B., &c.

Ballybrack, March 31, 1876.

Subscriptions received in response to our suggestion :—

Dr. Mayne...	£1	1	0
Dr. Ringwood, Kells... ...	2	2	0
Dr. Jackson Cummins, Cork ...	1	0	0
Dr. West, Rathmullen ...	1	0	0

Literature.

FOOD: ITS ADULTERATIONS, AND THE METHODS FOR THEIR DETECTION. (a)

FROM Dr. Hill Hassall's well-founded reputation the present work was looked forward to with much expectation. These expectations are not disappointed, and the work is one not only highly instructive, but also readable and interesting. It is illustrated by upwards of 200 wood engravings, all well done, and some very good indeed. These engravings are of the greatest utility in conveying to the reader's mind a clear conception of the different matters described, and in demonstrating the services rendered by the microscope in the detection of adulterations. The waters examined in 1851 present a curious collection of material in them, and for the sake of water-drinkers, it is to be sincerely hoped that nothing of the kind is to be found in the waters of our great companies now.

In describing tea, coffee, and cocoa, the primitive structure of the genuine article is given in engravings, and described in the text: and then the different forms of adulterants are similarly given. This section demonstrates great ingenuity on the part of those who do the adulterating, especially in China, though the practice is far from being confined to the Celestials. Coffee is adulterated with ground beans, chicory, mangel-wurzel roots dried, acorns and other innocent materials; but there does not appear yet to be any scheme for making artificial coffee berries. Consequently by grinding coffee berries at home a cup of genuine coffee is still procurable. Chicory is itself largely adulterated. Sugar, it would appear, is apt to be a very nasty article if not refined; and one single pound of raw sugar has been found to contain 268,000 acari. The list of agents used to colour sugar in confectionary contains an alarming series of poisons, though some of the agents are innocent enough.

The different kinds of cereals, their preparation for the food of man, the adulterations used, the insects and fungi which infest flours, form some interesting reading. The ear-cockle, purples, or peppercorn (*vibrio tritici*) is an animalcule whose tenacity of life is very remarkable. The blighted grains are filled with a cotton-like substance and contain no flour. This substance is composed of myriads of eel-shaped animalcules, which, as soon as moistened with water, exhibit the most active movements. A most extraordinary circumstance connected with these animalcules is that they may be so perfectly dried that on the slightest touch they break up into powder, and yet, when moistened, they will revive, and become as active as at first. This operation may even be repeated several times before the vitality of the animalcules is finally destroyed.

A chapter is devoted to proprietary alimentary preparations, in which the glamour which hangs round them is rudely disturbed; and we should strongly recommend those who put their faith in these articles to leave Dr. Hill Hassall's book alone, otherwise their confidence might be shaken severely.

Milk of course is considered at much length, in a chapter well deserving of attentive perusal. The methods of adulterating butter are various; other fats, water, starch, but not ground flints or Thames mud, as have often been affirmed, are the agents used. Inferior salt butter is transformed into fresh butter by the following process: "Salt butter of very inferior quality is repeatedly washed in water in order to free it from the salt. This being accomplished, the next process is to wash it frequently with milk, and then to add a small quantity of sugar." Cheese is adulterated with potato starch, bean-meal, animal fats, and various objectionable colouring agents. The "jumpers" in cheese are very active animals, we all know; but the information afforded that Swammerdam once saw one jump out of a box six inches deep is rather startling.

Potted meats at one time had an unenviable reputation, but now they are very fairly what they are represented to be. The intense red given by Armenian bole is now no longer in demand. Horseflesh, it would appear, is valuable in the making of large sausages and polonies. It keeps them hard, and so they last better, if not sold; without it sausages run to water and become soft and pulpy.

Preserves offer great facilities for adulteration, while green preserves, like pickles, are artificially deepened in colour by the use of copper. Green bottled fruits are especially liable to such treatment. Spices, mustard, pepper, ginger, curry &c., are all subject to adulterations, which are readily revealed by the microscope. Vinegar also is commonly adulterated. Sauces, now in such common use, are not always free from objectionable constituents. It is written, "The only effectual remedy against certain of the adulterations of the sauces, especially the fish sauces, consists in their preparation at home." We must say, after careful perusal of this book, that it seems a little hard on the fish sauces to be singled out in this way, for there does not seem to be any particular reason for having them made at home more than other things, for the agents used in their adulteration are innocent—that is, if the bole Armenian is itself pure.

Malt beverages offer a fine scope for the dishonest trader, and as some also are sold at the price they are bought at from the brewer, a little mixing is the only

(a) "Food: its Adulterations, and the Methods for their Detection." By Arthur Hill Hassall, M.D. Lond., Physician to the National Hospital for Diseases of the Chest, &c. Longmans, Green, and Co. 1876. Pp. 884.

means by which a profit can be secured. This section of the work is very interesting, but the impression conveyed by its perusal is very decided in favour of having beer from trustworthy sources, and equally decided against promiscuous beer-drinking at taverns. It would appear, however, that drinking bitter beer is not so certain a method of taking strychnia as is generally supposed. Wine is subjected to very horrid practices, especially the means resorted to in the treatment of Burgundy, which rather sets one against that delicious and exhilarating beverage.

In the making of artificial port, cider takes a prominent part, and it would appear that the port wine so frequently ordered for invalids for its tonic properties is very apt to be a mixture of cider and vegetable astringents with brandy. It is written: "Great and scandalous tricks are played with the English gentleman's favourite after-dinner beverage."

In the distillation of spirits the great and chief objectionable agent produced is fusel oil. This is not added intentionally, but is produced by careless distillation, and it is a costly process to get rid of the vile fluid. There are various means of getting rid of it, but no cheap spirit is free from this unpleasant constituent. Doubtless the effects of intoxication in low neighbourhoods are due to some extent to the fusel oil in the spirits consumed there; the intoxication of bad spirits is of a wilder and more delirious character than that of pure alcohol.

A chapter is devoted to the utensils employed in the preparation and storage of food, and then follows a general summary of adulterations, the work closing with the Act for the sale of food and drugs. In conclusion, we may say that this work is one which ought to have large sale, for it contains a great deal of information on a very interesting subjects, the matter is well arranged, and the style is readable and attractive.

A GUIDE TO THE MICROSCOPICAL EXAMINATION OF DRINKING WATER. (a)

Dr. Macdonald, who is known to the profession as a competent microscopical observer, as well as a Professor of Hygiene at Netley, has furnished, for the use of officers of health and naval and military officers who have to determine the nature of the suspended matters in water used for dietetic purposes, "a guide to the microscopical examination and identification of the world of organic life met with in the rivers and streams of this country. Whatever may be the conclusions arrived at as to the sanitary import of the innumerable suspended matters in drinking water, it cannot be doubted that officers of health should be prepared to state what they are, and at the same time show some acquaintance with the natural history of the vegetables and animals which the microscope presents to view. The author has furnished a number of pen and ink drawings of the various creatures, to assist in their identification and classification; and although his plates cannot pretend to the fulness and delicacy of those to be found in many microscopical works at the present day, some artistic effect has been preserved, and they will answer the purpose intended, that of assisting in the work of the medical officer of health.

No attempt has been made by Dr. Macdonald to link together particular forms with special effects; he believes this scarcely possible at present, except in a limited extent, and because "there are numerous living creatures found in drinking water of which no good evidence of their hurtful action has been adduced." Much importance is however attached to them as showing the presence of organic impurities which serve as pabulum, or as indicating a source of putrefaction. These are points which seriously deserve the attention of those engaged in sanitary work, and whose duty it is to protect the public health.

In a brief introductory chapter, Dr. Macdonald explains the method of collecting sediments and the powers necessary for the recognition of the minuter forms of life under the microscope. He assures us that the true bacteria and filamentous algæ require the very highest powers of the instrument for their elucidation, while for the detection of some of the germs and matters suspended in water immersion lenses are necessary. In a work of the kind, we could have wished to see more space devoted to this part of the subject, and the examination of special samples of drinking water, and less to the classification of objects; nevertheless, those for whom the work has been designed, and young naturalists in particular, who are beginning to study and investigate the world of waters, will find much useful information.

(a) "A Guide to the Microscopical Examination of Drinking Water" By J. D. Macdonald, M.D., F.R.S., &c. J. and A. Churchill. 1875.

THE NATURE OF LIGHT. (a)

This translation of Professor Lommel's lectures "On the Nature of Light" forms the nineteenth volume of the International Series of Messrs. King and Co. The list of works already issued is a goodly one, and cannot fail to command a large sale, both from their general excellence and from the low price at which they are published. We may expect the "International Series" to extend the growing interest in scientific pursuits. With special reference to Lommel's treatise, we have no doubt, from the dearth of books on the subject of which it treats, that it will become a useful manual. We are nevertheless of opinion that the publishers would have experienced no great difficulty in finding a lecturer on physics in this country who could have furnished a more complete treatise on the nature of light, and we venture to think in some respects better adapted to the wants of the English student in science. A translation, however well it may be done, is sure to suffer from a difficulty in fully comprehending the author's meaning. In the present volume inaccuracies occur which fully bear out this remark. For instance, at page 223 we read, "The intensity (or energy) of light depends on the *liveliness* of the vibrations." This word is repeated in a place where it seems to express quite another meaning. Again at page 250 we have, "Glowing fluids between the molecules of which the force of cohesion still exists." This somewhat unintelligible description certainly does not apply to elastic fluids, gases, and vapours. In other parts of the book words are employed which are not in ordinary use in English schools of science, as "fasciculous of rays," and "consistence of the chord," and probably neither of these expressions convey the exact meaning of the author, nor possibly will they be rightly understood by the student. These, however, are minor defects; on the whole the explanations are clear and exact, and the author is to be commended for not having embarrassed his readers with mathematical reasonings, which are omitted in the text, and simply given in an elementary form as an appendix at the end of each chapter.

The laws of reflexion, refraction, dispersion, and absorption of light occupy the first fourteen chapters, and which are demonstrated by experimental proof without reference to any theory of the nature of light. This comes forward prominently for the first time in the fifteenth chapter, in discussing Fiesnel's mirror experiment. The conclusion arrived at is of course in favour of what is now the accepted one—the undulatory theory. This chapter is clearly written, and nowhere have we met with so simple and intelligible an experiment to illustrate the formation of the rainbow than that presented in page 122. The application of lenses to the construction of optical instruments is briefly explained; and the different dispersive power of bodies is shown by comparing the spectra given by crown and flint glass, and wherein it is seen that although the total dispersion—that is, the length of the spectrum—is exactly the same, the mode of dispersion is different. By the position of the Fraunhofer lines in the two spectra, "it is rendered evident that the less refrangible rays are more closely approximated by passing

(a) "The Nature of Light, with a General Account of Physical Optics." By Dr. Eugene Lommel. London: Henry King & Co. 1875.

through the flint glass, whilst the more refrangible are separated further from one another by the crown glass." The treatise being wholly devoted to the consideration and investigation of the laws of light, *physical* optics, *physiological* optics, or the science of optics as applied to the phenomena of vision, has no place in its pages. Nevertheless, Professor Lommel's lectures will be found very useful to the student undergoing a scientific training and a preparation for a degree in science.

ROYLE'S MANUAL OF MATERIA MEDICA. (a)

It is nearly eight years since the last edition of "Royle's Manual of Materia Medica," edited by the late Dr. Headland was published, and this, the sixth edition, now comes before us under the editorship of Dr. John Harley. On comparing the last with the present edition, we find on every page evidence of the most careful supervision; in fact, the two works are wholly dissimilar. The botanical details, so characteristic hitherto of Royle's book, have been in great part eliminated, but still sufficient has been retained to meet the wants of the student in this respect. We confess to a feeling of disappointment that greater space has not been given to therapeutics, and to the consideration of the physiological action of medicines. It was, we think, to be expected of the talented author of "The Old Vegetable Neurotics," that he would give us a work pre-eminently characterised by richness in therapeutical details. Not only can this not be said of the present work, but a comparatively meagre account is given even of Dr. Harley's own valuable researches. On the other hand, the chemical and pharmaceutical portions of the work are full and accurate. We have looked in vain for any mention of coca, eucalyptus globulus, gelseminum, or monobromide of camphor, all of which have of late attracted no small amount of attention.

We read in the preface:—"Those who look for the results of experiments on mutilated animals in the following pages will not find them." If Dr. Harley implies by this sentence censure of unnecessary, irresponsible, or incompetent experimentation on the lower animals, we are wholly in accord with him; but if we are to understand that he would discountenance the subjection of the lower animals to all experimental research, we must enter an earnest protest *contra*. We are not "humane" enough to select man in preference to the lower animals when for the first time we desire to investigate the action of an agent of unknown properties.

Harley's edition of "Royle's Materia Medica" is, on the whole, a good work, carefully compiled, copious in matter, accurate in details, and one which we would confidently recommend to students and practitioners.

SLEEP AND DREAMING.

Professor Ferrier, of King's College, last week delivered a couple of interesting lectures on Sleep and Dreaming before a crowded audience at the London Institution. He commenced by observing that it was unnecessary to define what was meant by sleep and dreaming, seeing that the phenomena were so familiar. Nor did he think it necessary to take up time with an historical account of the speculations respecting the nature of these phenomena, nor of the fancies with which poetic imagination had clothed them. His object was principally to endeavour to reduce the phenomena of sleep and dreaming to the operations of strict natural laws. In order to do so it was necessary first to consider some of the laws and conditions of activity and repose in general. No living being is capable of continuous, unintermittent activity. All work implies waste, and the possibility of continuous life and activity necessitates, as a postulate, the constant repair of the waste of action. During active work the process of waste is in excess of the process of repair; hence if action is kept up a period comes when the stores of energy are expended. In action rest or repose follows, during which the waste is again repaired or made good, and the duration of this period of inaction will depend on the rate at which the process of repair proceeds. Illustrations of these general principles were given, the phenomena of the simplest organisms, such as the amæba, were considered, and it was shown that when such organisms were stimulated to constant and prolonged activity, as by heat, they after a time became exhausted and inactive, and remained quiescent until sufficient nourishment was again absorbed to repair the waste. What was true of amæba was true of the body in general and its various parts, for the body, in ultimate analysis, in reality consists of elements similar to amæba, or modifications of these, each with its separate life, but all working together to constitute the general life of the body. The various organs and tissues had, however, their own vitality, and within certain limits, were capable of action and inaction independently of that of the body as a whole. The muscles could not be kept in constant contraction. Exhaustion came on, and ultimately refusal to react to any stimulus which might be applied. This was well exemplified by the facts observed when the muscle of a frog was stimulated by the electric current applied to the nerve. The contractions became feebler and feebler, and ultimately ceased, the muscle becoming thoroughly exhausted. During the period of inaction, or sleep of the muscles the wasted tissues were again restored, the period of rest depending on the degree of exhaustion. What was true of the muscle was true, *mutatis mutandis*, of the organs of digestion. Some organs seem to be in a state of constant activity, and therefore might be thought to be exceptions to the general law laid down. This, however was not so, for in reality these organs, the heart and respiratory organs, were not in a state of constant, but of rhythmical activity, a period of action being followed by a pause or rest. The only difference between the heart and the voluntary muscles was that the periods of action and inaction of the heart were short, and followed each other in quick succession. In fact, if the pauses of the heart were all summed up and put together, it would be found that the heart rested or slept eight hours out of the 24, the sleep being in the proportion of one-third as compared with the hours of action or work. The brain, the organ of conscious activity, was kept in constant action during the day for many consecutive hours, and therefore it was necessary that there should be a correspondingly prolonged period of relaxation from action, and repair of the brain waste conditioned by all thought, solution, &c. The rest of the brain was sleep *par excellence*, but, in addition, sleep was the period during which the repair of the excess of waste over nutrition in the body generally occurred, in so far as it had not been made good during the day. This was proved experimentally by the researches of Pettenkofer and Voit, who showed that, in reality, more oxygen in the form of carbonic acid, &c., was given off during the day than was taken in, and it was during sleep that the excess of oxygen was stored up as a reserve fund against the possible needs of the following day. The relation of the duration of sleep to the period of action and its modifying circumstances were also considered, and a parallel drawn between the average duration of sleep and the rest of the heart. The physiological condition of active exertion on the part of any organ is an active circulation through it. The local increase of the circulation, or local hyperæmia, was brought about through reflex dilatations of the blood vessels, effected by the organs or tissues themselves. Muscles in a state of action drew a much larger supply of blood than when quiescent; so, also, the stomach during digestion. The same was observed in the brain during active thought. This had been demonstrated by direct experiment, and it was also shown indirectly by the fact that when a large amount of blood was draughted off to any one particular organ, there was an impoverishment of the circulation elsewhere. Hence deep thought, necessitating a large supply of blood on the brain, was unfavourable for digestion. Also, in deep thought the circulation became feeble in the extremities, hence cold feet, &c. In sleep the brain is anæmic. This has been shown by Durham, Hammond, &c., by way of direct experiment. This is proved, also, indirectly by the greater quantity of blood which circulates in the skin and extremities during sleep. Hence the danger of catching cold during sleep, because there is a greater radiation of heat from the skin. Whatever tends to abstract blood from the brain favours sleep. Hence digestion tends to cause sleep, as do hot drinks, &c., by drawing the blood supply from the brain to the stomach. Conversely, whatever tends to keep up the activity of the brain cells and the cir-

(a) "Royle's Manual of Materia Medica and Therapeutics." Sixth Edition. Edited by John Harley, M.D., F.R.C.P., &c. London: J. and A. Churchill, 1876.

culation tends to prevent sleep. This, therefore, is the effect of any stimulus applied to the senses, sights, sounds, thought, anxiety, &c. The opposite favours sleep. Hence night is the period of sleep, because sources of disturbance or stimulation of the organs of sense is diminished or altogether lulled. Uniformity of impression practically is the same as no impression at all; monotony, or uniform rhythm, tends to produce quiescence and predisposition to sleep. The commencement or cessation of the impression is the real stimulus, and therefore a person will awake suddenly when a constant sound is suddenly stopped.

Professor Ferrier's second lecture on Dreaming was scarcely so happy as that on Sleep. He maintained, however, that dreams are but the results of the partial activity of the brain, when the organs of attention are at rest. The most overworked functions rest first, and therefore the consciousness due to the least hard-worked parts of the brain often goes on, when the will, and what is due to will, is in complete quiescence. But, if this be so, how is it possible to explain the very common power of waking at any given time a person wills the night before? If the functions of attention are those which take the most profound rest, how is the mind aware that the hour on which the attention has been fixed before going to sleep has arrived? There are many things in this complicated structure of man that still will puzzle and confound the most subtle reasonings of the physiologist and philosopher.

Obituary.

IN MEMORIAM.—DR. LETHEBY.

THE numerous pupils and friends of the late Dr. Letheby will receive the news of his death with profound regret. He had long held a foremost position as a toxicologist and sanitarian, as well as a teacher of chemistry. Throughout a lengthy and honourable career he was closely associated with the London Hospital, where, many as have been the able and successful teachers, few have been privileged to continue their labours over a period of so many years; and few teachers in any school can have been greater favourites with students.

An intimacy of nearly a quarter of a century being unexpectedly terminated by his death, the shock seems sudden enough to deprive his pupil, colleague, and friend of the power to pen a few lines in his memory. Yet even thus early comes an invitation to write something about him, and affectionate admiration urges compliance, though the effort must be made amidst physical pain and weakness.

Dr. Letheby looked much younger than his years. He produced the impression of a man in his fullest vigour, both mental and bodily. Until quite recently, those who had not seen him for intervals of several years perceived no difference in his appearance, while many of his friends could scarcely realise that he had passed his 59th year.

He had, however, for several winters suffered from bronchial attacks, but change of air and repose seemed on each occasion to renovate him, and he returned to work with the characteristic energy which seldom failed to communicate his enthusiasm to those around him. Some of his friends occasionally feared that these attacks might become more serious, and would, perhaps, have willingly seen him relax a little more; but last winter he was better than during the preceding year. On the occasion of the Queen's late visit to the London Hospital he caught cold, but the attack seemed less severe than many from which he had easily rallied. Indeed, his recovery was confidently expected until within a short period of his decease, when extension of inflammation to the lungs took place and soon brought about the fatal issue.

At an early period Dr. Letheby lectured on comparative anatomy, and some specimens which he prepared are still in the museum of the London Hospital College. He also engaged in medical practice, but he soon gave himself up to chemistry and medical jurisprudence, in which he rapidly became *facile princeps*. At that time it was more common than it is now for barristers to indulge in brow-beating witnesses, and a certain Serjeant was notorious for this practice. In one of his first appearances Letheby was cross-examined with unusual severity by this very barrister, who had, it was said, already "annihilated" one or two witnesses. But the young expert, with the imperturbability of the most experienced, completely baffled the brow-beater, and his reputation was from that day established as a witness not to be trifled with.

His practice as an analyst and toxicologist was now steadily increasing. He also wrote critical reviews and other articles for higher-class journals, and that on various branches of science, for Letheby was not a chemist only, but possessed a profound acquaintance with a very wide range of subjects. At the same time he gave popular lectures at various institutions, and these were always attended by crowded and admiring audiences.

In 1846 he published in the *Lancet* a series of papers on the "Mode of conducting Post-mortem Examinations in Cases of Suspected Murder;" and these were followed by a course of lectures on "Practical Toxicology" in the *Medical Times*, 1848-50. From this time numerous articles of his continued to appear in the various medical and chemical journals on questions of legal medicine, toxicology, public health, and chemistry. On the resignation of Mr. Simon he was elected (1856) Medical Officer of Health for the City of London, in which capacity his annual reports were issued, and were regarded in all directions as most valuable contributions to sanitary science. It was, we believe, as much on account of these as of his chemical researches that a German University sent him the honorary degree of M.A. and Ph.D. Long before (1843) he had graduated as M.B. at the University of London. Some two or three years ago he resigned the City office, through which he was most known to the public. He had for years been the adviser of several of the gas and water companies, and perhaps no one equalled him in his special knowledge of this department of chemistry. When the Board of Trade appointed a chief gas analyst the post naturally fell to him, and he ceased of course to be the referee of any company. His work on the "Chemistry of Artificial Light" is well known to all interested in the subject, though it contains but a small part of his great and accurate knowledge of everything relating to it. He published regularly a weekly analysis of the metropolitan waters for the Association of Medical Officers of Health, of which he was elected President two years ago. Only last winter the MEDICAL PRESS AND CIRCULAR published in full an important paper on "Noxious Trades," which he read before the Association. His other papers, contributed to learned societies and journals, are too numerous to name here, but we may mention two which became important books. He delivered the Cantor Lectures before the Society of Arts in 1868, his subject being food. These lectures were published *verbatim* in the MEDICAL PRESS AND CIRCULAR, as well as in the *Journal of the Society of Arts*. The following year they were collected in a volume "On Food," which was soon out of print. Happily the author snatched time from his numerous avocations to revise a second edition, which appeared in 1872. The other work to which we have alluded is entitled "The Sewage Question." This also first appeared in the MEDICAL PRESS AND CIRCULAR, being a series of reports on all the sewage farms in the kingdom. These reports were first projected in a conversation between Dr. Letheby and the writer of these lines, and intended to be a joint production of these and a third writer. Dr. Letheby's earnestness, however, when once he had begun, carried on the work so actively, that the book may be looked upon as his own. It is full of analyses, and contains information based on his visits to the several sewage farms. When these reports were collected into book-form, the sheets were carefully revised by Dr. Letheby.

As a lecturer, Dr. Letheby was always popular. This was the natural effect of the fulness of his knowledge, his

forcible manner of teaching, his apt illustration, and his apposite experiments. Some men appear to lecture only to explain their experiments. Letheby always seemed to perform an experiment as an additional illustration of what he was inculcating. In his lectures even a familiar experiment seemed as if it had been designed on purpose to prove or illustrate the truth he was teaching, and then—his experiments never failed. Whether from carelessness or nervousness, there are some lecturers whose experiments are so often unsuccessful that in listening to them it is difficult to get rid of the feeling that there is some uncertainty about their teaching. With Dr. Letheby a single experiment seemed so naturally to grow out of the subject and decide it, that no doubt was admissible. As a chemist, sanitarian, and toxicologist, he has left much work behind him, but not enough to show how great was the personal influence he wielded beyond that which was derived from his exact and extensive knowledge, his untiring energy, his manly independence, and his fearless expression of his convictions when he felt called upon to state them. Some there may be who may fancy that at times he was severe. Let them remember that a man who endeavoured to allay the terror inspired by the early epidemic of cholera by exposing himself in every possible manner, to show that it was not contagious, was not likely to express in doubtful terms opinions he deemed of importance to the community.

As a friend, alas!—as a friend, his genial smile and hearty welcome will no more cheer the many with whom their memory must remain. Only his friends can realise the blank caused by his removal. To his bereaved widow the sincere sympathy of his friends must seem as inadequate a consolation as their deep regrets are a dim reflection of his worth.

P. J.

THE DUBLIN LOCK HOSPITAL.

The election of a surgeon to the Lock Hospital, Dublin, in the room of Dr. Morgan, took place on Saturday last, and was regarded with much interest by the profession in Dublin. The candidates were Drs. Macnamara, Mapother, Martin, Peele, Meldon, Thompson, Tweedy, and others less known; and the choice lay in the Board of Governors, consisting of twenty laymen. The contest, we understand, lay, after a preliminary division, between Dr. Macnamara and Dr. Martin, the former of whom was eventually elected. The choice which the Board has made will be unanimously approved, inasmuch as Dr. Macnamara's surgical character rests not a little on his experience in the treatment of stricture and venereal diseases.

THE COLLEGE OF SURGEONS OF IRELAND AND MR. GIBSON'S BILL.

The *Medical Times and Gazette* states in its publication for April 1st that the Royal College of Surgeons is about to petition against Mr. Gibson's Bill for the throwing open of Irish County Infirmary Surgeoncies to all qualified practitioners, and for putting on the Medical Register the State Medicine degree of Dublin University, and is of opinion that such "proceeding cannot but be regarded as ill-advised and injudicious, for the maintenance of such a monopoly (as that of the County Infirmaries) is utterly opposed to the spirit of the times, and must react on the College."

Our contemporary is misinformed. The Council of the College did petition against Mr. Gibson's Bill, without giving specific reasons, but the moment that Mr. Gibson undertook to introduce a clause to make the State Medicine degree registrable only *after* qualifications to practise, the College at once withdrew it opposition, thus showing that it did not choose to contest the question of the County Infirmary Surgeoncies, and that its opposition had nothing to say to the proposed infringement of the monopoly now enjoyed by the College.

The Council at the College deserve credit for their straightforward action in the matter, for they might—at least—have made Mr. Gibson's task a hard one, and they were not without good reasons why the qualification of County Infirmary Surgeons should remain exclusively with the College. We think the Council has acted properly; nevertheless the question was opened to argument.

RICHMOND WATER SUPPLY.

The town of Richmond on Thames determined some months ago to secure for itself a pure water supply, and this it appears gave offence to vested interests in dirty water. The oppressive conduct of the Southwark and Vauxhall Water Company, in having for several years supplied unfiltered water to the town, and lately greatly increased the charge for the same, could no longer be endured. The vestry, with praiseworty zeal and care for the health of the town, came to the rescue, and last year obtained a commission of inquiry into the water supply. Many eminent men were examined, and showed that the two most disgusting impurities revealed by the microscope in Thames water, as delivered by the Southwark and Vauxhall Water Company for dietetic purposes, are the fibres of partially digested meat and of variously coloured fibres of cotton rags. The presence of these in Thames water clearly indicated the two chief kinds of insoluble polluting matter, although chemical analysis cannot always trace to its sources the dissolved animal and vegetable impurities which it finds accompanying these insoluble materials. Nevertheless such impurities though not always offensive to the senses, are from a sanitary point of view of a very dangerous character, and therefore the Commissioners had no difficulty in coming to the conclusion that Richmond should be permitted to obtain a pure spring of water which Nature has stored up in the adjacent hills. The Vestry thereupon applied for powers to sink wells and find a better and cheaper supply for the town. This proved too much for the Directors of the Southwark and Vauxhall Water Company, and last week they applied for an injunction to restrain the vestry from proceeding with their works. Fortunately for Richmond, they were frustrated in this attempt. The vestry, in the interest of the inhabitants, disputed the right of the Southwark and Vauxhall Company to dole out bad water at an increased rate, and to force them to drink it to the danger of health.

The Vice-Chancellor took the same sensible view of the question, and in giving judgment, said "it was not to be supposed that because Richmond had tolerated water abounding in living organisms for ten years that they should be for ever debarred and stopped from saying that they would rest quiet no longer."

The German Hospital.—The thirty-first anniversary dinner of the German Hospital, Dalston, was held last night at Willis's Rooms, under the presidency of his Excellency Count Münster, the German Ambassador. The company numbered

about two hundred. The Chairman, in proposing "Prosperity to the German Hospital," observed that it had existed for 31 years, and had gone on increasing in prosperity, and that the numbers of those whom it had relieved last year (in-patients 1,327, out-patients 18,206) had been greater than in any previous year. He was glad to say that English hospitals never refused admission to a foreigner who had a recommendation; but in a German hospital, their countrymen had doctors and nurses who spoke their own language—they breathed, as it were, their native air, and this did more for them than medicine. The receipts last year were £9,669, expenditure £8,061, leaving a good balance in hand. Additional contributions announced by the Secretary amounted to £4,162, including £200 from the Emperor of Germany, £25 from the Duke of Edinburgh, and £50 from the King of the Belgians.

A Medical Missionary Society.—One of the most interesting meetings we attended, remarks the *Leisure Hour* for April, was an institution of which Edinburgh may well be proud—the Medical Missionary Dispensary. There is a dispensary open in the Cowgate for the relief of disease, managed by some of the leading medical men, clergy, and gentlemen of the city. The effort is to combine religious healing with medical. Kind ladies come and read suitable books, as well as the Bible, to the patients as they wait for attention. The students admitted there are learning to combine medical skill with missionary work. In Edinburgh they connect with their visits and physical inquiries, suitable inquiries as to the religious condition and welfare of those who seek their help. After this training they go forth under the patronage of a society as medical missionaries of the Cross to foreign lands, as to China, India, Japan, Africa, Syria, and other parts. Some of these men have been singularly useful in both departments of labour. As a memorial of the great African explorer and philanthropist, David Livingstone, a college or institution for the special training of medical missionaries is now being founded.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

The "Obstetrical Journal."—Messrs. J. and A. Churchill present their compliments to the Editor of the Medical Press, and in sending him No. 37 of the *Obstetrical Journal* desire to say that it now enters upon its fourth year of publication, and with it a change of editors. Up to the present time Dr. Aveling has been the editor, but increasing professional engagements have obliged him to resign the position, and the Journal will in future be conducted by Dr. Galabin, Assistant Obstetric Physician to Guy's Hospital. The *Obstetrical Journal* is the only one published in this country which is exclusively devoted to the consideration of obstetrics and gynæcology.

Dr. Habershon will continue his lectures at the Royal College of Physicians of London this day and on Friday, at 5 p.m. Subject: "The Pathology of the Pneumogastric Nerve."

Mr. Cripps Lawrence will read a paper before the Harveian Society to-morrow evening, at 8 p.m., "On the Etiology and Treatment of Scrofulous Ophthalmia."

Communications, Enclosures, &c., have been received from—Dr. Billing, London. Dr. Day, Geelong. Dr. Day, London. Dr. Wise, Norwood. Dr. Palfrey, London. Mr. G. R. Jesse, Macclesfield. Dr. Hoggan, London. Mr. Sewill, London. Dr. Mulligan, Abersychan. F.R.C.S., Birmingham. Mr. Peacock, Scarborough. Professor Humphry, Cambridge. Mr. Jabez Hogg, London. The Secretary of the Royal Society. Mr. W. A. Ellis, Tipton. Mr. Forbes, London. Dr. Cornelius Fox, Chelmsford. Dr. Crombie, London. Dr. Madden, Sutton. Mr. Crew, London. Mr. Alfred Cooper, London. Dr. Downes, St. Leonard's. Dr. Wheeler, Dublin. Dr. Ashburton Thompson, London. Dr. Robert Owen, Beaumaris. Dr. Percival, London. Dr. Ormsby, Dublin. Dr. Bayes, London. Dr. Cornish, Modbury. Mr. J. T. Ashton, London. Dr. Shackleford Husbands, Bosworth. Dr. John Drysdale, Liverpool. Mr. Thos. Miller, Tavistock. Dr. J. J. Johnstone, Brompton. Dr. Ashenden, Hastings. Mr. Meadows, Hastings. Dr. Price Roberts, Rhyl. Mr. A. Crisp, Martham. Dr. C. P. Symonds, Ormskirk. Mr. Redman, Manchester. Mr. Norton, Ventnor. Dr. James, Kensington. Dr. Martin, Portlaw. Dr. Haughton, Dublin. Dr. Leishman, Glasgow. Dr. Williams, London. Dr. Gwydir, Longford. Dr. Galway, Mallow. Dr. Lynch, Williamstown. Dr. Bryans, Pettigo. Dr. Luther, Cappoquin. Dr. Hearn, Bawnboy. Dr. Duffy, Dublin. Dr. Tuckey, Castletownroche. Dr. Meldon, Dublin. Dr. Kavanagh, Limerick. Dr. Mullally, Templemore. Dr. Roche, Listowel. Dr. Lawless, Dublin. Dr. Hemphill, Clonmel. Dr. Duncan, Ballybrack. Dr. O'Brien, Bansha. Dr. Forsayth, Templemore. Dr. Kelly, Ballinrobe. Dr. Fisher, Portarlington. Dr. Browne, Belfast. Dr. Davison, Armagh. Dr. Leader, Millstreet. Dr. Atthill, Dublin. Dr. Anthony, Dungarvan. Dr. Langan, Longford. Dr. Gamble, Enniskillen. Dr. Hayes, Shanagolden. Dr. Kelly, Ballindine. Dr. Dorman, Kinsale. Dr. Kennedy, Dublin. Dr. Braithwaite, Leeds, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Mr. Plimsoll's pamphlet on Shipping Legislation.

Consumption. By J. A. Ross, M.D. London: H. Renshaw.

The Contagious Diseases of Animals. By George Fleming, F.R.G.S. London: Bailliére, Tindall, and Cox.

Clinical Studies of Diseases in Children. By Eustace Smith, M.D. London: J. and A. Churchill.

Evidence given before the Royal Commission on Vivisection. By George R. Jesse.

Transactions of the Obstetrical Society of London. Vol. XVII. London: Longmans, Green, and Co.

Reproductive Disorders, Spermatorrhagia, &c. By a Court Physician. London: H. K. Lewis.

New York Medical Journal. Canada Lancet.

The Induction of Sleep. By J. M. Crombie, M.D. London: J. and A. Churchill.

Landmarks, Medical and Surgical. By Luther Holden, F.R.C.S. London: J. and A. Churchill.

The Practice of Surgery. Vols. I. and II. By Thos. Bryant, F.R.C.S. London: J. and A. Churchill.

Obstetrical Journal of Great Britain. The Veterinary Journal. La France Médicale. La Presse Médicale Belge. New York Medical Record. Students' Journal. Glasgow Medical Journal.

APPOINTMENTS.

Cameron, C. A., L.K.Q.C.P.I., F.R.C.S.I., Ph.D., Public Analyst for the County of Down.

Campbell, W. M., M.D., Surgeon to the Liverpool Northern Hospital.

Chabôt, H., M.R.C.S.E., L.S.A.L., Medical Officer to the Camberwell Workhouse Infirmary.

Davies, H., L.R.C.P.L., M.R.C.S.E., L.S.A.L., reappointed Medical Officer for the Llansamlet District of the Neath Union.

Hibberd, H. J., M.R.C.S.E., L.S.A.L., Medical Officer for Nos. 5 and 8 Districts, and Medical Officer to the Workhouse, of the Woodbridge Union, Suffolk.

Longbotham, G., M.R.C.S.E., L.S.A.L., Medical Officer for No. 2 District of the Middlesborough Union.

McKenzie, R. F., M.B., L.R.C.S.Ed., Medical Officer for No. 1 District of the Middlesborough Union.

Pearson, T. R., M.D., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for No. 3 District of the Middlesborough Union.

Pegge, C., M.R.C.S.E., and L.M., L.S.A.L., Medical Officer for the Britonferry District of the Neath Union.

Sterling, R., L.R.C.P.Ed., L.R.C.S.I., L.M., Medical Officer, &c., for the Knocktopher Dispensary District of the Thomastown Union, co. Kilkenny, Sanitary Inspector for the Knocktopher Sub-District of the Thomastown Rural Sanitary District, and Medical Attendant to the Royal Irish Constabulary.

Wright, E. A., M.B., C.M., House-Surgeon to the Huddersfield Infirmary.

Birth.

Norris-Cane.—On the 17th ult., at Mullinavatt, the wife of Dr. J. B Norris-Cane, of a son.

Marriage.

Kesteven—Flint.—On the 28th ult., at the parish church, Croydon, W. H. Kesteven, M.R.C.S., of Tufnell Park Road, Holloway, to Beatrice, daughter of R. Flint, of Croydon.

Deaths.

Goddard.—On the 26th March, Samuel Goddard, M.R.C.S.E., of Burslem, aged 73.

Jones.—On the 30th March, at 406 Clapham Road, S.W., George John Jones, M.R.C.S.E., L.S.A., late of Prittlewell, Essex, aged 63.

Letheby.—On the 28th March, at Sussex Place, Regent's Park, N.W., Henry Letheby, M.B., Ph.D., &c., aged 59.

Mason.—On the 8th March, at Wyburn Villas, Surbiton, Charles Ignatius Mason, L.R.C.P.L. and M.R.C.S.E., aged 47.

O'Brien.—On the 24th March, at Maidstone, Walter Creagh O'Brien, L.R.C.P.Ed.

Pickering.—On the 22nd March, at the Orchards, Longparish, John Pickering, M.D., for nearly fifty years Resident Medical Officer at the Royal Military College, Sandhurst, aged 87.

Renny.—On the 25th March, at Exmouth, Charles Renny, C.B., F.R.C.S.E., late Surgeon-General Bengal Service, aged 84.

Thompson.—On the 20th March, at Sheffield, Edward Thompson, M.R.C.S.E., aged 67.

Turnbull.—On the 23rd March, at Clevedon, Gavin Ainslie Turnbull, L.R.C.S.Ed., Surgeon-Major, Army, aged 48.

IRISH POOR-LAW INTELLIGENCE.

BOYLE UNION.

At a summoned meeting of the guardians of above union on Tuesday last,

DR. KISBY'S CLAIM FOR FEES FOR VACCINATION PROSECUTIONS was read :—

The Abbey, Roscommon, 16th March, 1876.

Gentlemen,—As you have not favoured me with a reply to my letter of 28th February, I have prepared a civil bill for Boyle Sessions, where the liability of guardians for payment to a medical witness for his attendance in court at their request will be discussed and I hope settled.

I am, Gentlemen,
Your obedient servant,
JOSEPH BURKE.

The Guardians, Boyle Union.

A civil bill was also before the board issued at the instance of the Irish Medical Association on behalf of Dr. Kisby, medical officer of Ballyfarnon Dispensary District against the guardians of Boyle Poor-law Union for the sum of £1 1s. 0d. claimed by him for having attended at Ballyfarnon Petty Sessions on the 22nd October 1875, in proceedings instituted by the guardians against divers persons (defaulters) under the Vaccination (Ireland) Acts.

Clerk—In this case there was a regular sell. I was not at the Petty Sessions. If expense was incurred the Board would have to pay it.

The Chairman said Dr. Kisby had given instances of medical officers having been paid for attending at Petty Sessions to give evidence in such cases ; one of those instances occurred at Kells.

Clerk—Yes, Sir, all that appeared in the MEDICAL PRESS.

Mr. Mullhill—This is the first time a medical officer made such a claim here.

Clerk—If I had been aware of the circumstances I would have attended at the Petty Sessions.

Mr. Mullhall—You will have an opportunity of doing so.

Mr. Devine—Dr. Kisby had not to walk 20 yards from his own house to attend the sessions.

Clerk—He incurred no expense.

Mr. Sharkey—He is not entitled to any expense at all.

Mr. Powell—It was not asked by any of the doctors before, perhaps.

Mr. MacDermot—This matter was fully considered before, and was refused on the ground of no expenses having been incurred.

Mr. Powell—Perhaps he employed a car to cross the road.

After some other remarks the clerk was directed to communicate with Mr. Harkan, and instruct him to defend the case, which will come before the chairman at the Boyle Quarter Sessions on the 31st instant.

THE CORONERS (DUBLIN) BILL.

THIS Bill has been under the careful consideration of the Council of the Irish Medical Association, who have presented to Parliament through the hands of the Hon. David Plunket the following petition for its amendment :—

The Petition of the President, Vice-Presidents, and Council of the Irish Medical Association,

Humbly sheweth,

That your petitioners having considered the provisions of the Coroners (Dublin) Bill, consider that while many of its clauses deserve approval, said Bill is deficient in not providing for competent medical evidence at coroners' inquests, and that it is objectionable in proposing the abolition of one of the coronerships now existing in Dublin.

That your petitioners are aware that in Dublin as well as in other districts in Ireland, in consequence of the vagueness of the wording of the law which regulates coroners' inquests, the testimony of the medical practitioner who has been last in attendance upon the deceased person at the time of death or recently before it, and who would therefore be capable of giving reliable evidence as to the cause of death, is usually withheld from the consideration of the coroners' jury, while a person is called as medical witness who has never seen the deceased person alive, who can have no personal knowledge whatever of the matter, and who frequently testifies as to the cause of death without any post-mortem examination, or any other source of information than an external view of the body and the hearsay statements of other persons.

That the Act 9th and 10th of her Majesty's reign, chap. 37, sec. 32, provides as regards medical evidence that the coroner "shall summon as such witness any legally qualified medical practitioner, being at the time in actual practice, at or near the place where such death happened." The intention of Parliament being, as your petitioners submit, that the medical practititioner acquainted with the circumstances of the death should be heard in evidence, but your petitioners are aware that in Dublin and in certain other districts in Ireland the words "at or near the place" are construed by the coroner to include an indefinite distance, even outside the county, and in Dublin two individual practitioners who possess no special qualification as experts, and who do not reside "at or near the place of death," have been employed by the coroners in all cases to testify as to the cause of death of pessons whom they never saw alive.

That in the case of persons dying in a public institution, or

brought to the same for the purpose of receiving medical treatment, and found to be dead upon arrival, it is usual in Dublin for the body to be removed to the Morgue, and an inquest being held, the medical officer of such public institution who saw and attended upon the deceased person is not called to give evidence, but the testimony of either of the medical practitioners above referred to is taken, who have never seen the deceased before death, and who frequently receive fees for making post-mortem examinations which the testimony of the hospital surgeon would have rendered unnecessary.

That your petitioners respectfully submit that the withholding of the evidence of the medical practitioner who was in attendance on the deceased person immediately before death, or who practises in the immediate neighbourhood, and the substitution for it of the testimony of a person who has no special knowledge of the cause of death, is contrary to public advantage, being calculated to mislead the jury, and indirectly to enable crime to pass unpunished.

That your petitioners, therefore, pray your Honourable House that in this or in any Bill dealing with the law of coroners' inquests in Ireland, amendments may be inserted which will require the coroner to summon as a medical witness the medical practitioner last in attendance on the deceased person, or in his absence the medical officer of the dispensary district or sub-district in which the death occurred; and your petitioners furthermore pray that your Honourable House will not assent to any Bill by which a single coroner shall be charged with the holding of inquests for the whole city of Dublin.

And your petitioners will ever pray.

CARRICK-ON-SUIR GUARDIANS.

FEE FOR EXTRA MEDICAL ATTENDANCE.

Mr. Lawrence, R.O., stated that he paid a fee of two guineas to Dr. Fitzgerald, dispensary surgeon, for his attendance in a very urgent case which came within his duty as relieving officer. The Chairman questioned the power of the relieving officer to pay a fee of two guineas for one visit, and asked the Clerk to read that portion of the Poor-law Act bearing on the case. The Clerk read section 7, 10th Victoria, cap. 31, wherein it was stated the relieving officer had power to employ medical aid in such a case, but no fee was specified.

Chairman.—A guinea ought to be quite sufficient.

Mr. Conolly.—I think so, too. If a man sent for a doctor he would not charge more than £1.

Mr. Lawrence.—The money is paid, and I have done it frequently before.

The board refused to grant an order, believing that a guinea was quite sufficient.

NAAS UNION.

The Chairman then read as follows :—

Naas, 28th March, 1876.

"Sir,—My attention has been directed to a report of the proceedings of the Naas Board of Guardians as published in the *Leinster Express* newspaper of the 11th March instant, in which Mr. Daly (master of workhouse) is reported to have stated that he never knew of the medical officer being called on to attend on cases of midwifery in the workhouse, and that these cases were usually attended by the old women of the house. This statement implies a very serious charge against the nurse directly and against me indirectly, and is of such a nature as in my opinion to call for prompt investigation on the part of the Board of Guardians.

"If Mr. Daly knew that Mrs. Coonan was in the habit of neglecting her duties, and allowing lying-in women to be attended by old women who happened to be in the house it was his duty to have reported to me, which he never did; but I believe it will be found that Mr. Daly's statement with regard to the nurse is incorrect and unfounded.

"As regards myself, I beg to state that if Mr. Daly never knew of my having been called upon to attend on cases of midwifery, he should have known that such occurrences have repeatedly taken place, as can be readily proved, and that on several occasions my attendance was called for, and operations performed successfully.

"F. J. Falkiner, M.B., Medical Officer,
"Naas Workhouse.

"To the presiding Chairman, Board of
"Guardians, Naas Workhouse."

Mr. Driver.—It is his business to attend on those cases.

Mr. Dunne.—And he is well paid for it.

Chairman.—I think you will have to appoint a midwife.

WESTPORT GUARDIANS.

SANITATION.

The Medical Officer reports as follows :—"I have recently inspected the Westport Shambles on several occasions owing to various applications having been made to me as regards the filthy condition in which it is invariably kept. I found on each occasion heaps of filth, rotten fish, and decomposing blood covering its surface, and an odour from it was sufficient to cause a plague among the people living in the locality, particularly in warm weather; and I recommend that the surface be asphalted, with a proper incline to convey the surface water into a drain leading from it, and that the asphalte be washed with water and properly swept every morning."

SWINFORD UNION.

WORKHOUSE COFFINS.

Mr. Peyton complained that a coffin, stated to him to have been supplied by the union, through the relieving officer of Swinford, was so bad and so poor that it had to be tied with ropes to prevent the corpse from falling through (oh, oh).

Chairman—I am very glad to hear you make the complaint, Mr. Peyton. Similar complaints have been made to me, and that even the shrouding was removed (oh, oh, and shame).

Dr. Roughan said the relieving officer was accountable.

Relieving Officer Horkan said he knew nothing about it. He gave no order.

The undertaker said he never supplied coffins in that way; he could show that his were well and decently made

Mr. Peyton said the shrouding was removed. There was none to be seen in the coffin (oh, oh).

The undertaker said he never omitted to supply shrouding.

The matter was to be further inquired into.

PILTOWN DISPENSARY.

A letter was received from Dr. Murhhy, stating that during the last three weeks he had been performing the duties of Dr. Bowers, of Piltown, who, owing to a severe attack of illness, is unable to discharge his duties as dispensary surgeon. Dr. Murphy sought the usual remuneration for such services, but the dispensary committee had refused to grant any compensation. The Act of Parliament having been referred to, it was found that the board of guardians could grant two guineas a week for such services, and after discussion, a motion was passed, without opposition, to pay Dr. Murphy £2 2s. per week. Dr. Bowers has since died.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING MARCH 25, 1876.

Total registered deaths in Dublin and suburbs *			... 204
Ten years average of same week	...	...	... 185
Excess of mortality above average	...	...	... 19
Ratio of deaths, suburb of Rathmines		...	32 per 1,000,
" " " Donnybrook†		...	43 "
" " " Blackrock		...	29 "
" " " Kingstown		...	25 "
" " Entire Dublin district		...	34 "
COMPARATIVE RATIOS—London		...	24 "
" " Glasgow...		...	35 "
" " Edinburgh		...	26 "

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTHS OF FEBRUARY AND MARCH, 1876.

FEBRUARY.

FEB. 1st.—Popham, Thomas Dalton, 42 King Street, Cork, M.D. 1875, and M.Ch. 1875, Qu. Univ. Irel.

3rd.—Morewood, Samuel Rowley, Draperstown, co. Londonderry, Lic. Roy. Coll. Surg. Irel., 1875.

4th.—O'Connor, Michael Roderick, Murroe, Limerick, M.D. 1875, and M.Ch. 1875, Qu. Univ. Irel.

8th.—Yeo, Robert, Frederick, 20 Herbert Street, Dublin, Lic. 1875, and Lic. Mid. 1875, K. Q. Coll. Phys. Irel.; Lic. Roy. Coll. Surg. Irel. 1875.

9th.—Roe, St. George Joseph, Newport, co. Mayo, Lic. Roy. Coll. Phys. Edin. 1876; Lic. Roy. Coll. Surg. Edin. 1876.

11th.—Johnston, Percy Herbert, 2 Park View, Cork, M.D. 1875, and M.Ch. 1875, Qu. Univ. Irel.

11th.—Fogerty, George Joseph, Henry Street, Limerick, Lic. Roy. Coll. Phys. Edin. 1876; Lic. Roy. Coll. Surg. Edin. 1876.

14th.—O'Hagan, Patrick John, Carrickmacross, co. Monhagan, Lic. Roy. Coll. Surg. Irel. 1875, Lic. 1876, and Lic. Mid. 1876, K, Q. Coll. Phys. Irel.

15th.—Christal, John, Benbulben, Grange, co. Sligo, Lic. Roy. Coll. Surg. Irel. 1875, Lic. 1876, and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

16th.—Howe, Jonas, Glouverinane, Kilbrittain, Bandon, co. Cork, Lic. Roy. Coll. Phys. Edin. 1875; Lic. Roy. Coll. Surg. Edin. 1875.

18th.—O'Meara, Michael Aloysius, Bridge Street, Waterford, Lic. R. Coll. Surg. Irel. 1874, Lic. 1875, and Lic. Mid. 1875, K. Q. Coll. Phys. Irel.

19th.—Young, Alexander Thomas, 7 Ardenza Terrace, Monkstown co. Dublin, Lic. R. Coll. Surg. Irel. 1875, Lic 1876, and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

21st.—McCoy, Thomas Joseph, Clare House, Kilcoleman, co. Limerick, Lic. R. Coll. Surg. Irel. 1874, Lic. 1876, and Lic. Mid. 1876, K. Q. Coll. Phys., Irel.

26th.—Browne, Chas. James, Bandon, co. Cork, M.B. Uinv. Dub. 1876.

28th.—Sigerson, George, 17 Richmond Hill, Rathmines,, co. Dublin, M.D. 1859, and M.Ch. 1865, Qu. Univ. Irel. Lic. K. Q. Coll. Phys. Irel. 1875.

MARCH.

MAR. 2nd.—Johnston, Wm. Thomas, Royal Hos. Belfast, M.D. Qu. Univ., Irel., 1875.

4th.—O'Doherty, John Jerome, Buncrana, co. Derry, Lic. R. Coll. Phys. Edin. 1876, Lic. Fac. Phys. Surg. Glas. 1876.

4th.—Griffith, Robert, Cootehill, co. Cavan, Lic. R. Coll. Surg. Irel. 1872, M.B. Univ. Dub. 1874.

6th.—Creagh, James, Mallow, co. Cork, Lic. R. Coll. Surg. Irel. 1873, Lic. R. Coll. Phys. Edin. 1874.

7th.—Russell, George Mark, Mallow Street, Limerick, Lic. R. Coll. Surg. Irel. 1875, M.B. Univ. Dub. 1876.

13th.—Browne, William James, Londonderry, Lic. R. Coll. Surg. Irel. 1876.

16th.—Hartford, Henry Wm., Portarlington, Queen's County, Lic. R. Coll. Surg. Irel. 1875, Lic. 1875, & Lic. Mid. 1875, K. Q. Coll. Phys. Irel.

20th.—Fergus, Samuel, Moy., co. Tyrone, M.D. Qu. Univ. Irel. 1875.

22nd.—Jennings, John Bray, 74 Marton Road, Middlesborough-on-Tees, Lic. R. Coll. Surg. Irel. 1875.

22nd.—Hederman, Wm., Ballinleena, Kilmallock, co. Limerick, Lic. R. Coll. Surg. Irel. 1875, Lic. 1876, & Lic. Mid. 1876 K. Q. Coll. Phys. Irel.

22nd.—O'Connor, John Francis, Fox Hall, Charleville, co. Cork, Lic. R. Coll. Surg. Irel. 1875, Lic. 1876, & Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

22nd.—Browne, Abraham Walter, Killymaddy, Castle Caulfield, co. Tyrone, Lic. R. Coll. Surg. Irel. 1875, Lic. 1876, & Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

23rd.—MacCarthy, Charles Edward De Lacy, 4 Crosthwaite Park, Kingstown. co. Dublin, M.B. Univ. Dub. 1873.

25th.—Woods, Charles Rolleston, Parsonstown King's County, Lic. 1875, & Lic. Mid. 1875, R. Coll. Surg. Irel., M.B. Univ. Dub. 1876.

27th.—Nolan, Cornelius Joseph, Ballyan, Shanagolden, co. Limerick, Lic. R. Coll. Surg. Irel. 1875, Lic. 1876, & Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

30th.—Warnock, Hugh, Thomas, Fintona, co. Tyrone, Lic. 1875, & Lic. Mid. 1875, K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1875.

THE BIRTH AND DEATH RATE OF IRELAND.

DURING the quarter ended 31st December last, there was registered in the 793 Registrars' Districts in Ireland an annual birth-rate of 24·1 in every 1,000 of the population—an annual mortality of 17·3 per 1,000.

In England, during the same quarter, the birth-rate represented was 34·7, and the mortality 21·8.

The registered births in Ireland are again under, the deaths over, the average for the corresponding quarter of the previous five years, the increase in the mortality being chiefly amongst the old. The deaths from scarlet fever are slightly over those in the preceding quarter, the disease still proving very fatal in Ulster, but the returns show an almost complete freedom from small-pox, and the total mortality from the principal zymotic diseases is under the average for the fourth quarter, and less than in any quarter since the September quarter of 1873.

The rain-fall of the quarter measured 12·425 inches, being considerably over the average, more than double that of 1871 or 1873, and higher than any of the last 10 years except 1872.

The average number of inmates of workhouses in Ireland was considerably under that for the fourth quarter of 1874, but there was a slight increase in the number of persons receiving out-door relief.

Births.—The births registered during the fourth quarter of last year amounted to an annual ratio of 24·1 per 1,000 of the estimated population. The average number during the corresponding quarter of five years was 25·1 per 1000.

The birth-rate represented by these returns was highest in the following counties, viz.:—Mayo, 28·3 per 1000; Antrim, 27·9; Kerry, 27·7; Dublin, 25·9; and Galway 25·8. The counties having the lowest birth-rates were Meath, 20·2, per 1000; Queen's, 20·5; Longford, 20·8; Wicklow, 20·9; Fermanagh, 21·0; Carlow, Wexford and Monaghan, each 21·2; Tyrone, 21·8; and Sligo, 21,9 per 1,000.

Deaths.—The deaths registered afford an annual ratio of 17·3 per 1,000 of the population, which rate is 1·0 per 1,000 over the average for the fourth quarter of the preceding five years.

The deaths registered in Leinster afford an annual rate of 20·0 in every 1,000, in Munster 17·5, in Ulster 17·3, and in Connaught 12·8.

The counties having the highest death-rates were :—Dublin, 25·9 ; Carlow, 21·4 ; Antrim, 20·5 ; Limerick, 19·9 ; and Waterford, 19·2. Those having the lowest death-rates were :—Mayo, 11·2, per 1,000 ; Sligo 12·6 ; Fermanagh, 13·3 ; Galway and Leitrim, each, 13·5 ; Roscommon, 13·6 ; Longford, 14·1 ; Clare, 14·4 ; Donegal, 14·6 ; and Kerry, 14·8 per 1,000

DEATH FROM PULMONARY HÆMORRHAGE AT THE FULL TERM OF PREGNANCY: DOUBLE UTERUS AND VAGINA.

M. Budin publishes the following case in *Le Progrès Médical*:—A strong, healthy young woman, 24 years of age, was admitted into La Maternité, having, an hour and a-quarter previously, spit up a large quantity of blood. She had arrived at the full term of her first pregnancy, and had for a short period coughed slightly. She was scarcely placed in bed when the hæmoptysis returned so suddenly and abundantly that she died in an hour and a-half. More than ten minutes after death the Cæsarian operation was performed, and the child, whose heart had almost ceased to beat, was resuscitated after three-quarters of an hour's insufflation. The autopsy of the mother revealed the presence of tubercular granulation at the summit of both lungs, and two small caverns, the size of filberts, in the left, to one of which the hæmorrhage could be traced. The uterine mass was discovered to consist of two organs, and corresponded to the "uterus bipartitus globularis" of M. Lefort's classification. Pregnancy had taken place in the right uterus, which measured 20 centimetres in length, and 11 in breadth, and was separated from the left by a very slight furrow on the surface. The cervix of the right uterus was not obliterated, its canal measuring 5 centimetres and containing a mucous plug. The cervix of the left uterus, on a plane lower than the right, measured 4 centimetres in length, and was also completely filled by a mucous plug; and the body and cervix together measured 18 centimetres in length, and 7 in breadth. The mucous membrane and glands in its interior were greatly hypertrophied, and presented lobulated masses of a greyish-red colour, forming, in certain places, true polypi. This hypertrophy was most marked at the fundus, and diminished towards the cervix. The cervices opened into distinct vaginæ, each situated on the same plane, the one to the right and the other to the left, and each equally permeable. The vulva was normal, except that the median partition was attached to the fourchette. To each side of the combined organ was attached a round ligament, Fallopian tube, and ovary, the true macula lutea being situated in the right ovary. M. Budin draws attention to the right cervix retaining its entire length, so that the period of the pregnancy could not be determined by it.

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Population of District	Acreage of District 640 Acres to the square Mile	Date of Election	Distance of Dispensary from Railway Station.
Carlow	Bagnalstown ..	£120	£4	775	341	5,925	16,854	April 5	G. S. & W. R.
Clogher	Aughnacloy ..	£100	£6	441	225	8,297	31,906	April 18	Tynan 8 m.
Dungannon ..	Dungannon ..	£150	£23	439	515	15,553	22,168	April 20	Ulster R.
Limavady.. ..	Bellarena	£115	£5	414	121	5,303	26,081	April 6	Derry & Col. R.
Swinford	Kilkelly	£120	£26	192	563	11,447	41,330	April 28	Ballyhaunis 9 m.

ABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres ; the* POPULATION *in* 1871 ; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, March 25th,* 1876 *; the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	Area in Statute Acres.	Population in 1871.	WEEK ENDING SATURDAY, MARCH 25TH, 1876. Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . . .	10,050	314,666	34	174	204	60	46	...	6	4	...	6	7	2	2	...	58
BELFAST . . .	20,687	182,082	31	183	107	24	21	...	...	1	1	3	3	1	1	...	20
CORK . . .	13,816	91,965	36	51	63	6	24	...	3	...	...	1	2	2	...	3	25
LIMERICK . . .	8,509	44,209	38	22	32	4	12	...	...	1	...	1	...	1	..	...	12
LONDONDERRY . .	21,865	30,884	12	10	7	3	...	...	...	...	...	...	...	...	...	...	...
WATERFORD . .	17,209	30,626	14	18	8	1	1	...	...	...	...	...	2	...	...	2	...
GALWAY . . .	21,358	19,692	18	4	7	1	2	...	...	...	...	...	...	...	...	...	...
SLIGO . .	30,835	17,285	15	13	5	1	2	...	...	...	...	..	...	...	...	...	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 12, 1876.

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CONSIDERATIONS UPON SOFT CATARACT OCCURING IN MIDDLE LIFE, ITS PATHOLOGY AND TREATMENT. (a)

By Archibald Hamilton Jacob, M.D. Dub., F.R.C.S.I., Surgeon to the Dublin Eye and Ear Infirmary. Formerly Ophthalmic and Aural Surgeon to the City of Dublin Hospital.

In the Medical Press and Circular for November 24th, 1875, I published a case illustrative of the pathogeny and treatment of cataract, which has suggested to me certain speculations worthy, I think, of the consideration of the Society, and upon which I shall be glad to hear its opinion expressed. With your permission, Mr President, I will recapitulate as briefly as possible the points of the case as an introduction to the subject.

About two years since I was consulted with reference to the sight of a lady, æt. 55 years, who had been for a long time a confirmed invalid. She had suffered from liver disease, which gave rise to chronic constipation, and frequent attacks of severe bilious vomiting and diarrhœa. Her tongue was habitually foul, and her digestion always more or less out of order, and she presented the marasmatic appearance which is frequently seen in conjunction with cataract. One eye was perfectly blind from a fully-developed, milky-coloured, stellate cataract, which had taken a year and a-half to mature. The other lens was in the second stage of opacity, and the disease was of the same type, and was accompanied with a good deal of darting pain in eye-ball and temple, abundant muscæ, and occasional phosphenes. The retina was, of course, not observable, but the iris was active and healthy-looking, and the amount of sight was as much as could have been expected from a healthy retina when the degree of opacity was considered.

The course to be advised in this case was by no means easily determined on. It was evident, bearing in mind the chronic and apparently irremediable digestive derangements, the frequent attacks of vomiting, and the poor state of nutrition which the patient presented, that extraction was strongly contra-indicated. A large corneal flap, I thought, would probably slough, while I feared that an attack of retching would possibly cause a loss of vitreous, even through a small corneal opening, and that the healing of any wound would be likely to be tedious. On the other hand, I was aware from experience that in such cases solution of the lens was always excessively slow, and in diabetic cases could hardly be obtained by any exercise of patience. As, however, an analysis of the urine showed no sugar, I decided in favour of the operation for solution at least as a preliminary measure. I broke up the fully-developed cataract freely by the needle through the cornea. As I anticipated, the absorption was very slow, but was, nevertheless, steady and perceptible. After about three months vision was slowly improving, which, however, had the effect of making the patient more impatient than ever, and, as a suggestion of an extraction operation was not favourably received, I repeated the operation twice at intervals of six weeks. On repeating the operation a fourth time I tore the lens substance very freely. Shortly afterwards glaucomatous symptoms began to develope themselves, the tension of the eye-ball increased, acute lancinating pain set in, the iris began to look muddy, and the sclerotic assumed a dusky hue. After a futile effort to bring back the eye to a healthy condition by leeching and other treatment, I advised that a Græfean operation should be done, for the purpose of removing any portion of lens which might be causing irritation, and at the same time making an iridectomy. This was accordingly done, and although an attack of bilious vomiting occurred two days afterwards, the section healed well and firmly, the glaucomatic sym-

(a) Read before the Surgical Society of Ireland, March 24. The discussion will be found on page 301.

ptoms began to abate and continued to do so until vision sufficient for large print was achieved.

Meanwhile the second eye had become perfectly cataractous, and had been once operated on with the needle, and the lens was in course of very slow solution. The effect which followed upon, if it were not the consequence of, the the last breaking up of the cataract in the first operated eye had been so alarming that I could not venture a repetition of the operation on the last eye. Unhappily, a month afterwards the glaucomatous symptoms again developed themselves in the first eye and the vision gradually faded away, until I was obliged to relinquish hope of it, and to look to the remaining cataractous eye as the only available resource. The glaucoma became so acute and seemed to threaten the good eye so seriously that I proposed to operate again on both eyes, to make a fresh and larger iridectomy in the bad eye, and to extract the cataract in the good one. This suggestion I was led to make partly because the recovery of sight, by the absorption of the opaque lens, appeared indefinitely distant unless the discission operation could be repeated several times, but principally because the condition of digestion and nutrition in my patient had so far improved that there was no longer so grave a reason for refraining from an extraction operation. The bilious vomiting which I most feared had ceased altogether, and the general health of the patient was much better. Accordingly I operated on both eyes, the patient being placed under the influence of ether. In the glaucomatous eye I removed a large section of iris below and internally, and I then extracted the lens from the other eye by Liebreich's method. Two days after the operation there was a considerable hæmorrhage into the anterior chamber of the iridectomised eye, which was the only untoward occurrence. In five days I removed the coverings from the cataractous eye, and found the flap well healed, the pupil quite natural in shape, and all as well as could be desired. Since then, after a lapse of now 18 months, the pain and excitement of the glaucomatous eye have entirely subsided, but the vision has only slightly, if at all, improved ; but the sight of the cataractous eye is, with the help of suitable spectacles, able for the smallest test-types.

The issues raised by this case are numerous and very instructive, involving as they do several subjects of controversy and of obscurity in ophthalmic surgery.

In the first place it presents for our consideration the question as to the cause of soft cataract occurring late in life, without any renal disease, or any local eye symptoms in excess of those which usually accompany lenticular opacities. In the present case there were troublesome derangements of the assimilative organs, but generally speaking, such symptoms are not prominent, though there may be appearances of malnutrition and premature decay about the patient.

It occurs usually between the ages of 40 and 50, and I don't recollect to have ever seen this form of soft cataract at an earlier age than 35 or later than 60. The patient is generally anæmic, and looks as if prematurely aged ; yet this form of cataract is seldom seen in persons whose constitutions have been injured by hard work or dissipation ; but, on the contrary, seems to affect ladies who have lived a retired life, and men of rigidly temperate habits. There would also seem to be a marked hereditary tendency to this disease, or rather to the cachexia which gives rise to it, for I have more than once remarked it in brothers and sisters of the same family, and of about the same middle age, and in persons whose parents were said to have gone blind of it at about the same period of life. In one family in Dublin I operated with the needle on four eyes in a brother and two sisters, and a third sister was operated on in India about the same time for the same disease in both eyes. Here were cases in which all the circumstances of life were different : the brother was a clergyman, resident in the country, and engaged in active parochial duty ; two of the sisters were unmarried, and led the quietest life in Dublin ; the third sister was married and the mother of a family in India, having resided there, engaged in all the turmoil of social gaieties, for thirty years. In this family there was no history of eye disease in parents, uncles, or aunts, and, after careful inquiry, I failed to discover the least constitutional clue to the cause.

On this subject Mr. Haynes Walton says : "Lenticular cataract, which is seen after the 45th year of age, cannot generally be accounted for. It appears without any palpable cause. Pathology and physiology do not afford any elucidation, and all the theories which have been advanced concerning it, some of which are very ingenious, are untenable. It is likely that complications often exist and escape notice because we are not able to detect them. Perhaps all idiopathic cataracts are the result of complicated disturbance in the ocular circulation."

Mr. Brundell Carter also, speaking of the cause of cataract in advanced life, which he defines to be "an expression of gradual failure of the power to renew the lens fibres in their transparency," says : "Of the causes which determine its early, or, so to speak, premature occurrence in some persons, we have little knowledge. The influence of disturbed circulation, especially in the common form of retarded admission of arterial blood and retarded escape of arterial blood, must be too obvious to need explanation. But a great number of cases of cataract—nay, probably a great majority—cannot be referred to either of these conditions. The change takes place in persons of both sexes, in the robust and in the feeble, in all ranks and conditions, and in no apparent connection with antecedent habits and occupations."

The theory of the inflammatory origin of these lenticular opacities may, I think, be dismissed without much consideration. We are, of course, familiar with cataract as a consecutive result of vitreous or choroidal disease ; but in the soft cataracts of middle age all inflammatory symptoms are absent, and there is scarcely even the small amount of retinal excitement which is shown during the development of hard cataract by muscæ and, occasionally, by phosphenes.

"It is said," says Mr. Haynes Walton, "that there are pathological changes allied to atrophy which are produced by inflammation, a sort of lentitis ; but inflammation of the lens and its capsule occurring alone may be said to be unknown. The inflammation occurs only as an extension of disease from other parts of the eyeball." Nor do the microscopic examinations of cataracts reveal the inflammatory nature of the opacity, the change being rather an alteration of molecular condition than a deposit of a new product or a destructive inflammation of the lens fibres.

The theory of the production of cataract by disturbances of the exosmosis through the capsule seems to me to be that most consonant with observed facts.

Kunde, whose opinion is quoted by Mr. Bader, has adduced many observations showing that opacity of the lens can be caused in animals, as in frogs, cats, and dogs, by the establishment of conditions interfering with the exosmotic processes which administer to the healthy nutrition of the lens, the activity of which is well shown by the interesting experiments of Dr. Bence Jones and M. Dupré. Thus the administration of sugar and the various mineral salts in large quantity occasion the formation of a cataract resembling that which occurs in the later stage of diabetes, and which may be attributed to the same cause—an excessive density of the blood leading to exosmose of fluid from the lens and the formation of vacuolæ in its substance, accompanied by the deposition in an insoluble form of calcareous and other salts.

It seems to me, however, that the distinction between the soft cataract and the amber-coloured senile form of old age is not sufficiently considered, for they seem to me to be essentially different, and, though probably produced by the same cause, may arise from the operation of that cause in opposite directions. The soft opacity is apparently attended by a swelling of the lens substance sufficient, frequently, to bulge forward the iris, and on extraction of the lens the cortex appears to consist of a mass of mace-

rated pulp. We know that the admission of aqueous humour to the lens substance by laceration of the capsule will produce a cataract undistinguishable from the soft opacity of middle life, and that, in process of time, this contact will end in a solution of the opaque lens substance. On the other hand, the amber senile lens bears all the appearance of shrinking and drying, and, on extraction, proves to be tough and waxy in the nucleus, and small in bulk. Regarding these circumstances together, viz. :—the ill-nourished, anæmic, appearance of the patient ; the apparent increase in size of the lens ; the close resemblance of it to the cataract to that produced by the ingress of water to its substance ; the waxy shrunken appearance of the ordinary senile cataract, and the impossibility of producing that form by any known means ;—I have formed a theory—which I have already called a speculation, and no more—which it pleases me to believe accounts for the facts as well as any other hypothesis. I conceive that in the subjects of soft middle-age cataract the lacteal system may be deranged, that it may fail to convey the requisite proportion of chyle to form the due proportion of globules, and that consequently the menstruum of the blood may come to be proportionately in excess ; that, thereupon, an endosmosis through the capsule may take place, a consequent swelling and maceration of the lens substance, and a molecular change causing opacity. On the other hand, if the water of the blood were to decrease in proportion to its saline and globular contents, as we are told it does in advanced life, an exosmosis from within the capsule would take place—in fact, a sort of drying process, accompanied by consequent shrinking in bulk and resulting opacity.

I have dwelt at too great length on this speculation, because it bears upon the question of the chances of absorption of the lens substance, and, therefore, would go some distance to decide the propriety of operating for extraction or for solution, as is usual in the treatment of soft lenses of this sort. In the case which I have narrated I had a reason for declining to extract, apart from my belief that the prospects of absorption were remote, for the patient was in such a condition of indigestion and frequent vomiting that I could not well risk a large corneal incision. The result of my repeated discission operations on both eyes satisfied me that in these cases the absorptive qualities of the eye are greatly impaired. In former cases I had operated uniformly on this class of cataracts with the needle, but had been obliged to repeat the operation and to wait from a year and a-half to two years before moderate sight was attained. In the present case the effect was equally slow of attainment, but it had been already almost secured, and I don't doubt that sight would have been eventually secured if we had had patience to wait. It was the necessity for repeated breakings up of the lens in the endeavour to hasten absorption which caused serious glaucomatic symptoms and the loss of the eye, and I have therefore arrived at the conclusion that the soft cataracts of middle life ought, in deciding the method of operation, to be classed with the hard, amber, senile cataracts, and not with the soft cataracts of childhood, which they resemble in appearance and consistence.

If broken up they will undoubtedly become absorbed sooner or later, as the senile lens will ; but the surgeon who, noting their resemblance to the milky cataract of youth, operates with needle will be doomed to disappointment as regards the period which the absorption will occupy. I would, therefore, in soft cataracts at this age, select an extraction operation in preference, and, if a small section be made, no apprehension need, I think, be felt as to sloughing of the flap or want of union, notwithstanding the cachectic state of the patient. In this case I had every reason to distrust the corneal vitality, in consequence of the emaciated condition of the patient and the serious faults of the assimilative system, and these apprehensions were increased by the experience I had had of the low power of the absorbent system ; nevertheless, the section of cornea I made in both eyes closed by first intention with perfect readiness, and as I would have expected them to heal in a young and healthy patient. I draw one final lesson from the case, to wit, the danger of discissions of the lens repeated within short intervals, and the necessity of avoiding any operative method which may render necessary such interference with the eye. In this case the iris was not touched or the lens displaced, nor were any fragments allowed to fall without the capsule, and yet a glaucoma resulted, which, I fear, must have been without doubt due to the last and most extensive tearing of the lens substance. My father, Dr. Arthur Jacob, has expressed himself in his book on Cataract as extremely averse to the repeated operations which are recommended by other writers, and he maintained that, while they are attended with considerable danger of producing intra-ocular inflammation, they produced no commensurate effect upon the rate of absorption of the lens. I concur in that opinion, and will in future hesitate to adopt the operation by division in any case in which it may need to be repeated more than three times or at more frequent intervals than three months.

I may epitomise my conclusions from this and other cases of soft cataract in middle life as follows :—

1. I conceive that this form of lens opacity is essentially different in cause and condition from the senile amber cataract of old age, resulting from an imbibition of watery constituents and a consequent swelling up—molecular disintegration and ultimate maceration of the lens substance, while the amber opacity may be the result of an exactly reverse process.

2. I believe that the soft cataract of middle life is usually accompanied with a great depreciation in the power of the absorbent system, probably in every organ, certainly in the eye, and, therefore, that the operation of division, which is so successful in similar cataracts in young persons, is out of place in middle age.

3. I believe that this suspension of absorbent energy, while it has its effect upon the general nutrition of the body, does not materially prejudice the chances of union, which form so important an element in the extraction operation of old age.

4. I believe that frequent repetitions of discission operations are liable to produce serious effects on the other structures of the eye, and ought not to be resorted to unless absolutely unavoidable.

THE MODES OF USING CARBOLIC AND SALICYLIC ACIDS IN ANTISEPTIC SURGERY. (a)

By Edward H. Bennett, M.Ch. T.C.D.,
Professor of Surgery in the University of Dublin, and Surgeon to Sir Patrick Dun's Hospital.

In submitting to the Surgical Society of Ireland a paper on the modes of using carbolic and salicylic acids in antiseptic surgery, I need not enter into any discussion on the theory of their action, for all that we know on this matter is no doubt familiar to its members. I do not, either, in selecting these two antiseptics, deny the merits of others—boracic acid, chloral, benzoic acid, &c. I simply deal with these for, with the exception of boracic acid, they are the only antiseptics suitable for dressings, of which I have had sufficient experience in practice to enable me to form a judgment. The value and efficiency of carbolic acid is admitted by all who have tried it with proper care, and I think we might well rest satisfied with it, but for some trivial objections which can be raised against it, and because in some rare cases it is liable to fail, and even to do harm. On salicylic acid very opposite judgments have been passed by high authorities. We find on the one hand that Theirsch regards the antiseptic action of salicylic acid as being as certain as that of Lister's carbolic dressing ; on the other hand, Mr. Callender thinks that it does not deserve the commen-

(a) Read before the Surgical Society of Ireland, March 24.

dations it has received. While such differences of opinion exist as to matters of fact I need not apologise for stating my opinion, founded on a fair trial of the remedy. I can most readily discuss this question by first stating the objections to carbolic acid, as I have heard them advanced, or observed them in practice, and afterwards stating the advantages of salicylic acid, and my experience of it. I may say that the only mode of treatment by carbolic acid that I have had extensive and successful experience of is that with Lister's gauze and the spray. I had tried some of the older methods, but with but small success, before I had the advantage of the personal teaching of Mr. Lister, for the benefit of which I cannot sufficiently thank him. Indeed, so little success had I with the earlier methods, I had almost decided against the treatment; but fortunately I waited to see it carried out by its inventor, and I could not refuse the evidence of the cases which I saw in his wards. I saw, too, that all my own failures were due to my neglect of care in carrying out the details of the treatment.

I think the objections I have noticed above may be considered under the two heads trivial and actual.

The trivial are that the treatment is (1) troublesome, (2) expensive, (3) disagreeable.

By the first I mean troublesome to the surgeon, an objection that should have little weight, even if it were true in fact that there is an extra amount of trouble entailed by this treatment. I do not think there is any more real trouble, except the learning of a method which demands scrupulous attention to detail. I think that in cases involving life the question of the trouble the surgeon may be put to cannot be entertained if he be assured that the danger to the life of his patient may be even in the least diminished. In cases that under any treatment would terminate favourably the patient would certainly, if allowed the choice, select the antiseptic, for the sake of the immunity to pain which its successful practice carries with it.

2. The objection on the score of expense is not worth serious consideration, for although the first few dressings may appear costly, the long intervals that follow between the subsequent dressings and the absolutely diminished total of expenditure attending a shortened treatment fully compensate for an early outlay.

3. The third trivial objection—that the treatment is disagreeable. I may remark that I have not heard it advanced by surgeons except by those who are determined to object to it on any or every score. By patients I have never heard the objection raised, even by the most ignorant and irritable, after the smallest experience of the practice. The only disagreeable result of the gauze treatment that I have heard patients complain of is that the gauze on some skins seems to be irritating by its roughness. This I hope to show we may avoid.

Before considering the actual objections, I may say that, although I regard those I have mentioned as trivial, still I think we may seek to meet some of them—to diminish the frequency of dressings, to avoid, as I have said, the irritation caused by a rough gauze, and in a great measure, too, to diminish the expense.

The objections which come under the second head are those to which the most serious attention must be paid.

The first of these is that the treatment is liable to failure from different causes—want of due attention to details on the surgeon's part, the adoption of the treatment in ignorance of the cases to which it is inapplicable, and lastly, from causes purely accidental and beyond the surgeons control—namely, unexpected discharges of serum, of blood, or purulent fluid to such an extent and quantity as to saturate and flow freely beyond the dressings. Now these dangers can only be met by care, knowledge of the limits of the power of the treatment, and by adopting measures to guard against the accidents named. The last precautions are, I think, to be found in the adoption of early and repeated dressings, and, to some extent by the adoption of salicylic acid in aid of carbolic, as I shall presently show.

I have said that carbolic acid used in the treatment of certain cases appears to be injurious. I have seen it in a single instance, used in the ordinary manner, provoke a violent attack of eczema, which required many weeks of treatment before recovery. I do not know how to guard against this accident, for, as I have said, I have but once seen it, and I do not think that any character of the case could serve as a warning. Again, I have, I think, seen cases of burn, which at first behaved kindly under its action, stop short, and fail to progress towards cure until it was discontinued. Again, there are certain cases in which the acid, although not actually injurious, is not, in my experience, the best treatment—namely, cases of lupoid ulceration. On these I think it exercises no action beyond the control of their odours.

Before passing on to consider the use of salicylic acid, I must notice an objection which I have heard put forward against the use of antiseptic treatment generally, which I hardly know how to name—it certainly is neither trivial nor actual—namely, the statement that wounds thrive best under an atmosphere saturated with their own stench, being stimulated to a more rapid cure thereby. Those who hold this opinion may please themselves by finding a name for it.

The volatility of carbolic acid, while it is one of its greatest virtues, is certainly one of the causes that render it liable to fail as an antiseptic. It is this property that renders its spray so complete in its action, and renders the action of the acid so universal in a wound, particularly a wound presenting deep recesses. But its volatility renders its retention in the dressings, and in accidental overflows of the discharge beyond the dressings, difficult. Hence the necessity of frequent dressings, and of the removal of dressings at whose borders discharge appears, for if this be not done, decomposition may readily spread inwards to the wound. Compared with carbolic acid, salicylic is non-volatile, and it is very feebly soluble in water; hence its spray is defective, and it certainly does not extend its action to the deep recesses of a wound as vapour; it is therefore less penetrating as an antiseptic, although its action is sufficiently powerful in solutions. I think its special advantage is that while being non-volatile, and but feebly soluble, its feeblest solution is highly antiseptic; it is, therefore, when used with carbolic dressings, capable of compensating the defect of the carbolic acid by saturating discharges as they flow through the dressings and perventing their decomposition for a great length of time. I have tested such discharges, collected from the margin of dressings through which they had flowed during some hours, so as to moisten a sheet, folded eight times beneath the patient, through and through. The most remote stain of discharge gave the characteristic colour with perchloride of iron; the sheet was perfectly free of odour, and, lastly, the fluid collected as it dropped from the margin of the dressing at its lowest point, after the amount above mentioned had already escaped, gave the reaction, and when kept in a bottle with free access to the air, dust only excluded, no putrefactive change occurred until one month had elapsed. These results were obtained in a case which I think tested every point of the antiseptic treatment, but without failure following, and I repeated the experiments many times.

Such are the chief advantages of the salicylic acid. I agree, after a very careful and sufficient trial of it, with the statement of Theirsch that it is un-irritating in solutions or dressings containing a sufficient amount to effect all the purposes of the treatment. Mr. Callender has arrived at an opposite conclusion, stating that it has caused in his hands extreme irritation. I have not found it produce such in any instance but one, and there clearly the irritation was due, not to the acid, but to the mode of using it—a mode which ensured the retention of discharges in the wound, and consequently tension similar to that produced under a scab.

In the face of these facts I am forced to conclude that Mr. Callender has produced the irritation he complains of

by the mode of his dressing, and by the substance combined with the acid, not by its own action.

I have found that the salicylic acid dressings did not exert so marked an influence in controlling suppuration as carbolic acid, a point which Mr. Callender has also observed, which I think is to a great measure due to the fact that it is non-volatile, and so does not penetrate the depth of wounds. It wants, too, the advantages that arise from the stimulating action of the carbolic acid, and so I think wounds progress rather more slowly under its action.

The spray of salicylic acid, though entirely odourless, is quite unfit for general use, as no one can resist a constant tendency to sneeze while exposed to it.

I have, with the exceptions I have noted, obtained a great number of completely successful results with salicylic acid alone, and do not hesitate to use it by itself in many cases—for instance, in the treatment of burns.

I have, however, been led up gradually to a plan of dressing which combines both acids, and for the reasons I have stated above. I had used carbolic with constant success, and was not inclined to change it for any other without good reason; so it happened that while I made some trials with salicylic acid in minor cases I used the carbolic alone in the more important—a plan that naturally led me to combine them as soon as I found out their particular merits.

Every one knows the antiseptic gauze, by appearance at least, so I need not describe it. I will merely state that one of the greatest difficulties I find in practice is to obtain a reliable gauze in this city; either it is old and has lost its charge of acid in great measure, or it is badly made. It can be made, buying everything at retail prices in small quantities, at less than 5d. a yard; and sooner than rely on Dublin manufacture, as I have found it, or pay 7d. a yard for Scotch, I make my own—no doubt a process involving some little trouble, but after all but very little.

The salicylic dressing I have found most convenient is that recommended by Theirsch, made by saturating jute with the acid, 3 per cent. by weight, adding a little glycerine, 4ʒ—1lb., which prevents the drying of the jute. I should mention that I think great advantage attaches to this moist condition of the dressing—it is ready to absorb moisture, and if air be drawn through it, as in wounds affected by respiration, the moist threads serve, I am confident, as better filters than dry ones would. The advantage of addition of glycerine, according to Theirsch, is that it prevents the dry acid flying off in dust from the jute. I have used the cotton-dressing, too, but I keep it only for cases of burn or such surfaces, and I take care to avoid the tendency it has to form scabs on the surface, which alone is the cause of irritation, as I have seen it occur in the use of the acid.

Nothing can be easier made or more readily applied than the jute dressing. I apply it beneath a few folds, generally three, of gauze, containing sheet gutta-percha, directly on the wound, except in cases where the support of a bandage is required directly on the flaps, &c. This mode of application made under the carbolic spray combines both acids, and the application of the jute next the wound prevents the irritation often felt from the gauze rubbing the skin.

The cost of this dressing is, I am confident, less than even the old poultices, for while they required many changes a day, this may be left many days unchanged when discharge is moderate. The jute costs (Manilla bars, as it is named) 3d. per lb., and this pound will dress a great number of cases.

The shortness of the time at my command in reading a paper before this Society prevents my giving the details of cases illustrating the points dwelt on in the foregoing remarks. I may however state of the newer remedy, salicylic acid, that I have tested its merits in a wide range of cases, minor amputations, gunshot injuries, burns, abscesses of many kinds, acute, symptomatic, and encysted, excision of the eyeball, ulcers of the leg, lupoid ulcerations, empyæma, &c. Carbolic acid I have applied in almost every class of case.

ON A CASE OF CONCEALED ACCIDENTAL HÆMORRHAGE. (a)

By J. Ashburton Thompson,

Fellow of the Obstetrical Society of London; Surgeon-Accoucheur to the Royal Maternity Charity; Surgeon at King's Cross to the Great Northern Railway Company.

(*Continued from page* 25).

I have now passed in review those symptoms which are either constant, or which, while they are admittedly very frequent, their cause renders probable are constant, but have in the confusion naturally attendant upon such rare, obscure, and alarming cases, been sometimes overlooked. I now arrive at symptoms which are not constant and not essential. The first of these is continuous tenseness of the membranes; that is to say that they feel between the throes just as the bag of waters generally feels during a throe in an ordinary case; while during a throe little or no difference in the tension can be detected. This symptom is noted but five times in my series of thirty-three; and Dr. Goodell remarks of it, that although some writers have contended that it should always be present, yet it was actually observed but eight times in his hundred and six cases. In eleven of my cases no note is made as to the state of the membranes; in three they were found ruptured on the first examination; in one they were found flaccid—a case to which I will again refer. There are therefore eighteen cases left, of which five—or about 27·8 per cent.—afforded tenseness of the membranes. I quite agree with those writers to whom Dr. Goodell refers, in thinking that this symptom should and might be observed more frequently than is the case; but not invariably, for a reason which the case I have just referred to (in which the membranes were flaccid) illustrates. Indeed, if the five examples which I offer be examined, it will he found that they include all those in my series which occurred under the hands of specially skilled observers—of persons specially prepared to note all the symptoms from a previous knowledge of them; and *vice versa*, wherever a case in my list has been under the care of such an accoucheur, this symptom has been noted. Dr. Hicks' own case must be excepted, for he found the membranes ruptured on examination. But Dr. Goodell found the membranes tense in his case; so did Dr. Brunton in his first case, his second case, and in his fourth case. In his third case the hæmorrhage was more properly accidental hæmorrhage, concealed only by the position of the child's head in the pelvis; while in his fifth the membranes were already ruptured. So in my own case. Having the advantage of working in concert with Dr. Brunton, I was, I confess, much better prepared to make observations in the kind of case than I otherwise might have been—very fortunately for the patient; and I did at once observe uniform tenseness of the membranes. Hence I think that this symptom ought to be observed somewhat frequently. If the membranes are ruptured, that, of course, precludes the possibility; but there is another circumstance which prevents this symptom from showing itself. In Case 7 the membranes are particularly noted to have been flaccid. It was under the care of Dr. Oldham. The effusion was not small in quantity, but the solid clot was small—and it is that which causes the symptoms, and which is poured out before the ovum is otherwise disturbed. That is not the reason, however, that the membranes were not found tense. What was the state of the placenta upon examination? It was found hollowed out, condensed, *cupped* by the hæmorrhage; that is to say, the case was one of those in which the hæmorrhage is en-

(a) Read before the Harveian Society of London.

tirely retained between the placenta and the uterine wall. Thus, if the placental detachment be a central detachment, and the hæmorrhage confined by the edges of the organ, the membranes will not be found tense. If the eighteen cases in which note of the membranes was made, and of which I stated 27·8 per cent. offered tense membranes be again examined with regard to this point, it will be found that in ten of them the placenta was either entirely attached by its rim and hollowed, or only detached to a very small extent and flattened. Hence, expertness and knowledge apart, the membranes were but seldom found to be tense, for a definite reason.

Persistence of this tenseness between the throes I have set down as a fifth symptom of this condition. It is a necessary consequence of the manner in which it is caused in the five cases noted; but it is, I believe, a pathognomonic symptom, and as such entitled to a separate place in the list. This condition affords yet another sign by which an obscure case may be distinguished from one of laceration of the uterus; for although that accident may happen before labour, and therefore while the ovum is entire, I have not yet met in the course of a rather long search with one case of rupture in which, upon examination, the membranes *remained* entire. The uterus, when it breaks spontaneously before labour sets in, does so from a sudden and violent contraction, which may be excited by any mental emotion; and the fact of its being filled with fluid which cannot escape (for the os is still closed) submits its walls to a hydrostatic pressure which they cannot withstand. But I do not know that the membranes ever, after rupture in this or any other way, remain entire; and that in a doubtful case should serve to exclude rupture from our diagnosis.

The sixth symptom to which I wish to direct your attention is alteration in the uterine tumour in shape, size, or quality. It is liable to be altered in shape very distinctly when the placental detachment is central. In that case the distension of the uterine wall gives rise to a tumour which may be felt to project distinctly from one side of the uterus. Such was the case in Case 18, in which it is said the tumour was extremely tender, and became harder during a pain. The placenta was found to be basin-shaped, and to contain a large recent clot. In this instance Dr. Priestley, under whose care the case was, suspected that the uterus was ruptured, and that the tumour might be a part of the fœtus protruding through the rent, so much did the symptoms resemble those of that injury. This kind of swelling is seldom recorded. Very often the uterus is said to have been distended at the fundus—eight times out of thirteen in which anything is said about the shape of the uterus. Together with this alteration it becomes altered in consistency, the alteration being towards hardness. In one case, indeed, it is said, though enormously distended, to have felt "doughy." The following sentences are the author's own:—"The abdomen was very tense, the uterus feeling doughy, being distended to the utmost." I do not know what to make of that description. All these alterations are quite incompatible with rupture of the uterus. In that injury the organ does not increase in size, nor does it alter from the normal in its consistency. It is subject to the same alternations of hardness and relaxation which are observed under ordinary conditions of labour, unless, indeed, the throes should entirely cease, in which case the uterus is not hard, of course, but soft. So in the case of the local swelling; if the abdominal walls be thin enough to allow of a thorough palpation of it, then the absence of any part of the fœtus in it affords the best evidence that that is still within the uterus. But its alternate hardening and relaxation must evidently be owing to uterine tissue still stretched over the tumour; and its tenderness—which will be observed at every part—show that it is not a gap allowing of the protrusion of a body not sensitive, but that it is a swelling of some part of the mother, who cries out when it is touched—that is, of the uterus.

Lastly comes tenderness of the uterus, upon which I have already remarked. This will be felt, unless the hæmorrhage be circumscribed, as in the case last described, over the whole uterus. In considering this symptom with regard to rupture, it will be remembered that in the kind of case I am considering the cause of pain is seated within the uterus, and is there confined to it; while in rupture its cavity communicates with the abdomen, in the whole of which it is not uncommon to find pain complained of, while the uterus itself yields none.

To these symptoms one or two others might be added. If the placenta be largely separated the fœtus must die. But the recorded cases throw no light upon the diminution of the placental murmur and cessation of the fœtal pulsations which would result. Dr. Goodell has suggested that in such cases as those in which the membranes remain unruptured some aid to diagnosis might be gained from a discharge of serum squeezed from the clot effused; for the serum will penetrate where the blood itself will not. He observed this symptom himself; but I do not know that it has been put to any practical use by any other person.

I have thus gone over the symptoms of concealed accidental hæmorrhage with a view of showing in what degree of frequency they may be expected to arise. And I believe I have made out that, while sudden syncope and collapse, feeble or absent throes, and continuous pain are constant symptoms, that persistent tenseness of the membranes may be expected to show itself, except under certain well defined conditions of the mode of hæmorrhage; while alteration in the abdominal tumour is a still less frequent symptom, which, though it may sometimes occasion some difficulty in diagnosis, does on the other hand sometimes afford a means whereby this accident may unerringly be distinguished from any other; and that it may be expected to offer its assistance pretty frequently.

To recapitulate. I would propose to describe concealed accidental hæmorrhage as a uterine hæmorrhage occurring only during pregnancy; arising before labour; sometimes entirely confined between the placenta and the uterus, generally entirely confined by the uterus, but occasionally attended by a little external hæmorrhage; and, irrespective of its amount, suddenly threatening life from shock to the system. To this I would add that accidental hæmorrhage is properly considered to be *concealed*, notwithstanding there may be some external show, whenever the symptoms are such as the amount of the latter does not serve to account for. Its symptoms are and arise as follows: The patient being at, but more often only near, the full term of pregnancy, experiences some shock, such as would usually cause separation of the placenta and accidental hæmorrhage of the ordinary kind. For instance, she makes some sudden or violent or unaccustomed use of her muscles; as when stumbling or slipping in walking, or by dancing, by pumping, hewing wood, suddenly lifting a heavy weight, or coughing, or from mental emotion. Upon some such occasion she becomes suddenly faint. From such faintness she may recover to succumb to a second attack in a day or two. More often the fainting is prolonged; she experiences an uneasy sensation in the abdomen, and shortly passes into collapse. She is now in danger of speedy death, yet she is seldom unconscious. The sensation of uneasiness becomes a sensation of constant pain, which she refers to the uterus, but sometimes to other parts as well; she will very likely describe it as a bursting pain, and will always regard it as intolerable, either from its continuousness or from its severity. Meantime there is no sign of labour. On examining the abdomen the uterus may be found enlarged; but in any case it will be found hardened, well defined, and incompressible; in addition, it will be tender. A vaginal examination may still find the os uteri closed; but after a time it dilates a little, and may then be perceived soft and easily dilatable to its full extent. Feeble throes will supervene; but although they will cause excruciating pain, have but the slightest effect upon the membranes. These are often found continuously tense, in correspondence with the tenseness of the uterus itself, and with the constant pain. If now—at a favourable time with regard to the state of the os—the membranes be ruptured, the pains

will at once gain in force, and the os will dilate and allow the passage of the fœtal head with suprising rapidity. Delivery of the child will be immediately followed by a large quantity of blood, both fluid and clotted. The latter was the first effused, and was the cause of the symptoms; the former was poured out, possibly at an early stage also; but, generally, as soon as the ovum is disturbed by the rupture of its membranes and the passage of the child towards the world; sometimes immediately subsequent to its birth. On examination the placenta may be found compressed at its centre—cup-shaped, or compressed or condensed at some parts only, from the pressure to which the earlier effusions have subjected it; but it is not always affected in that way. Subsequent to delivery the patient is in increased danger of death; if she were not completely collapsed before, she now becomes so; if she were already collapsed, she suffers yet a farther shock in the rapid evacuation of her over-distended uterus; and she is very likely to die of a comparatively trifling farther hæmorrhage. About half of the hitherto recorded cases of accidental concealed hæmorrhage have terminated fatally.

It will be at once apparent from the statement last made that the treatment of these cases is a most important matter; except under proper management there is but little chance of escape for the subject of this accident. Dr. Hicks, in discussing it, observes that no doubt that treatment which is proper to ordinary accidental hæmorrhage is proper to concealed hæmorrhage; but, he adds, "how far the particular part of that treatment, namely, rupture of the membranes can be relied on, cannot be gathered by the details now before us, for in them we find that in nearly the whole of those that died the membranes had been ruptured. Whether any of the seven who recovered would have died had it not been done it is impossible to tell." Well, this point of rupturing the membranes is the only point almost on which the accoucheur can actively interfere, and it is that, therefore, with which I shall chiefly concern myself. But I do not propose to examine this question statistically. In a case of this kind such a mode is useless, as Dr. Hicks himself shows. I shall therefore discuss it on general principles. Our object should be to *evacuate the uterus as speedily as possible;* and in the best way of doing this rupture of the membranes is involved. To over-distension of the uterus the grave primary symptoms—which include paralysis of the uterine walls from that cause—are owing; how far may we fairly expect to relieve them by relieving their cause? What effect in permitting uterine action to a uterus paralysed by over-distension has the relief to it which discharge of the waters effects? What danger is there in discharging the waters, in breaking up the ovum—of dislodging such clot as may be occluding the gaping uterine sinuses? These and similar questions are those which will at once suggest themselves in undertaking the treatment of a case of concealed hæmorrhage; it will be well to have answered them already, and to be prepared to act at once upon the emergency.

On the whole, the treatment proposed by Dr. Hicks is not laid down in any very precise manner, beyond the assertion that the indication is to empty the uterus. It is, however, stated plainly enough that, since rupture of the membranes tends to hasten labour, they should *always be ruptured at once*, if they are not already broken; but should the patient be completely collapsed, it will be better, *after rupturing the membranes*, to administer stimulants and wait a little, than to empty the uterus immediately, supposing the state of the os to admit of that being done. From this practice, inculcated in these general terms, Dr. Brunton dissents, on the ground that rupture of the membranes does not always tend to expedite labour. And unless the os uteri be either fully dilated or else very nearly dilated, and with the head pressing well down upon it, there is no doubt that rupture of the membranes does retard the first stages of labour. Dr. Brunton then proceeds to point out that, to some extent, at all events, the amount of hæmorrhage must be controlled by the presence of the entire ovum within the uterus; and that it is worse than useless to dislodge this natural plug by evacuating the liquor amnii, unless the *whole* of the ovum can be removed at the same time. To this it may be added that, more precisely speaking, this danger is special to this kind of hæmorrhage. For, in revealed accidental hæmorrhage rupture of the membranes permits the uterus to contract, and so lessens the area of the bleeding surface very speedily. But frequently the hæmorrhage in these cases is entirely confined by the adherent edge of the placenta; and in that case to remove the support which the entire ovum affords would be but to permit a farther bulging of the placenta inwards—that is, a farther hæmorrhage and a more profound collapse. Now, in dealing with a case of this kind, what I have before stated with regard to the absence of uterine contractions will be remembered; that it is in part owing to over distension, but in a measure—and probably in a great measure, to the collapse. Our first step should therefore be to remedy the collapse; and in whatever danger the patient may be—however imminent death may appear—I think that on the one hand we shall not be wrong in considering that danger due to things which *have* happened, not, that is, to hæmorrhage which is continuing; while, on the other, we must not forget that in these cases "more haste less speed" is a proverb very applicable; that the evacuation of the uterus if effected will be thorough and complete, fœtus, placenta, and hæmorrhage coming away together, and the patient therefore being exposed to a fresh source of depression, of which, as I have shown, she is now particularly susceptible. Supposing, then, that the membranes be found unruptured, and the os uteri moderately dilated, the patient being collapsed and all uterine contraction, of course, absent. I should under these circumstances be inclined, in the first place, to administer stimulants, which should include food of some kind; and in order to produce a rapid effect, the intravenous injection of ammonia might perhaps, notwithstanding its effect in lessening coagulability of the blood, be useful. To this an irritant applied to the præcordium, may be added; and on account of the immediate effect upon the heart's action which raw spirit has in passing down the œsophagus, that too should be given. At all events, whatever means be employed, a reasonable time may be spent, in the first place, in combating the collapse. Next, the abdomen should be encircled by a bandage, which should not be fixed, but left so that one end may be pulled tight as occasion demands—the attendant's knee at once fixing the nethermost end of it and the patient's loins. Thirdly, the patient should be so arranged that the head *and heart* are decidedly below the level of the rest of the body. It will now be time to consider whether or no the membranes should be ruptured. Here it should be remembered that in many cases in which the os was upon examination only partially dilated labour was very rapidly completed upon rupture of the membranes; the collapse had favoured its passive dilatation. Therefore, if there be the least sign of recurrent throes, the liquor amnii may be discharged, and the bandage tightened. But, should the throes not supervene, and the patient's condition become worse, as it certainly will until she is delivered, the forceps (already at hand) must be applied; and, in using them, the ease with which the os may be dilated in these cases may be borne in mind. Extraction being nearly completed, it will be remembered that the uterus in contracting has by this entirely separated the placenta, and the hand should therefore supplant the bandage, which, while the uterus was well distended, gave support enough. Upon the exit of the child firm pressure to the uterus should be continued, and the placenta, with a greater or less amount of discharge, will follow at once. The attendants should at once remove the child, so that the accoucheur is left entirely free to control the uterus and to minister to the patient, who will now demand his entire and unremitting attention.

But it is noted in many cases that the os remained closed after the accession of alarming symptoms; and of those cases, all those who died, died undelivered. In a word, the longer treatment is delayed, the worse will become the patient's condition; hence, with a view of rendering an early diagnosis more easy, I have discussed the symptoms as above, separataly, and at length. In this case the os must be forcibly dilated, and that speedily; and for the purpose no better means is at hand than Barnes' dilating bags. But for reasons already given, they should be so applied, if possible, as to preserve the membranes entire until the right moment comes for emptying them. I do not know of any case in which they have been used, but, from what has already been stated, it might be expected that the os would yield pretty rapidly.

I have thus far purposely omitted mention of the use of ergot, because it involves a discussion of the comparative merits of version and extraction by the forceps in cases in which the uterus fails to take on action. Dr. Goodell, in discussing the latter point, places the two methods of delivery on a par as regards time, for the following reasons:—That if version be undertaken, probably the whole hand must be passed into the uterus, because the clot and bulging placenta will form a ledge such as would prevent the use of the bi-polar method; and, if the hand can be introduced, so, most often, can the forceps be applied. For my own part, while agreeing in this view, I should be very averse to turning the child unless it were found impracticable to deliver in any other way; for that ledge which would obviate the effect of the small force applicable by the bi-polar method would give way under the greater force used in the ordinary manner; that is, that very disturbance of the clot and placenta would be effected while the uterus was still unemptied which I should, up to that time, have preserved the membranes entire especially to prevent. Of course, in a case of this kind, in which speedy delivery is the object in view, it must first be ascertained that the pelvis is roomy. If it be contracted, even with great dexterity considerable delay may occur in extracting the head, during which, from the paralysed condition of the uterus, there will be great risk of further hæmorrhage. It is a question, therefore, whether in all but exceptional cases it will not be better to drag the cranium within reach by the forceps, and then, if there be any delay in extraction, to at once lessen its diameter by craniotomy. The convenience of this plan is all that need be considered; for almost invariably the fœtus will be already dead. Upon this view, I should not hesitate to give in the first place a large dose of ergot, which, if it do not operate before delivery has been effected (as is very likely under the condition of collapse) will have a favourable effect upon the uterus after delivery.

Should the membranes be found ruptured on the first examination, then the steps to effect delivery above described may be at once taken.

To recapitulate the treatment of accidental concealed hæmorrhage: A short time should be spent in combating collapse, because the absence of uterine contraction is chiefly owing to it, and because the patient requires to be fitted as far as may be for the further shock she will sustain upon complete evacuation of her uterus. The membranes are to be ruptured at a time to be fixed in each particular case; for, they are ruptured in order to facilitate delivery; and this will not be effected if they are broken before the os is pretty well dilated—but on the contrary delivery will be delayed—and the support which the whole ovum affords the partly detached placenta and effused clot at the same time lost. Nevertheless in these cases they may be ruptured earlier than they should be in a normal labour, because the depression is favourable to dilatability. If the attendant have decided in favour of version, then he will not give ergot until that operation be nearly completed; but the use of the forceps, supplemented (if necessary) by craniotomy is to be preferred, because in that way there is less chance of disturbing such clot as may be closing some of the uterine sinuses. And in that case he will have begun by giving a good dose of ergot, not only with a view of exciting the uterus to contract before delivery, but with a view of keeping up its contractions after delivery. He will also in the first place have got the patient in the position most favourable to continuing the action of a feeble heart. Subsequent to delivery he will be prepared to give his sole and undivided attention to the patient, who is not only now liable to sink under a very small further hæmorrhage, but is sure to become collapsed if that condition have not already supervened. And lastly, because she can stand but a little more loss, he will first of all have made arrangements for injecting that most certain styptic in post-partum hæmorrhage—the perchloride of iron, by means of which that case may be brought to a favourable end which without it would probably have terminated fatally.

Clinical Records.

A CASE OF ACONITE POISONING. (a)

Under the care of Dr. G. F. SCHREIBER, West Brooklyn.

I WAS called in haste, June 18th, 1874, to see E. B., a labourer, aged 36 years, who had taken two teaspoonfuls of tr. aconite root an hour before, 9 a. m. He had taken it, he said, to overcome the nervousness and insomnia consequent upon a drunken spree. He was having convulsive attacks, coming on at short intervals; had vomited some, and complained of dryness of the throat, coldness and tingling of the extremities, and muscular weakness. The pulse was almost imperceptible, countenance pale and pinched, and skin shriveled and covered with cold, clammy perspiration. I ordered a draught of warm water and mustard, which produced emesis; the matter vomited had the odour of aconite quite strong.

I sent for Dr. R. M. Lackey, and asked him to bring with him a Kidder's battery. I had hot bricks applied to the extremities, and body as well, and directed the occasional use of friction with dry warm flannel. While awaiting the arrival of counsel and the battery, he had another vomiting spell, after which he fell back in a state of muscular rigidity, eyes staring, respiration suspended, and to all appearance about to expire. Just then the doctor arrived with the battery, which was hastily set going, and one pole applied to the nape of the neck and the other over the region of the heart. He was at once relieved of the spasm, respiration became more regular, and he complained of pain from the current. He begged to be allowed to sleep, which was denied him, and he was kept well roused up by the frequent use of the current, interrupted in such a way as to produce considerable shocks.

At 12 o'clock m. the pulse was slightly perceptible, and he was more sensitive to the current. An enema of warm water and salt was administered, and a copious fluid evacuation was produced, having the odour of aconite. In making another attempt to raise up he again fell back and seemed about to expire, when a good, lively shock from the battery started him to breathing again. Improvement from this time was decided, so that by 3 p.m. he was regarded as out of danger. He slept well the following night and was up the next day, but complained of tenderness over the stomach. No after-treatment was required, as his nervousness had disappeared, and he recuperated rapidly.

The treatment in this case, as will be seen, was mainly by the faradic current, which seemed to counteract the tendency of the poison to produce paralysis of the heart.

The point of greatest interest in the case is the fact that the patient has never tasted a drop of intoxicating drink

(a) Reported in the *Medical and Surgical Reporter*, Philadelphia.

since, and from being a confirmed drunkard and generally worthless fellow, has become a sober, industrious man; and this is the greatest and most decided curative effect I have yet observed from the internal use of aconite.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE eighth meeting of the session was held on Friday evening, March 24, 1876, Mr. EDWARD HAMILTON, President of the College, in the chair.

MEDULLARY SARCOMA.

Mr. H. G. CROLY exhibited a specimen of medullary sarcoma of the testicle. The patient from whom the specimen was taken was a man 40 years of age, and was admitted within the past fortnight into the City of Dublin Hospital. The right testicle was of very considerable size, and as far as could be ascertained from the history of the case had been six months growing. According to the statement of the patient, he had received no injury whatever. The tumour presented the usual appearance of these malignant growths of the testis —flattened sides, deceptive fluctuating feel, and was enormously heavy in proportion to its size. There was no thickening of the spermatic cord, and as far as he (Mr. Croly) could discover, no enlargement of the glands, either in the lumbar region, groin, or pelvis. In order to make himself satisfied as to the nature of the tumour, finding it fluctuating, he punctured it, and drew off 2 oz. of hydrocele fluid. As that did not make any difference in the size of the tumour, he then plunged a trochar into the substance of it, and nothing came out but blood. Before the tumour was cut into, it presented the kidney-shaped appearance, and on making a section it resembled brain. It was a well-marked example of *fungus hematodes*, or what was known at the present day as "medullary sarcoma." Dr. Barker, the curator of the museum, had kindly made a microscopical examination of the specimen, and he stated that it was a well-marked example of cerebriform cancer. It was magnified with a power of 500 diameters. Mr. Croly also showed another specimen, for the purpose of illustrating the fact that the disease occasionally attacked both testicles. The second specimen was removed from the body of a young man under his care in hospital.

ENCHONDROMA.

Mr. W. I. WHEELER exhibited the third or ring-finger of a girl which he had removed on Thursday week. The cast which he also exhibited showed the condition of the finger on the admission of the patient. The patient was 17 years of age, and about nine years since a door slammed on the finger, and two years afterwards a tumour commenced to grow—that was the tumour which implicated the second and third phalanges. Another tumour—at the first phalanx—commenced to grow a few months afterwards, and these tumours gradually increased until they attained their present size. The larger tumour is about the size of a walnut, and the smaller one about the size of a hazel-nut. The patient complained of considerable pain, and was unable to use her hand, and consequently —although the tumours were on her right hand—her left hand and arm were very much more developed. On examining the tumours they proved to be enchondromatous, and were elastic to the touch, and on cutting into the larger one it had rather a crisp feel, and the skin expanded for the purpose of its accommodation, but the skin was by no means contaminated by the tumour itself. He asked the curator of the museum, Dr. Barker, to examine these tumours microscopically, and he had stated that the large one was a specimen of simple enchondroma, full of cartilage-like irregular cells, with communicating thread-like connections. It appeared to him (Mr. Wheeler) to have been developed from connective tissue. It was not attached to the bone. There was no plate of bone connected with it. The small tumour commenced in the medullary cavity of the bone, and was of two forms—the hyaloid, and, he might say, mucoid forms of enchondroma, and showed large oval cells and also branched or stellate cells.

Dr. JACOB then read his paper on

SOFT CATARACT OF MIDDLE AGE AND ITS TREATMENT,

which will be found at page 293.

The PRESIDENT said the paper ought not to be passed over without discussion. It was very interesting, taken in a physiological point of view, and also in a pathological point of view as to the peculiar condition of the blood to which Dr. Jacob had alluded.

Mr. TUFNELL said the question of operation for soft cataract against hard by the needle was a most important one, and he thought one that they might well consider. They knew Dr. Jacob's father was a great advocate, and he (Mr. Tufnell) would be very glad to hear the opinions of gentlemen either in support of that view or to the contrary. He had seen the late Dr. Jacob perform case after case; his operations were always successful. But then the late Dr. Jacob had great experience—he did not know how many years—and of course that experience led him to select those cases which were fit for operation, and reject those which were not. The way in which he used to dispose of his cases of cataract was most satisfactory, but then of course it depended upon the selection of cases and the experience of the operator.

Dr. BENNETT then read his paper on

THE USE OF ANTISEPTICS.

which will be found at page 295.

In the succeeding discussion,

The PRESIDENT said that at Steevens' Hospital he had had a large experience in the use of the carbolic acid, but he had not seen the salicylic acid used, and he should therefore be glad to hear the opinions of those who have. There was one point of interest in Dr. Bennett's paper, and it was the combination of the two antiseptics. That plan they had adopted for a long time at Steevens' Hospital, always using the chloride of zinc, and over that carbolic acid dressing, and he thought they were inclined to attach more value—or at least as much—to the careful sponging with chloride of zinc as to the other part of the antiseptic treatment, but they invariably used both.

Mr. TYRRELL said that in the Mater Misericordiæ they used the chloride of zinc and the carbolic acid treatment. They had not used the salicylic acid. He would like to ask Dr. Bennett what were the exact results obtained from the use of this acid? Did it stop or prevent the secretion of pus? Was Dr. Bennett in the habit of obtaining those wonderful results which Professor Lister had spoken of. The Society could not fail to be indebted to Dr. Bennett for the details of this valuable dressing, but it would be interesting to the meeting to know the exact results which Dr. Bennett had obtained.

Professor STOKES was in the same position as Mr. Tyrrell, as regarded the want of experience of the antiseptic action of salicylic acid. For some yeas he (Mr. Stokes) had been oscillating between two antiseptic methods of treatment—one, carbolic acid, and the other, benzoic, using in all instances what the President had mentioned as the custom at Steevens', the application of the chloride of zinc, and after considerable experience he (Mr. Stokes) had adopted the simple plan of the carbolic acid treatment. He had been deterred from using salicylic acid by the observations of Mr. Callender, of St. Bartholomew's Hospital, who spoke strongly in his (Mr. Stokes') hearing against the use of that antiseptic. Therefore he thought it would be desirable that Dr. Bennett should point out what he thought were the advantages of that antiseptic over the others. The treatment which he (Mr. Stokes) adopted in all cases of amputation and similer cases was after the application of the chloride of zinc dressing to use one of a weak solution of the carbolic acid in the proportion of about 1 to 40, with strips of lint, and then placing the stumps on large pads of oakum. He thought oakum was most desirable for use in the after-treatment of wounds. He found it gave most satisfactory results when carbolic acid was used in the weak solution he had mentioned, but it did not give rise to any of the symptoms which Dr. Bennett had spoken of, and which he (Mr. Stokes) had seen produced, but only when the solution was much stronger. That was the treatment he used now, and he saw no reason, after considerable experience, for altering it. He thought all they could desire in treatment was the keeping down of bad odour and keeping everything very clean—all they desired to accomplish was accomplished by that method. He thought it would be of interest if Dr. Bennett would state more distinctly than he had done the distinctive advantages of sali-

cylic acid. For a considerable time he (Mr. Stokes) gave benzoic acid a trial, and found it an agreeable mode of dressing wounds, but it had not so good antiseptic properties as carbolic acid, and therefore he preferred carbolic acid.

Dr. HENRY KENNEDY remarked that salicylic acid had been found useful in affections of the stomach where flatulence and a remarkable disease known as sarcina existed, and was given in the forms of pills and solutions in doses of 2 grains and upwards, as had been stated at a meeting of the Medical Society of the College of Physicians about a month since, when an interesting paper on the uses of salicylic acid was read; the addition of a small quantity of borax made the acid very soluble. It was a useful remedy in those two particular affections of the stomach, and it had also been applied to lupoid ulcers, on which it was stated to have an extraordinary effect.

Mr. W. I. WHEELER said he had used salicylic acid several times in amputations at the City of Dublin Hospital. His former plan was to use the chloride of zinc solution, and afterwards carbolic acid, and he gave up carbolic acid for the purpose of trying the salicylic. His experience of the salicylic acid was this—that it did not prevent suppuration taking place as carbolic acid did, and with chloride of zinc, which he believed to have great antiseptic power, and carbolic acid, he had had very favourable results; but with salicylic acid it appeared to him that more suppuration took place. The great benefit to be derived from salicylic acid—if it really was an advantage—was that there was no unpleasant odour to the patient. As regarded the irritating powers of salicylic acid, he had not experienced that which Mr. Callender had complained of.

Mr. B. W. RICHARDSON (to Mr. Wheeler): You don't mean to convey that carbolic acid stops suppuration altogether?

Mr. WHEELER: No.

Mr. RICHARDSON: Because I don't think it does myself—it may do so.

Mr. WHEELER: I have seen cases of carbolic acid treatment in which there was very little suppuration.

Dr. BENNETT, in reply, said that he thought he might be well pleased with the discussion that had taken place, especially as it gave him an opportunity of remedying the shortcomings of his paper. He thought he had dwelt sufficiently upon the special advantages which he attributed to salicylic acid, but no doubt he had done so but briefly. A slight misunderstanding had evidently occurred, from the observations of the President and Mr. Tyrrell, in supposing that in speaking of salicylic or carbolic acid, he (Dr. Bennett) excluded the chloride of zinc. In the commencement of the paper he omitted to go into details with reference to anything except the dressings, thereby regarding as understood the immediate treatment of a wound—such as an amputation, or, for instance, the removal of a breast, by the chloride of zinc. For himself, he adopted that in many cases, and would do so still in any case where the surfaces were such as to suggest the use of it. No one had thought of applying chloride of zinc in the treatment of a burn of the second degree, with the skin excoriated and stripped of its cuticle. In the treatment of such a case as that, the question of the treatment by chloride of zinc did not arise; but the treatment by salicylic and carbolic acid did. But let them take one case in point in answer to Mr. Tyrrell's question. A burn covering both sides of the gluteal region, the posterior aspects of both thighs, and both legs almost entirely—to cover such a surface as that with gauze—to dress it efficiently with gauze and with carbolic acid, under the carbolic acid spray, was extremely expensive. A very large quantity of gauze would have to be used, and again, they would have to remove it in a very short time, because over so great a surface they could not confine the gauze so as to ensure the carbolic acid remaining in it. A case such as he had mentioned occurred, and he dressed it with salicylic cotton, and the discharge, which was slight, ran through the cotton and was received by the jute which had been banded round. Although vesicles formed, they kept on the use of the combined fluid over the whole gluteal region; the posterior aspects of both thighs and legs being scalded to the second degree, the total number of dressings that case required was only, as far as he could recollect, five. After the first and second dressings they were enabled to let the case go on for over a week without any dressing whatever, and without its being offensive. He did not mean to say that they controlled suppuration; but the suppuration was not offensive, or if offensive, so slight as not to attract notice. That was a case which had been for 24 hours untreated—a man scalded on board ship—and the germs of decomposition in such a surface were destroyed. The salicylic acid in the wool and jute were in that case so perfectly satisfactory as antiseptic dressings that in a short time they were reduced to very wide intervals, and the treatment of the entire case occupied only a month. He did not think they could get a more favourable result by any other treatment. With reference to the special advantages of salicylic acid, he thought the case he had just stated pointed to what they were. He happened to have at present a case under his care which had been under antiseptic treatment—a case of pleural fistula empyema, and which, in order to relieve a condition of hectic, was opened freely. That had been dressed since January constantly antiseptically, and there had never been any odour from it whatsoever since. Before that, however, the odours from it used to reach to the street hall-door in a three-storey house, and rendered the house unbearable to the family. Since the adoption of the antiseptic treatment, however, there had been no odour. The air entered freely into the pleural cavity through the dressings, and they had quite a purulent discharge for over a month without decomposition; whereas in the early part of the treatment it saturated a bed through and through, and they would have had to dress it four, five, or six times a day with the carbolic acid dressing; chloride of zinc could not be applied. The case was previously treated with chloride of lime. He thought the great advantages of a combination of the salicylic and carbolic acids was, because they combined efficiency with a saving in cost, because in a vast number of cases they could leave such a thing as an abscess or an amputation a whole week undressed with perfect safety and without decomposition. After the discharge issued from the surfaces it did no harm, because it was thoroughly saturated with the disinfectant, and could not therefore decompose.

The Society then adjourned.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 12, 1876.

THE DRAMA *v.* DRINK.

VERY recently we had the last of a series of Conferences in connection with the Church of England Temperance Society. The subject of discussion was "Certain Preventive and Remedial Measures against Intemperance;" and in the course of the evening Mr. Elward Irving, the well-known actor, read an excellent paper, entitled "Amusements," which not only evoked but deserved applause. And although the greater part of the communication was taken up with topics that were rather irrelevant to the main subject, namely, the influence of the drama as a deterrent to alcoholic intemperance, and although he was far from viewing the question in all its aspects, his

remarks were well calculated to arouse the attention of thoughtful minds, and to soften down the prejudices which even now exist among a certain class of the community.

That a man so devoted to his profession as Mr. Irving is should somewhat exaggerate its public utility is not more than we might expect; but we doubt whether the stage can be said to do much in the way of improving the public taste or the public morals. On the contrary, the culture and character of a people would appear to have far more influence over the stage than the stage has over them. It is not so much the stage which dictates to the public as the public to the stage. The scandalous and licentious plays of Wycherley and Congreve would never have been written or acted had they not chimed in with that reaction in the public morals which took place soon after the Restoration. Again, Dryden was by no means a man of vicious habits; but he was driven to write plays in order to live, and to make those plays "pay" he was compelled to prostitute his powerful genius to the depraved taste of the times in which he lived, and to write things of which he was afterwards ashamed.

It is not, however, our intention to consider what moral effect the stage has upon the character, so much as to point out in what way the drama may be able to control in some degree the bad habits and propensities to which most men are inclined.

But with regard to the present question—that of intemperance in the use of alcoholic stimulants—the most we can say is, that the stage can only act as a deterrent to this great vice of English society in so far as it supplies to the public a legitimate amusement, and in so far as amusements in general have a tendency to divert people from pursuits of a criminal or immoral nature. It is evident that if the stage can do any good at all it must do so either by representing on its boards the penalties of drunkenness, or by elevating the taste of the lower classes and weaning them away from the dissipations of the gin-palace and the pot-house, or by acting in common with all other amusements, and distracting for a time the attention of those who, from various causes, have a craving after stimulants of a more questionable nature than that which is afforded by spending an evening at the theatre. The first of these means, however, is impracticable, as the character of a drunkard could only be occasionally represented on the stage. And with regard to the deterrent influence of the drama upon intemperance by improving the taste and morals of a people, there is not much to be expected in that direction. Even if a frequent resort to the theatre did, as we very much doubt, tend to improve the taste and morals of the audience, it does not follow that such an improvement would be accompanied by a dislike to alcoholic indulgences. It is a well-known fact that a man may be fond of the bottle and yet be of irreproachable morals, and have a fine taste as respects all the arts, and habits, and pleasures of life.

But with regard to the *physical* effect of amusements on the mind—of amusements in the largest acceptation of the term—there is much more to be said. And undoubtedly the stage is one of those amusements which is capable of acting as a wholesome stimulant, and a wholesome form of recreation to a mind that is jaded with fatigue, depressed by sorrow, or enervated by *ennui*. This is particularly true as respects the middle and higher classes of society, many members of which have recourse to the use of alcoholic stimulants from the causes we have just mentioned. Everything depends upon the hygienic and moral management of those who are on the verge of becoming dipsomaniacs. To keep the mind constantly occupied with some agreeable study or pursuit, to engage its attention by the cultivation of some liberal art and an indulgence in some liberal taste, and to recreate it and keep it in a healthy tone by a frequent recourse to legitimate pleasures and amusements, must be admitted to be among the best and most efficient remedies that can be adopted by those who are beginning to feel that dreadful propensity to drink with which so many of both sexes have the misfortune to be afflicted. Who amongst us has not had patients who have confessed that their first temptation to acts of intemperance was some overpowering sorrow, some reverse of fortune, some failures or disappointments in life, some sickness of heart from hopes long deferred, some "whips and scorns of time, The oppressor's wrong . . . The pangs of despised love . . . . and the spurns That patient merit of the unworthy takes." And who has not felt how much better it would have been if such patients, instead of giving way to their first temptation, had tried to forget those pleasures of which they were deprived by resorting to those which were still within their reach, by cultivating those sources of enjoyment of which Fortune could not rob them, and, among other diversions, by frequently resorting to that mimic stage of human life where they might have seen, as it were in a mirror, that there are other and more poignant griefs than their own; or where a good hearty laugh might be wrung from faces over which misfortune had cast a melancholy gloom.

In such exceptionable cases—and in such cases only—do we think that a more liberal indulgence in various kinds of amusements can do any good to those who are inclined to give way to intemperate habits. For as respects the lower classes, we cannot expect the vice of intemperance to disappear until the habits and manners of that class have undergone a complete change, until they have become more educated, more provident, and more refined.

THE EARLSWOOD ASYLUM AND CHARITY VOTING.

We are glad to find our leader on "Legislation for the Helpless," of March 1st, has called forth an able document from the Charity Voting Reform Association, and which warmly enters into our views, and dwells upon the evils of the present system of charity voting, as applied to the Earlswood Asylum for Idiots. The document in question has, it appears, been sent to all the subscribers to the institution, and cannot fail to attract proper attention to the very glaring and special evils of the voting and canvassing system in the case of the grievously afflicted class which this charity is intended to relieve. It sets forth somewhat more in extenso anomalies in its working, and which we merely cursorily glanced at, and in a manner that must carry conviction to the more thoughtful among its subscribers. In the spirit of the motto of the institution, "It pleads for those who cannot plead for themselves—the young, the very young," and for whose recovery the earliest attempts should be made. The idiot when

young is undoubtedly susceptible of great improvement, but if this period is allowed to pass before any attempt is made, then his case becomes more hopeless, for the tendency of neglect is, indeed, fatuity ; but if taken early, and carefully trained and educated, on the principle that there is mind, and that it only demands physical manifestation, much, in most cases, that is essential to life, if not all that is desirable, may be secured.

If this be true, as we feel sure it is, then the voting and canvassing system effectually prevents its being carried into effect at Earlswood, for of the 594 inmates, there are only 35 between 7 and 10 years of age, and 122 between 10 and 15, being about one-fourth of the whole. Again, the present list of candidates, 230 in number, enough to last through four years, contains more than half belonging to the pauper class of persons, who are, by the rules of the institution, expressly excluded. Indeed, it is stated "that the benefit of the first efforts shall supply relief chiefly to the middle and poorer classes, and, at the same time, become a model and a motive for improvement in our *pauper institutions.*" The original intention of the founder of Earlswood, it will be seen, has been entirely departed from in regard to the class of candidates admitted, and in favour of paupers from all parts of the country, who ought to be supported and trained by the guardians in Poor-law institutions.

The lower-middle and upper artisan class, for whom Earlswood was specially intended, have thus been shut out to make room for a class for whom provision has been fully made by the law of the land. The poorer portion of the middle classes who are so unfortunate as to have an imbecile child have, in consequence, a great difficulty in obtaining proper care and training for it. This constitutes a real grievance, for they cannot appear as paupers before their boards of guardians to claim the benefit of the legal arrangements made for destitute imbecile children ; neither can they undergo a tedious and expensive canvass, or pay a premium of fifty guineas a year, which the managers of Earlswood Asylum demand of them.

The managers of this—and of all asylums supported by the benevolent—inflict a great hardship upon the class of persons we have alluded to, by refusing help to those for whom it is intended. They should consider, in making a selection between the indigent and those able to contribute something towards the maintenance and education of a child, that the latter more require aid than the former, on the ground that the indigent are already amply provided for ; while for those who are able and willing to contribute there is no provision whatever. Working class families, which under ordinary circumstances are able to pay their way, are liable to be broken down by the burden of an idiot, blind or deaf and dumb child ; and the practical result of this is, that in the majority of cases the child is neglected, and ultimately becomes a permanent charge upon the community.

The lower-middle class with small means, and the well-to-do of the artisan class earning good wages, would, we are sure, be quite ready to contribute according to their means ; they might pay, some £30, some £20, and some £10 per annum ; and, according to the intention of the ounders of the Earlswood Asylum, this class is entitled sk and to have the "first effects" of the institution but the voting system has made all charity paupers alike and the most deserving cases go to the wall in the scramble among 13,000 subscribers, who are pestered and worried out of their lives, and simply because the present system pays. A full experience of the evils attending the voting system, however, proves beyond a doubt that it repels as many subscribers as it attracts ; but apart from this, it is evident to all who have fairly mastered the question that some substitute for the heavy expenses of canvassing for uncertain elections should be found. Small fixed payments by families and friends, in order to secure admission to such asylums as Earlswood, will not only be a perfectly legitimate mode of raising funds, but will allow of a considerable saving being made in the expenses of the institution. In the concluding words of the "Charity Voting Reform Association"—

"Although consistently advocating the alternative of abolishing the voting system, or reforming its abuses, as applicable to the great majority of charitable institutions, we cannot refrain from earnestly suggesting the former as the only course suitable to the Earlswood Asylum, having regard to—

"1st. The necessity for beginning at an early age the remedial treatment of the peculiar affliction which you seek to assuage.

"2nd. The special claims and circumstances of the lower-middle and upper-working class ; and

"3rd. The large number of subscribers and the national character of the institution.

"Actuated by a sincere desire to promote the greater prosperity and usefulness of your important charity, we confidently submit these views to you, in the hope that you may find in them additional reasons for improving the mode of admission to the Earlswood Asylum, and that the result will be that the subscribers themselves will take action in the direction indicated."

Notes on Current Topics.

Conference on the Sanitary Laws.

THIS Conference, at which some important matters will be discussed, is arrnged for the 11th and 12th of May, in the rooms belonging to the Society of Arts. We are enabled to furnish the following programme of the proceedings :—1. Do the existing boundaries of urban and rural districts furnish such a division of the country as enables authorities to exercise their powers and fulfil their obligations, for sanitary and all other purposes of local government, in the most effective manner ? 2. What preliminary inquiries, if any, are necessary to determine the question ? and if, ultimately, districts should be reconstructed ? *a.* What principles should govern their reconstitution ? *b.* How can this reconstitution be best carried into effect ? 3. Should there be more than one authority within the limits of any one of the boundaries so reconstituted, or should area and authority coincide ? and should all authorities be governed by the same sanctions, and be invested with the same powers ? Should new authorities be constituted, and is it desirable to have any intermediate representative local board between sanitary authorities and the Local Government Board ? 4. Are the powers already granted to local sanitary authorities in any respect inadequate to fulfil their intention, and should

all powers and purposes of local government be vested in, and carried out by, one and the same authority? 5. What, if any, alteration should be made in the incidents of taxation for sanitary purposes, so as to insure that payments should as nearly as possible coincide in amount with direct benefits? 6. What officers are essential to good government, and how should they be appointed, regulated, and paid? This Conference will be preceded by one of the Society of Arts "On the Sewage Question."

Duties of Sanitary Officers in Ireland.

On the passing of the Public Health (Ireland) Act two years ago, the Local Government Board made an order under their seal (which will be found at page 512, Irish Medical Directory) defining, as they were authorised to do, the duties of all sanitary officers, including, of course, the medical officers. In accordance with the terms of that order they have recently informed a medical officer who had inquired of them "whether it was part of his duty to attend and give evidence in cases of prosecution under the Sanitary Acts," that "every sanitary officer is required to attend and assist in all proceedings in which his attendance or assistance may be necessary."

If this order were made under due authority of the Act of Parliament, it would without doubt be binding on every dispensary medical officer in Ireland. Indeed, if the sealed order be legal and irrevocable, it is hard to say what the Irish Local Government Board may not order the dispensary medical officer to do. Under the head of "Executive Duties" the order says:—

"1. The duty of the executive sanitary officer shall be to attend every meeting of the sanitary authority, and to take directions on the sanitary business of the Board, and on the reports of the sanitary officers, *and all proceedings arising thereon*, and to see that the same are carried out and brought to a conclusion where practicable, in pursuance of the orders of the Board.

"2. In furtherance whereof we do hereby direct that every sanitary officer and sub-officer of the Union shall, on receiving directions from the executive sanitary officer, attend and assist in all proceedings in which his attendance or assistance may be required."

Is there any act conceivable, professional or unprofessional, which these rules would not demand to be done by a medical officer?

The word "proceedings" in clause 2 must be held to mean the proceedings referred to in clause 1, but the wording is so vague, being purposely made so, that it would include the service of processes or the cleansing of a sewer, or indeed any act which "arises" upon "the sanitary business of the Board, or on the reports of the sanitary officers."

But, fortunately, the Legislature does not seem to have intended to confer upon the Local Government Board an unlimited power of this sort, for it very distinctly set out in the Public Health Act the functions which sanitary officers were bound to discharge, and for the execution of which the Local Government Board might specify detailed instructions. Beyond the limit of these functions no order of the Board can go, and no instruction from them is binding, and we are therefore satisfied that they have no right whatever to require medical officers to attend and give evidence in sanitary prosecutions.

By clause 10 it is enacted (page 487, Irish Medical Directory) that "every medical officer of a dispensary district shall be a sanitary officer for such district, and the said Board (the Local Government) shall assign to the dispensary medical officers, and to the other sanitary officers, if any, and to the medical superintendent officer of health, if such an officer be appointed for the santary district, their respective duties and functions *in the discovery or inspection or removal of nuisances, in the supply of pure water, in the making or repairing of sewers and drains, or in generally superintending the execution of the sanitary laws within the district.*"

This clause, we assert, gives the Local Government Board no authority to compel sanitary officers to attend prosecutions as witnesses, or, if sworn, to give evidence without a fee. The sanitary officer is bound by it to aid in finding out a nuisance, to inspect it when found, and to help in removing it, to look after pure water supply, to superintend the making of sewers, and to "superintend" the execution of the law. The giving of evidence does not come within the term "superintend," nor does the wording of this clause justify the indenfiite imposition of irrelevant functions upon the sanitary officer by the Local Government Board.

We trust the public or our English readers will not misapprehend the nature of our demur. The medical officer of health might be held to be churlish and obstructive in insisting upon the letter of the law being observed if he were paid a salary which might reasonably be considered to cover long journeys, great delays, expert evidence, and unpleasant collisions with his patients. But he is not paid for bearing these *désagréments*, but, on the contrary, is told to be content with the beggarly pittance of £5, £10, or £20 a year, because he has little or nothing to do for the money. The attendance on every prosecution, if enforced, would at once treble his sanitary work, and we are therefore entitled to protest on his behalf against the illegal imposition of such a duty. This being one of the first instances in which the order of the Local Government Board as to duties of sanitary officers has been tested, the Council of the Irish Medical Association has placed the matter in the hands of its law adviser, and has requested his opinion whether they can interpose to protect the sanitary officers from the compulsion under which they are placed to discharge a function which seems to us quite illegal.

Hot-Water Treatment of Uterine Inflammation.

In the Report on Gynæcology to the New Hampshire Medical Society, Dr. W. W. Wilkins strongly recommends the use of hot water in uterine inflammation. Having noticed the effect of very warm water upon the hand when exposed to its influence for a *prolonged* period, causing the skin to become shrivelled and pale, he dwells upon the following points:—

1st. That the water should be 98° or 100° Fahrenheit, or as warm as can be borne without pain.

2nd. It should fill the vagina and act on all parts of its surface, to effect which,

3rd. The syringing must be performed by a second person, a friend or nurse, whilst the patient lies on her back with her hips well raised.

4th. The injection must be continued 10 or 15 minutes, the water being thrown in very slowly.

5th. After the injection the patient must have absolute rest. Bed-time will be a favourable time for using it.

6th. The injections may be followed up by the use of astringent lotions once or twice a day, the following being a good one :—

℞ Potass. chlorat., ℥i.;
Acid. tannic., ℥ss.;
Aquæ, Oij. M.

A cupful, with a cupful of warm water, sufficient for each injection.

The patients frequently complain of weakness and weariness for the first few days after commencing this course of treatment, but this soon passes off.

The effect of the hot water is first to dilate, and subsequently to throw the vessels into a state of rigid contraction, blanching the parts.

The Inter-Universities Boat Race.

THIS great aquatic contest, which came off on Saturday last, was a very hollow affair, Cambridge winning by about seven lengths. Last year the race was won by Oxford by about the same distance. Thirty-three annual contests have now taken place, Cambridge being on the wrong side by one. The 1876 crews were a fine set of young men, decidedly above the average ; Oxford went to the post a little over-trained and less finished in style than their opponents. Neither crew appeared unduly fatigued at the end of their four and a-half miles row, showing the muscular powers and general *physique* of the men to be particulary good.

The Budget and the Profession.

ALTHOUGH the Government has determined to spend a much larger sum than usual upon the three branches of the public service, the Medical Department will be cut down to a starvation point, and probably left to die of inanition. The Chancellor of the Exchequer asks for forty millions of money to maintain the Army, Navy, and Civil Services in a state of efficiency, while the War Minister looks on with indifference, for he has not yet made up his mind to improve the quality of the raw material, nor pay the private soldier better ; and as for the grievances of medical officers, he cannot understand them. His conduct too, with regard to Netley, is incomprehensible, for he not only refuses to fill up the vacant professorship, but it is currently reported that he seriously thinks of breaking up the valuable school of military medicine in connection with the hospital. Mr. Hardy possibly hopes in this way to save a few hundreds, and lavish them upon the Knightsbridge barracks, which he has obstinately determined to rebuild upon a most unhealthy and inappropriate spot. However, not only is the school at Netley to be abolished, but the mess establishment, which nearly from the beginning of the present century has represented the head-quarters of the Medical Department of the Army, formerly at Chatham, is to be broken up, and its property dispersed. *Mirabile dictu*, all this is taking place under a Government we have been led to believe is "Conservative," but which is given to "jobbing" more than any Government of late years. Its estimates are perpetually going up, and yet the patent defects of the hour—the tenuity of the army, and grievances striking at the root of the Medical Department, the want of certainty as to the Fleet, the bitter discontent of the Civil Service—are in no way likely to be redressed or removed, and withal we are expected to pay an increased amount of income tax, and be thankful for the blessings vouchsafed to us by a Conservative Government.

Dr. Letheby's last Illness.

IN the memoir we last week published of Dr. Letheby it was stated that he had suffered from pneumonia, which appeared after his presence at the London Hospital, on the occasion of the Queen's recent visit. An additional note will interest many readers. From this attack of pneumonia, which involved the lower half of the left lung, Dr. Letheby was convalescent, when he was seized with acute peritonitis, which lasted just 44 hours. His friend Mr. John Jackson, F.R.C.S., who attended him throughout, thinks the peritonitis was probably due to perforation. But for this last attack, Dr. Letheby might still have been amongst us.

The Sewage Question.

PROFESSOR VON PETTENKOFER has been giving a course of lectures at Munich on drainage and sewage removal. The learned Professor is the President of the Imperial Sanitary Commission of Germany, and the foremost authority on hygiene in that empire, consequently his views are of great value.

A report of these lectures is being published in our contemporary the *Doctor*, which has the advantage of being revised by Prof. v. Pettenkofer himself, after translation and annotation by Dr. T. Whiteside Hime, of Sheffield, whose excellent translation of Pettenkofer's classic treatise "On Cholera" is probably fresh in the memory of many of our readers. Many valuable hints and statistics may be gleaned on the all-absorbing question of sewage from these lectures in our monthly contemporary.

The Vaccination Question.

AT Manchester, a public meeting has been held to express sympathy with Mr. Henry Pitman in his recent imprisonment for refusing to pay a fine imposed by the Altrincham magistrates for neglecting to have his child vaccinated. Mr. Pitman was four days in gaol, when his friends paid the fine, and he was liberated. Mr. Hugh Birley, M.P., though he disagreed with Mr. Pitman's conduct, sent a cheque for the amount.

A public meeting of one class or another may be at any time called together to sympathise with one who has had the sentence of the law passed upon him, whether justly or unjustly. It is therefore not surprising that Mr. Pitman's imprisonment should become a subject of discussion and expression of sympathy at a public meeting of those misguided people who have either never looked into the evidence of vaccination, or who have not the intelligence necessary to weigh that evidence. It is not, as a rule, among the educated and reading classes of the

people that the instances of neglecting vaccination are found, but among those who, being unable to form an opinion for themselves, act under the advice of others. It is not possible to appeal to the common sense or judgment of those people, or to explain to them by reasonable argument how the community at large may suffer greatly by their individual neglect.

The more forcible argument of punishment by fine and imprisonment, objectionable as it may appear in some respects, alone remains.

And it is to be regretted that a gentleman of position, who is aware of the mischief that may ensue from the violation of the law, should be found capable of illogically and foolishly assisting to mitigate its just penalties. The course taken by this Member of Parliament is especially objectionable, since the ignorant dupes of the anti-vaccination agitators are not aware that the letters M.P. attached to a name are not always a guarantee of the wisdom or discretion of he who appends them.

Anæsthetization during Sleep.

Dr. Cluness reports in the *Pacific Medical Journal* two cases of successful chloroformization during sleep.

The first case was that of a little girl, aged eight years, in whom, as a sequel to acute otitis media, the mastoid cells of one side became inflamed. Chloroform was administered upon a four-by-six piece of surgeon's lint, held as near the child's mouth as possible during sleep without coming in actual contact. Not the slightest effort was made by the child to avoid the inhalation of the anæsthetic, and in a few moments she was well under its influence.

The second case was on the person of a little girl two and a-half years old, for the purpose of having a supernumerary toe removed from each of its feet.

Russian Cure for Drunkenness.

The *American Journal of Pharmacy* says that for some time past *Herba serpylli* (wild thyme) has been used with great success to effect a permanent cure of drunkenness: in case of a relapse (only after years) a short treatment will effect a cure again. The treatment consists in making an infusion of wild thyme (1½ oz. to 1½ pints), and give the patient a teacupful every half-hour. The next day it is given every two hours, and then 4—6 times a day until the cure is complete, which generally takes from 2 to 3 weeks. The effects are in the following order: vomiting, diarrhœa, increased urine, strong transpiration, then generally increased appetite and craving for acidulous beverages. The diet: easily digested food and lemonade or other acidulous liquids.

A New Disinfectant.

Under the name of the "Universal Disinfecting Powder" has been introduced an extremely effective and soluble combination of chloride of sodium, calcium, and sulphate of zinc. Upon the addition of water chloride of zinc is formed in solution, one of the most powerful deodorants and antiseptics. Recent experiments upon the action of disinfectants prove that to be effective they must be lavishly used; and a combination which can be obtained for £10 a ton must be of great advantage to all public institutions; and in the army, where, owing to the large quantities of these substances required, economical considerations have to be taken largely into account. We can recommend this powder to the notice of the Control Department as a comparatively speaking non-poisonous anti-putrescent, extremely useful in infectious diseases, the poisonous germs of which can, in our experience, be best destroyed by a lavish use of the soluble chlorides.

Chloroform Again.

Another death from chloroform at Leicester follows this week close upon the heels of that in Liverpool which we reported in our last. Of course it is nobody's fault, the case being, as usual, that of a healthy subject submitted to an insignificant operation, and under the influence of a small quantity of the drug. The profession must by this time be well aware that there are in the community a certain number of persons whose peculiarity it is to be fatally sensitive to chloroform, and who will certainly die if submitted to its influence. They must also be aware that there is no means of recognising the idiosyncrasy except by the actual administration of the drug, and that the death is the first intimation of its existence, and that no precaution on the part of the administrator will suffice to avert the fatality. If surgeons conscientiously appreciate these indisputable facts, we really cannot understand how they can feel themselves justified in submitting patients to a danger which it is impossible to predestinate or to guard against. The pleas which we hear for retaining the use of chloroform may be truthfully interpreted to mean that the saving of an occasional life would be more than compensated by the discomforts of ether, and that after all the occasional victim must pay for the conveniences of the surgeon.

This is what the advocates of chloroform really say, though perhaps they hardly realise the significance of their words. We earnestly protest against such a line of argument, and maintain that a surgeon who continues to subject his patient to a danger of death for the sake of a mere matter of convenience—if there be any inconvenience in the use of ether—is seriously responsible. We are sorry to see the surgical profession going on from day to day in apparent indifference to the matter. Either the danger of chloroform and the harmlessness of ether are proved facts or they are not. If not, a competent scientific inquiry should be made, which would set at rest not only this question but the subject of the best means of administration.

We believe that almost all the alleged *désagréments* of ether arise from botchery in the method of its exhibition; but if these inconveniences were much worse than the warmest advocates of chloroform represent them to be, they would still supply no argument for preferring a dangerous to a safe agent.

Sanitary Condition of the Dublin Barracks.

A board of officers, under the presidency of Lieutenant-Colonel Vacher, Assistant Quarter-Master General, is now thoroughly overhauling the sanitary condition of the build-

ings occupied by the troops, with a view to the remedying of any defects which may be brought to notice. In so unhealthy a town as Dublin it is difficult to isolate completely the military from the many causes of disease which surround them; but owing to the great attention paid to everything connected with the prevention of disease in the army, the latter, as a rule, compares very favourably with the civil population amongst whom they are quartered. If the cause of disease is to be accurately ascertained, it is of the last importance that each case as it arises should be thoroughly traced and sifted in all its bearings, and the facts connected with it accurately recorded. When this is done the exciting cause is sure to be found, and the remedy becomes then a very simple matter.

Physical Education in the Army.

We are very glad to see that while the article on the above subject in our last week's issue was going through the press our well known contemporary the *Field* was at the same time drawing attention to the inferior *physique* of our troops, and was making suggestions similar to those we have already made. "When we consider," remarks that journal, "what would be the immense advantage to us of an army, however comparatively small, of trained athletes, we shall come to the conclusion that, as regards the athletic power of our soldiers we are as yet very far from perfection. What we want in a soldier is strength, stamina, endurance, agility, and speed." . . . . "Men need but very slight encouragement to the pursuit of athletics, and medical men will not be backward in testifying to the existence of good physiological and moral reasons for encouraging wholesome exercise and fatigue among such bodies of men as comstitute our regiments." We hope that we have already met this last suggestion, and that the "physiological and moral reasons" have likewise received from us due consideration. Whether, however, the hints which we and other journals have given on this subject will wake up the dormant energies of our military authorities is quite another matter. It is well known that they are very impatient of any outside interference, and that they are not very ready to adopt any other suggestions than those that have emanated from their own body.

Rheumatism as a Cause of Varicocele.

In a communication to the *Nashville Journal of Medicine and Surgery*, August 1875, quoted in the *Medical and Surgical Reporter*, Philadelphia, Dr. R. M. Corlen, of Cedar Hill, Tennessee, expresses his belief that varicocele is the direct result of rheumatism of the vessels themselves, in a large majority of cases. He instanced the case of a gentleman who first came under his notice suffering from a slight attack of lumbar rheumatism, which subsequently affected the sacral region and left hip-joint. Incipient varicocele was then detected, which gradually became worse. Under iodide of potash and other treatment specially directed against the rheumatism, the testes being suspended, he rapidly improved. After apparent restoration to health, for about a month, he again became the subject of intercostal muscular rheumatism, which changed by metastasis to the lumbar and sacral regions; the varicocele again made its appearance, yielding easily to the treatment proper to rheumatism. During several subsequent attacks the same sequence of events were noticed, the cord becoming swollen, tense, and tender. At other times it is soft, lax, and painless, and free from all inconvenience.

Mind in Plants!

We hope that our readers' breath will not be completely taken away at sight of the above extraordinary announcement. But such is really the title of a paper in a periodical called the "*Scientific American*," and a long extract of which has been inserted in a well-known London journal.

This wonderful piece of information is based upon the reputed speculations of certain scientific men. Thus, we are told "that Dr. Lauder Lindsay regards mind and all essential or concomitant phenomena as common in various senses to plants, the lower animals, and man." "Dr. Asa Gray attributes to plants a vitality and a power of making movements towards a determinate end, not differing in nature, perhaps, from those of the lower animals. . . Darwin has observed in the *drosera rotundifolia* a faculty for selecting its food, which in animals would certainly be attributed to volition." . . . "This plant," says another writer, "would bend towards a fly held within reach, enfold it, and suck its juices; but would disregard the bait if out of reach, showing not only purposive movement, but also a certain power of estimating distance"(!) "Again, Darwin has . . shown that the tendrils of various climbers frequently attached themselves to objects presented to them experimentally, but soon withdrew on finding the support unsuitable. He says of the *Bignonia capreolata* that its tendrils soon recoiled, with what I can only call disgust, from a glass tube or a zinc plate, and straightened themselves." Lastly, another writer says, in "carnivorous and climbing plants there is a choice or alternative between action and inaction, acceptance or refusal; and the choice made is not always judicious. There may be an error, and the error may be corrected; but in order to such correction there must be some kind of consciousness or perception that a mistake has been committed, an exercise of will in making further efforts at success, and a knowledge of means to an end, with their proper adaptation or application."

Such are a few of the quotations that have been made in support of the absurd notion that plants are actually endowed with what we call mind. We must admit that the unguarded expressions which are made use of by scientific men often justify the reader in crediting them with opinions they do not hold. But in the present instances we have something more than unguarded expressions, and the due interpretation of the language used not only shows what mistakes we are apt to fall into by not keeping in mind the proper meaning of common terms but how easily we may allow our imagination to get the better of our judgment. That plants constantly exhibit a remarkable irritability of tissue, a remarkable sensitiveness to external impressions, that some parts of plants have in an extraordinary degree the power of contracting, of expanding, and even of moving, in response to a stimulus acting from without, and that, in fact, the functions and attributes of the highest class of plants differ very little

from those ofthe lowest animals, very few will deny. But to magnify these automatic and wholly unconscious actions into mentalphenomena, and to dignify the most common operations of vegetable physiology with such a term as "mind" is so absurd, that our only excuse for troubling the reader with such wild speculations, is to amuse him with one of the curiosities of scientific (?) reasoning. That there can be no mind where there is no volition and no consciousness, and that there has never been shown to be, and never will be shown, either volition or consciousness in plants, are truisms which no sane individual would for a moment think of disputing.

The Army Medical School at Netley.

THE *British Medical Journal* believes that there is no truth in the statement which has appeared in some of the newspapers that Netley is to be abolished. It was not mentioned whether the Invalid Hospital or the Army Medical School at Netley was intended by the announcement. There is no ground for believing that the report emanated from any authoritative source.

Mortality in Ireland.

Health of the People.—The Registrar-General remarks that the increase in the mortality last quarter was chiefly amongst the aged. "Its causes are to be found in the many variations in the temperature during the three months and the heavy rains of the first six weeks. It is a gratifying fact that the deaths from those zymotic diseases which are to a great extent preventable, were less numerous than in any of the eight preceding quarters."

Although in some places the executive officers experience considerable difficulty in carrying out the provisions of the Public Health Act, the people generally are becoming sensible of the advantages of hygienic measures which have heretofore been sadly neglected, and their co-operation is easily secured: indeed in a few instances the Registrars' observations point to the fault resting with the local authorities and not with the inhabitants.

It should be mentioned here that several Registrars refer to the impossibility of any permanent sanitary improvements being effected among the humbler classes, so long as the poor are obliged to dwell in the wretched habitations which still disgrace many parts of the country.

Diseases.—The deaths from the principal zymotic diseases during the quarter formed 11·1 per cent. of the total deaths, and 48 in every 100,000 of the population. The average number of deaths from these diseases in the preceding eight quarters was 56·8; the deaths in the fourth quarter of 1874 reaching 62·6. *Small-pox:* Only 11 deaths from small-pox were registered, against 68 in the preceding quarter, 225 in the June quarter, and 239 in the March quarter. *Measles:* The number of deaths referred to this disease was 183, of which 84 occurred in Leinster, 25 in Munster (all in Cork Union), 63 in Ulster, and 11 in Connaught. The deaths from measles in the preceding quarter numbered 212. *Scarlet fever:* In the first quarter of the year as many as 1,107 deaths were caused by scarlet fever; the number fell to 913 in the second quarter, and to 788 in the third; but the returns for last quarter show an increase to 827, of which number 564, or 68 per cent., occurred in the province of Ulster. *Diphtheria:* This disease caused 134 deaths; the number is 39 over that for the preceding quarter. *Whooping-cough:* The deaths from whooping-cough were more numerous than in any other quarter of the year, and amounted to 401. *Fever:* The number of deaths from the various forms of fever was 538, being 60 under the number for the preceding quarter, and 96 under that for the fourth quarter of 1874. The deaths from fever were distributed as follows:—Leinster 161, Munster 158, Ulster 167, and Connaught 52. *Diarrhœa:* 447 deaths were ascribed to this disease. During the corresponding quarter of 1874, 426 deaths were referred to diarrhœa. *Simple cholera:* 8 deaths were tabulated under this head.

Inquests.—There were 692 inquests reported to the Registrars during the quarter, this number being equal to 1 in every 33 of the total deaths registered. In Leinster there was one inquest to every 28 deaths registered; in Munster 1 to 31; in Ulster 1 to 37; and in Connaught 1 to 45.

Prescribing by Chemists.

AT an inquest on the body of Henry Martin, an infant, aged seven months, at Limehouse, a few days ago, it was alleged that death was occasioned by the administration of an improper mixture prescribed and prepared by a woman, supposed to be the wife of a chemist. Dr, Harris, who was called in, said the deceased was dangerously ill, and ordered a warm bath. The same evening the infant went into convulsions and expired. Dr. Carpenter, who was also called in, said he had examined the mixture, which contained rhubarb, the administration of which in such a case as that under consideration would accelerate death. The inquiry was adjourned for the attendance of Dr. Harris.

DURING the recent examination for the Fellowship of the Royal College of Surgeons of England 29 passed. For the Membership 69 passed. Sixty-seven candidates were rejected for one or other of these diplomas.

PROFESSOR HUMPHRY has announced a course of lectures at the Cambridge University on the "Muscular System of Man and other Vertebrates," commencing on the 3rd proximo.

MESSRS. SIDNEY BERNAYS, Brudenell Carter, Carr Jackson, Reginald Maples, F. G. Marshall, and James Startin were elected members of the Pathological Society of London at the last meeting.

THE adjourned debate on "Syphilis" at the Pathological Society of London was concluded at a late hour on Tuesday last with an elaborate reply from Mr. Jonathan Hutchinson.

THE quarterly volume of the *Journal of Anatomy and Physiology*, edited by Professors Humphry, Turner, Foster, and Rutherford is just out, being as full of interesting matter as usual.

THE *British Medical Journal* announces that a civil list pension of £100 per annum has been conferred upon Dr. John Brown of Edinburgh, the author of "Rab and his Friends," "Horæ Subsecivæ," and other works, in recognition of his literary eminence. The announcement will be received everywhere with gratification.

A PENNY additional on the income-tax is one of the salient features in the new Budget. Incomes under £150 will in future be exempt, those from that amount up to £400 will be allowed an abatement of £120 instead of £80 as heretofore; the rest of the scale upwards is unaltered except by the unwelcome addition of a penny in the pound.

THE Will, dated November 28th, 1875, of Henry Hardinge, M.D., late of No. 18 Grafton Street, who died on January 28th last, was proved on the 15th ult., by William Money Hardinge, the son, Miss Jane Elizabeth Hardinge, the daughter, and William Henry Hatcher, the acting executors, the personal estate being sworn under £25,000. The testator gives the residue of his property, in equal moieties, to his said son and daughter.

THE Lectureship on Botany in the Ledwich School, Dublin, which was vacated by the death of Dr. D. T. Maunsell, was filled up last week by the proprietors of the school. Five candidates were named—Drs. Mitchell, Gogarty, Evans, Lapper, and M'Nab., but Mr. Evans and Mr. Lapper did not go to an election. Dr. M'Nab was chosen, and as he is Professor of Botany in the Royal College of Science, he brings to the duties a very special degree of competency. A Lectureship in Institutes of Medicine, now instituted for the first time in the same school, was conferred on Dr. Theodore Stack, who was the only candidate.

THE office of Resident Medical Superintendent of the Dundrum Central Criminal Asylum which was rendered vacant by the promotion of Dr. McCabe to be Poor-law Inspector *vice* Dr. Croker King appointed Commissioner, has been conferred on Dr. Isaac Ashe, Resident Physician to the Londonderry District Asylum. Dr. Ashe's appointment deserves all approval, for he has proved himself not only an excellent officer, but a man of culture and ability. He filled the residency of the Letterkenny Asylum before his promotion to Derry, and he was the author of the Carmichael Prize Essays given at two successive competitions by the Royal College of Surgeons for the best essay on Medical Education. The appointment which Dr. Ashe leaves is worth £340, and allowances of the further value of £160. That which he now acccepts is of the same value at first, but increases £10 a year up to £450.

Literature.

BENTLEY AND TRIMEN'S MEDICINAL PLANTS.

IT is with much pleasure that we welcome the first instalments of a work which has been long a great desideratum in medical literature. Of educational works on medicine and the collateral sciences there is and has been for years so abundant a supply that a student has some difficulty in making a choice between them, and the number and variety of text-books that are almost daily issuing from the press are such as to satisfy every kind of taste. But the want of a good and illustrated account of medicinal plants must have been felt by all who are either anxious to pass with credit our various examining boards, or who are actuated by the liberal desire to extend their studies beyond what is absolutely necessary to a practical knowledge of their profession. From Dioscorides down to our own times the study of medical botany has possessed a peculiar charm for some of our accomplished physicians, and from time to time—although at rather long intervals—the medical world has been presented with valuable contributions towards our knowledge of the natural history and uses of those plants that have been found by experience to possess medicinal virtues. Almost the last of those contributions was the well-known "Medical Botany" of Stevenson and Churchill. But this work has been long out of print, and a copy of it is now both scarce and expensive. There was therefore great need of a work like that which it is now our pleasing duty to notice. For although it may be objected that it is much better to study the plants themselves than mere illustrations and descriptions of them, it must be remembered that many of our most valuable plants are of exotic origin, and are seldom within the reach of the ordinary student. Indeed we have often wondered that a work of this kind has not appeared before, especially when we considered that every other department of medicine was well represented by many very excellent treatises and text-books.

We shall have another opportunity of noticing the work, but we may now mention that the coloured illustrations are remarkably good and true to nature, and that they represent all the plants that have been most recently introduced into our Materia Medica. The letterpress is, as we might expect, chiefly taken up with a full, accurate, and clear description of the botanical characters, habitat, officinal parts, production, and varieties of each plant, while just as much is said respecting its medicinal properties and uses as will complete the description, without trespassing too much upon the province of the therapeutist. A coloured plate is devoted to the illustration of each medicinal plant; and many of the drawings are taken from specimens furnished by the garden of the Apothecaries' Society, and by the Royal Gardens at Kew. Moreover, the quality of the paper, type, and general execution of the work leaves nothing to be desired, and we readily acknowledge that, when complete, it will form a very handsome addition to the library of every medical man.

ELEMENTS OF HUMAN PHYSIOLOGY. (a)

THERE is no department of knowledge connected with medicine which has made greater progress in recent years than physiology; consequently many and various are the physiological works which have been published. The majority of these engage themselves largely with histology and the minute anatomy of the different organs, and the means by which their function is performed. The necessity for all this in works of an elementary character is at once apparent, and in complete treatises, like Carpenter's well-known work, it would be undesirable to omit the histology. Hermann's book assumes the existence of this knowledge ere the commencement of its perusal. It contains no illustrations to aid the comprehension of the reader, and has only some diagrams on the most difficult parts of the consideration of vision. The plan of arrangement is that of four parts. Part I. is engaged with the exchanges of the matter of the organism, and occupies

(a) "Elements of Human Physiology." By D. L. Hermann, Professor of Physiology in the University of Zurich. Translated by Dr. Arthur Gamgee, F.R.S., Brackenbury Professor of Physiology in Owens College, Manchester. Smith, Elder, and Co. 1875. Pp. 587.

210 pages; Part II. comprises the activities or energies of the body, and engages 101 more pages; Part III. discusses the liberating apparatus, the nervous system taking up 210 pages; while Part IV. includes the origin, development, and death of the organism, completing the work. Hermann's manner of handling his subject is unlike that of other writers of physiological hand-books, and there is a great deal of information to be extracted from the perusal of this work not otherwise very readily reached. In the Introduction he writes: "The human body, like that of every other animal, is an organism in which, by the chemical changes of its constituent parts, *potential* is converted into *kinetic* energy." This is brought about by the oxidation of the constituents of the body, and the nervous system is the liberating apparatus by which such changes are produced. The different chemical changes undergone by our food are fully given, and the consideration of the ferments of the body is good. Then follows the blood and the circulation, including the innervation of the heart and blood-vessels. The manner in which the subject of secretion is handled will interest many readers. The chemistry of digestion and the mechanism of the digestive apparatus are equally satisfactory. The gaseous interchanges (income and expenditure) of the blood occupy Chap. IV., while Chap. V. takes up the exchanges of the matter of the blood, and in an Appendix considers the formation of glycogen and sugar in the tissues. In Chap. VI. we find the income of the body as a whole entertaining, as also its expenditure, and then the quantitative relationship betwixt the income, the expenditure, and the stock of the body are reviewed.

In Part II. we find the introduction of potential energy into the body, and the origin of the kinetic energy of the body, with an account of the expenditure of energy. "With the exception of the small quantity of energy which the organism loses in its imperfectly oxidised organic excreta (urea, uric acid, milk, &c.), all the potential energy of its food passes as kinetic energy to the outer world. This energy escapes from the body at rest only in the form of heat, whilst in the case of the body which is doing external work in the form of heat and mechanical work." Then follows a review of the influence of the conversion of energy on the exchanges of matter, where it is clearly put that the amount of nitrogenised waste is not the measure of muscular action. "We cannot, therefore, point out any act accompanied by the evolution of kinetic energy, for which the consumption of a particular kind of food (nitrogenous food) is absolutely necessary."

As to the development of heat within the organism, it is produced by oxidising processes which go on in the body, partly in the lungs by the union of oxygen with hæmoglobin, and elsewhere in the tissues of the body, except the horny tissues. When the body is at work a great deal of mechanical work is, by friction, converted into heat.

The movements of the body are next considered, and, firstly, the muscular movements. Very little is known of the chemical changes going on in muscles at rest. When a muscle is active the chemical changes are marked, and the venous blood is charged with effete products.

Then there are protoplasmic movements, as of contractile cells. The mass takes on a globular form, and where this is impossible approximates such form. After this, a consideration of the action of muscles generally, and then of their action in the production of voice and speech, follows.

In Part III. is given an account of the nervous system, called here the liberating apparatus, because it sets free energy into an active form. The nerves themselves are but poorly supplied with blood, and the chemical processes going on in them are but slight, either when at rest or in activity. A very different state of matters exists in the highly vascular brain, and its venous blood possesses the same characteristics as those of other tissues. As to the nature of nervous activity, most thinkers assume the existence in nerves of movable or alterable particles. There are centrifugally conducting nerve fibres, the motor, secreting, and trophic fibres; the centripetally conducting fibres of sensation; and intra-central fibres which unite central organs (ganglion cells).

The peripheral end-organs of nerves are considered at great length, such as the organs of sight, hearing, taste, smell, &c., and in a very interesting manner. After this comes an account of the central end-organs of nerves (central nervous organs). The following are the characters of central nervous organs:—1. The liberation of the active condition in a (centrifugal) nerve-fibre without the apparent participation of any external influence—*automatism*. 2. The liberation of the active condition in one (centrifugal) nerve-fibre brought about through another (centripetal) fibre—*reflex action*. 3. The phenomena collectively called *states of consciousness*, or *mental operations*, which are connected with the irritation of certain central organs. This division of the work will be most welcome to those who are interested in the recent investigations into the action of the nervous system. A good account is given of the different centres, as the respiratory and vaso-motor centres, &c., while the cortex of the cerebrum is described in its relation to states of consciousness, and to co-ordinated and associated movements. This chapter concludes with an account of the sympathetic nerve.

Part IV. is taken up with the life-history of the organism. As a whole, this work is to be highly commended. It is written in good English, free from idioms, and the translator must be congratulated on his discharge of a very difficult task. As to the matter of Hermann's Physiology, it is too well known to need comment. It is well printed, carefully corrected, and forms an attractive book.

Medical News.

Royal College of Surgeons of England.—The following gentlemen passed the Primary examination in Anatomy and Physiology, at meetings of the Board of Examiners, on Monday, Tuesday, and Wednesday last:—

Alfred Patron, Montpellier; H. L. Gilbert, St. Thomas's Hospital; W. D. Wilkie, Melbourne; V. G. Webb, Glasgow; C. B. Carter, St. George's Hospital; W. W. Edwards, St. Mary's Hospital; J. E. Gofton, W. J. Sweet, C. M. Goyder, and I. M. Young, Newcastle-on-Tyne; H. Leak, W. L. Child, A. E. Chambers, and C. R. Graham, Manchester; D. B. Fraser and M. M. Tucker, Toronto; H. J. Skelding, A. D. Blackader, and W. F. Scott, MacGill College, Toronto; A. Swann, J. H. Vinrace, G. J. Lloyd, S. A. Welch, and T. L. Hall, Birmingham; W. H. Owen, T. M. Porter, T. H. Bickerton, and C. E. Steele, Liverpool; G. Carter, E. C. Thompson, Perry Close, and J. D. T. Reckitt, Leeds; W. E. L. Batty, Liverpool; R. C. Birch, A. W. Cadman, F. Wilson, J. Deakin, W. F. Chadwick, J. T. Faulkner, and John Hodgson, Manchester; W. M. Ball, W. L. Batson, C. J. Bamber, G. H. Patterson; N. W. Bourns, A. W. Graham, C. J. Vlieland, C. B. Lockwood, and G. W. P. Dennys, St. Bartholomew's Hospital; G. B. W. Messum, J. F. Tabb, M. J. Hart, E. J. Morely, T. W. Fuller, R. Parry, and A. E. Mayland, Guy's Hospital; R. P. Smith, M. P. M. Collier, J. L. Hall, W. E. Woodman, H. J. Michael, G. A. Macdonald, and J. Shaw, St. Thomas's Hospital; G. H. Hetherington, H. Pearse, M. A. Smale, St. Mary's Hospital; F. B. Fisher, and G. A. Batchelor, London Hospital; A. A. Lendon, J. S. N. Boyd, and B. Pollard, University College; L. A. Hine, A. S. McCausland, E. A. Fardon, and J. McDougall Stewart, Middlesex Hospital; H. Elliott, Westminster Hospital; R. Margerison, F. N. Ozanne, E. Jennings, and W. A. Shann, St. George's Hospital; L. F. Cox, V. Matthews, and C. E. Baddeley, King's College; and J. M. Atkinson.

Sir Patrick Dun's Hospital, Dublin.—A bazaar in aid of

this institution was held in the Hall of the King and Queen's College of Physicians, Kildare Street, on last Wednesday and Thursday, March 29 and 30. The Hall was lent for the occasion by the President and Fellows of the College, and opinions are freely expressed that they acted injudiciously in giving their assent. A bazaar, with all its concomitants of bands, lottery tickets, baby-clothes, and pen-wipers, certainly seems rather out of place within the walls of an Esculapian temple, and under the protection of a solemn conclave of physicians. The abnormity may be explained by the intimacy of the connection which exists between Sir Patrick Dun's Hospital and the College, but nevertheless the association is a somewhat ludicrous one. We hear that the proposal was carried by the casting vote of the Chairman, which fact, if true, will serve as an apology for the Fellows.

Vital Statistics.—From the Registrar-General's return we learn that during last week 6,338 births and 4,205 deaths were registered in London, and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 27 deaths annually in every 1000 persons living. The annual death-rate was 23 per 1000 in Edinburgh, 24 in London, 29 in Glasgow, and 34 in Dublin. The annual rates of mortality during the same period in the other large towns were—Norwich 20, Hull 27, Leicester 18, Sunderland 21, Portsmouth 25, Newcastle-upon-Tyne 25, Birmingham 29, Brighton 21, Leeds 26, Wolverhampton 21, Bradford 29, Sheffield 23, Plymouth 27, Bristol 28, Oldham 43, Manchester 37, Salford 35, Nottingham 27, and Liverpool 34. The annual death-rate from the seven principal zymotic diseases averaged 3·7 per 1000 in these towns, and ranged from 1·1 in Newcastle-upon-Tyne, to 6·2 and 6·8 in Liverpool and Salford. Scarlet fever showed an increasing fatality in Bristol, and the high zymotic rate in Salford was due to the prevalence of small-pox, whooping-cough, diarrhœa, and scarlet fever. Eleven more deaths were referred to small-pox in Manchester and Salford, making 108 which have there been registered since the beginning of the year. Scarlet fever has been severely epidemic in Bristol during the last nine months, and has caused 559 deaths. Measles is fatally prevalent in Liverpool. Whooping-cough is fatally prevalent in London, causing last week 112 deaths or 37 above the average. The deaths from all other causes were under the average.

Medico-Parliamentary Intelligence.

MONDAY, APRIL 10.

CONGRESS OF HYGIENE.

The CHANCELLOR of the EXCHEQUER, in reply to Mr. R. Yorke, said the Government were not at all insensible to the advantages likely to result to the public from the International Exhibition and Congress of Hygiene to be held at Brussels, but having regard to all the circumstances of the case they did not feel themselves in a position to propose any vote on the subject.

MEDICAL RELIEF GRANTS.

The CHANCELLOR of the EXCHEQUER informed Mr. M'Laren that it was impossible to treat the question of medical relief grants for Poor-law purposes in Scotland by itself, but he hoped it would be dealt with in connection with the bill about to be introduced by the Lord Advocate.

RATING OF ST. THOMAS'S HOSPITAL.

Mr. SCLATER-BOOTH, in reply to Sir J. Scourfield, said his attention had been called to the recent case of the rating of St. Thomas's Hospital. The Valuation Bill contained the existing law, which based rating on gross rental or annual value, and not the capital expended in construction. He could not undertake to introduce a clause which would be contradictory of that principle for the exclusive benefit of any institution.

THE EAGLEY EPIDEMIC.

Mr. SCLATER-BOOTH, in reply to Mr. J. Cross, said it was not true that the Local Government Board had refused to hold an inquiry into the circumstances of this outbreak. On the contrary, he had resolved to despatch a government inspector immediately after Easter in order to carry out such an inquiry.

ELECTION OF PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS.

ON Monday last the Fellows assembled in strong force for the purpose of electing one of their number to fill the chair which has been occupied so ably for the past few years by Sir George Burrows, Bart., and who from increasing professional engagements had declined the honour of re-election. The choice fell upon Dr. J. Risdon Bennett, M.D. Edin., F.R.C.P. Lond., F.R.S., the representative of the College on the Medical Council, Consulting Physician to St. Thomas's Hospital and to the City of London Hospital for Diseases of the Chest. The new President is a thoroughly representative man, and one whose opinions are entitled to respect.

THE RELATION OF SUBTERRANEAN WATER SUPPLIES TO ENTERIC FEVER.

ON Monday evening a paper was read before the members of the Social Science Association on the above subject. The cause of enteric fever, from which 8,000 or 9,000 lives were annually lost in England alone, the author said had now been shown by researches to be in all probability traceable to the presence of microscopic fungi which invaded the human subject, and which were developed in the dark and damp recesses of a porous soil, hence it was not surprising to find a correlation between certain water supplies and the spread of fever, especially when the water was obtained from wells or other subterranean sources. After dealing with numerous causes to which the epidemics of enteric fever were attributed, especially in the town of Croydon, he traced it in every instance to the condition of the water, the distribution of fever being the more severe when there was a large flow of surface water into the springs.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

WE are requested by Dr. Davys (Swords) to add his name as subscriber to the amount of £5 5s. to the fund for the Poor Medical Student referred to in one of our recent issues of THE MEDICAL PRESS AND CIRCULAR.

JOTTINGS IN INDIA.

"FROM the letter of a well-informed correspondent in India we extract the following remarks, some of which will be seen to bear upon many points to which editorial reference has frequently been made in our columns. Speaking of the station at which he is quartered as medical officer in charge, he says: "The daily medical work here is very interesting, but very little of it crops up in print. Far more serious and complicated cases than people in England have to deal with—hepatitis, dysentery, hepatic abscess, intermittent, remittent, enteric, puerperal fevers, we have ample experience of. If I live to put in two years more and to return to work at home stations, there are many wrinkles learnt which will be of value. Our hospitals here are far cleaner, neater, and more wholesome than many vaunted establishments in London, Dublin, or Edinburgh. What we want in India are good libraries in all large stations. Books are very heavy to carry, and sell for nothing. I take in the *Lancet*, MEDICAL PRESS, *Medical Times*, and *British Medical Journal*, and it is so annoying to find sometimes the same author's paper in all the journals. A curious thing, too, is that a certain number of London writers monopolise so much prominent space week after week. Where are the medical men in country practice? What becomes of their invaluable experience? To-day, turning over a heap of medical literature, I could extract but very little about the varied phases of every-day cases—say of children's diseases. The prefaces of books also strike me as very amusing—'all are prepared to supply a want—to facilitate the daily work of the busy practitioner.' What becomes of the practitioner who is not busy? Where are the books for him? Pitiable is it to read of *the struggles for bread, the alliances with chemists, small fees, squabbles about a few shillings, and the paid contradictory opinions in courts of law.* It is the publication of these things that prevents the medical profession from rising. Yet a lawyer who defends sneaking thieves and murderers may become a Peer."

IRISH POOR-LAW INTELLIGENCE.

VACCINATION PROSECUTIONS.

An important question, which has been frequently in dispute both by the Local Government Board and by Boards of Guardians, has been decided by a competent legal tribunal at the instance of the Council of the Irish Medical Association. It may be recollected that about three years ago the question of the liability of medical officers to attend and give evidence in vaccination prosecutions was first raised in the Abbeyleix Union, and the Local Government Board then decreed that the medical officer must attend whether paid or not. To this verdict the Medical Press and Circular emphatically demurred, and pointed out the fact that the dispensary regulations which set forth the duties of the medical officer contained no such proviso. Thereupon the Local Government Board withdrew their former letter, but they have continued to insist on the attendance of the medical officer as a witness, and have discouraged any attempt of his to obtain payment for such services. In the early part of this year the matter was revived on the occasion of an application by Dr Kisby, of Boyle, to his Board of Guardians for payment of his fee for giving evidence against vaccination defaulters. The application, apparently at the instance of the Clerk of the Union, was refused, although Dr. Kisby produced the magistrate's order (which is necessary under the 13th section of the Vaccination Amendment Act), and laid before the Guardians cases in point, and also the official declaration of the Local Government Board that a medical officer was entitled to payment under the circumstances, the ground for refusal being that, though the Act orders payment of "expenses," no expenses were incurred by Dr. Kisby, inasmuch as he had not to travel far to the court. Dr. Kisby, on this refusal, appealed to the Local Government Board, who refused to make any order for his payment and he then applied to the Council of the Irish Medical Association for its advice. The Council, seeing the importance of establishing the claim with due legal authority, for the benefit of the dispensary medical officers of Ireland, undertook the responsibility and expense of enforcing payment by law if necessary. They, however, in the first instance addressed courteous requests for payment to the Guardians, who took no notice of them, or of the application of the Council's solicitor, but took defence to the process, which was heard by Mr. Hamill, Q.C., on the 31st of March. In opening the case, Mr. Burke, the solicitor for the Association, pointed out the duties of the medical officer under the Act, and the liability cast upon the guardians to prosecute parties who did not comply with its requirements, and that when the guardians proceeded by summons to enforce penalties, they required the attendance of the medical officer as a witness in court to enable them to sustain their case, and that the doctor, being duly registered, was clearly entitled to be paid for his evidence and attendance under the 21st and 22nd Vict. cap. 90, secs. 31 and 32.

Mr. McDowell, the Solicitor for the Guardians, resisted the claim, and contended that it was the duty of the doctor to attend the Petty Sessions Court and give evidence, and relied upon the fact that he was sanitary officer under the Public Health Act, and therefore bound to attend when required to carry out its provisions. The Chairman, Mr. Hamill, Q.C., in giving judgment, said he considered it no part of the medical officer's duty to attend as a witness in a court to assist in carrying out a Compulsory Act on a summons or order of the guardians to attend the court. An important duty was cast upon the guardians, to enforce compliance with the Act for the benefit of the public, and it was idle to say that they should issue summonses against defaulters and have no witnesses to sustain their prosecutions. They are bound to sustain their cases, and how could they do this without the doctor's evidence? The guardians had not, in this case, actvally summoned the doctor, but they sent their agent, the relieving officer, to direct him to attend. He complied with their request, and they were clearly bound to pay him. He would therefore give a decree for one guinea for his attendance, with costs.

The Solicitor for the Guardians spoke of an appeal from this decision, but the Chairman suggested that the Guardians had better not incur such a useless expense. While we congratulate the dispensary medical officer on t fact that the Council of the Irish Medical Association and Dr. Kisby have finally established their right to fees in these cases, we anticipated the decision, and we trust that every public vaccinator will make it a rule to apply to the magistrate for the necessary certificate, and insist upon payment for their own and their profession's benefit. We strongly advise the dispensary medical officers of Ireland to make no difficulty about attending the court and giving their evidence, but to get a requisition from the relieving officer if possible in writing. If the magistrates should refuse to make an order under the 31st section of the

Vaccination Amendment Act, it will still be necessary for the Guardians to pay the fee as a matter of si mple contract.

We cannot but regard with regret and disapproval the course adopted by the Local Government Board in endeavouring to impose this function upon their officers contrary to the law, and in refusing to lend them any assistance in their effort to obtain payment. As long as his demand is legal, the medical officer has a right to expect the support of the department under which he serves, and the Local Government Board will never gain anything by unreasonable dealing with their subordinates. Medical officers should be made to do their duty, but, when done conscientiously, they should be fairly paid what is due to them. We expect nothing but stinginess and trickery in such matters from boards of guardians, but we ought to hope for a higher principle in the Local Government Board.

DUBLIN HOSPITAL STATISTICS.

(From the latest Report of the Board of Superintendence).

NUMBER OF PATIENTS TREATED, AND ACCOMMODATION OF EACH INSTITUTION.

NAME OF HOSPITAL.	NUMBER OF PATIENTS.				PRESENT BED ACCOMMODATION FOR								
	Total under treatment in the year.	Average daily number of Beds occupied through the year.	Average number of Days spent in Hospital by each under treatment	Mortality per cent. on the total treated to a termination.	Fever Patients.	Other Medical Patients.	Surgical Patients.	Syphilitic and Gonorrhœal Patients.	Lying-in Hospital Patients. Labour Patients.	Lying-in Hospital Patients. Chronic Female Diseases.	Incurable Patients.	Ophthalmic Patients.	Total Bed Accommodation.
Westmoreland Lock	833	57·57	25·23	1·80	—	—	—	150	—	—	—	—	150
Steevens's	1,812	138·38	27·87	3·63	20	54	140	15	—	—	—	—	230
Meath :—Infirmary Wards ...	1,265	89·26	25·76	6·10	36	30	51	—	—	—	—	—	117
Fever ,, ...													
Cork Street Fever...	905	52·00	20·97	10·42	120	—	—	—	—	—	—	—	120
House of Industry :													
Hardwicke	904	52·55	21·22	13·06	120	—	—	—	—	—	—	—	120
Whitworth	971	55·06	20·70	10·43	—	83	—	—	—	—	—	—	82
Richmond	979	69·26	25·82	3·63	—	—	120	—	—	—	—	—	120
Rotunda :—Labour Wards* ...	1,421	29·53	7·59	1·29	—	—	—	—	117	—	—	—	117
Chronic ,, ...	246	13·65	20·25	2·15	—	—	—	—	—	15	—	—	15
Coombe :—Labour Wards* ...	317	8·88	10·23	1·32	—	—	—	—	30	—	—	—	30
Chronic ,, ...	57	6·95	44·46	1·96	—	—	—	—	—	9	—	—	9
Incurables	188	151·42	294·00	75·00	—	—	—	—	—	—	160	—	160
St. Mark's	504	18·00	13·03	0·00	—	—	—	—	—	—	—	36	36
Total	10,402	742·51	557·13	130·63	296	166	311	165	147	24	160	36	1,306

* 150 patients from the Rotunda and 5 from the Coombe discharged not in labour.

SOURCES OF INCOME OF EACH HOSPITAL WHICH RECEIVES A GOVERNMENT GRANT.

NAME OF HOSPITAL.	INCOME FROM							
	Grants.	Subscriptions and Donations.	Bequests.	Interest on Property.	Assessments on City of Dublin.	House, Landed, or other Property.	Pay Patients.	Incidentals.	Total Income.
	£	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£
Westmoreland Lock	2,600	2 2 0	—	—	—	—	—	26 11 10	2,628
Steevens's	1,300	433 6 0	—	389 0 6	—	2,468 15 5	885 17 4	0 10 0	5,477
Meath	*600	1,021 3 9	334 11 9	255 17 4	150 0 0	212 17 11	—	0 9 0	3,263
Cork Street ...	2,500	337 16 0	—	566 17 1	—	§ 225 3 0	—	—	3,792
House of Industry...	7,472	12 2 0	—	191 6 11	—	—	307 4 7	181 15 9	8,165
Rotunda Lying-in...	700	206 12 0	323 17 1	272 9 5	300 0 0	338 16 2	177 17 6	408 1 10	‖3,341
Coombe ,, ...	200	1,857 1 11	150 0 0	130 1 8	260‡ 0 0	—	20 0 0	3 1 1	2,627
Incurables	†250	2,782 19 6	802 18 6	2,175 11 4	150 0 0	—	—	177 14 11	6,404
St. Mark's	100	402 7 0	—	51 10 8	100 0 0	—	219 8 2	61 5 9	934
Total ...	15,722	7,055 10 2	1,611 7 4	4,032 14 11	960 0 0	3,245 12 6	1,610 7 7	859 10 2	36,635

Received also £600, and £88 as County Grants. † Also £44 County Grant. ‡ Half year's presentment.
§ Also £42 from Annuities. ‖ Received also £455 as Profits from Rotunda Rooms and Garden, &c.

CHIEF HEADS OF EXPENDITURE OF EACH HOSPITAL.

Name of Hospital.	Maintenance.					Establishment.						
	Provisions.	Drugs and Leeches.	Surgical Instruments & other Medical & Surgical Appliances	Clothing of Patients.	Total Maintenance.	Salaries of Officers.	Wages of Servants.	Rations and Clothing of Officers and Servants.	Rent, Taxes, and Insurance.	Buildings, & Furnishing such Buildings.	Total Establishment.	Total Expenditure.
	£ s. d.	£	£	£	£ s. d.	£	£	£	£	£	£	£
Westmorland Lock	498 1 4	95	29	12 10 9	758 1 8	538	218	101	24	69	1,619	2,377
Steevens's... ...	1,987 11 11	852	44	—	3,392 7 2	652	424	—	8	--	2,766	6,158
Meath	1,323 6 6	216	86	4 11 0	1,816 0 4	469	408	—	33	332	1,850	3,666
Cork Street ...	643 12 0	133	10	60 5 1	1,117 9 5	768	613	369	113	213	3,095	4,213
House of Industry	1,722 8 4	329	253	37 13 11	2,787 5 5	1,041	570	1,059	174	528	4,813	7,600
Rotunda Lying-in	744 5 4	174	13	18 12 4	1,032 8 3	179	238	*415	9	160	1,776	2,808
Coombe ,,	168 2 6	50	9	—	270 7 1	389	201	—	38	1,348	2,498	2,768
Incurables ...	1,844 9 1	99	—	119 2 11	2,601 11 10	397	268	—	95	230	1,664	4,265
St. Mark's ...	213 7 1	57	19	—	327 3 5	150	68	—	21	—	551	678
	9,145 4 1	2,009	466	252 16 0	14,102 14 7	4,587	3,012	1,945			20,436	34,538

* Nett amount after deduction of £125 paid by midwifery pupils for their maintenance.

AVERAGE COST PER BED FOR MAINTENANCE AND FOR ESTABLISHMENT.

Name of Hospital.	Average daily number of Beds occupied throughout the year.	Average annual cost per bed for * Maintenance.	Average annual cost per bed for † Establishment exclusive of buildings and furnishing such buildings.	Average annual cost per bed for Maintenance and for Establishment, exclusive of buildings and furnishing such buildings.
		£ s. d.	£ s. d.	£ s. d.
Westmoreland Lock ...	57·57	1 3 3 4¼	26 18 7¾	40 2 0
Steevens's	138·38	4 10 3½	19 19 10¼	44 10 1¾
Meath	89·26	2 6 10¾	17 0 3	37 7 1¾
Cork Street	52·00	21 9 9½	55 8 6	76 18 3½
House of Industry ...	176·87	15 15 2¼	24 4 6¼	39 19 8½
Rotunda Lying-in ...	43·18	23 18 2¼	37 8 3¼	61 6 5½
Coombe ,, ...	15·83	17 1 7	65 3 10½	82 5 5½
Incurables	151·42	17 3 7½	9 9 4	26 12 11½
St. Mark's	18·00	18 3 6¼	19 10 5¼	37 13 11½

* Maintenance comprises provisions, groceries, alcoholic stimulants, drugs, leeches, surgical instruments, medical appliances, and clothing of patients.

† Establishment charges include salaries of officers, wages of servants, rations of officers and servants, clothing of servants, rent, taxes, insurance, soap, candles, fuel, gas-light, furniture, repairs, straw, bedding, utensils, buildings, and furnishing such buildings, stationery, printing, advertising, burials, coffins, pensions, incidentals, and laundry expenses.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING APRIL 1, 1876.

Total registered deaths in Dublin and suburbs * ... 204
Ten years average of same week 199

Excess of mortality above average 5
Ratio of deaths, suburb of Rathmines ... 40 per 1,000,
,, ,, ,, Donnybrook† 38 ,,
,, ,, ,, Blackrock ... 14 ,,
,, ,, ,, Kingstown ... 23 ,,
,, ,, Entire Dublin district ... 34 ,,
Comparative Ratios—London ... ... 25 ,,
,, ,, Glasgow... ... 29 ,,
,, ,, Edinburgh ... 22 ,,

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Hasty.—One of the oldest and ablest practitioners of Butler County, Pa., relates the following (Trans. Pennsylvania State Medical Society, 1875):—M. G. is a worthy farmer of the Celtic race. He came into the doctor's office with his arm hanging down, and a look of pain on his face. The doctor was going out, but stopped with a "What is the matter, M.?" "Shure, sur, I fell on the barn flure and hurt me arm." "You did, eh; well, off with that coat and shirt." Off came the articles, and after a moment's examination the doctor exclaimed, "Why, man, your shoulder is out!" "Well, doctor, can you fix it?" "Oh, yes; lie down on that lounge." Before he complied he said a few prayers and took a drink of whisky. Without more ado he was put through all the manipulations known to ancient or modern surgery, with no good result. The patient became exhausted, cross, and discouraged. The doctor, perplexed, his shirt soaked with perspiration, sat glowering at Mike in despair, when a thought struck him, and he asked, "Mike, when did you do this—get this shoulder out I mean?" "Shure, sur, I think it was *about twenty-two years ago, in Ireland.*" Two men put on their coats in short order, and one never attempts to reduce a dislocation without asking "*when?*"

GENERAL SUMMARY OF DISPENSARY STATISTICS.

YEAR ENDING SEPTEMBER, 1874.

Heads of Particulars.	Ulster.	Munster.	Leinster.	Connaught	Total for Ireland.	Averages. Unions.	Dispensary Districts.	Medical Officers.
Population of Unions	1,833,228	1,393,485	1,339,451	846,213	5,412,377	33,205	7,507	6,740
Area in statute acres	5,483,206	6,067,722	4,876,933	4,392,040	20,819,901	127,729	28,876	—
Poor Law Valuation of Unions ...	£4,092,628	£3,384,797	£4,611,805	£1,360,323	£13449,553	£82,512	£18,654	—
Number of Unions	44	50	40	29	163	—	—	—
,, Electoral Divisions ...	875	1,023	944	596	3,438	21	5	4
,, Dispensary Districts ...	214	205	203	99	721	4	—	—
,, Dispensaries or Dispensary Stations therein ... —	291	324	320	142	1,077	7	—	—
,, Medical Officers authorised for Dispensaries	234	227	229	113	803	5	—	—
,, Apothecaries	3	20	12	6	41	—	—	—
,, Midwives	69	28	89	16	202	1	—	—
EXPENDITURE—	£	£	£	£	£	£ s.	£ s.	£ s.
Medicines and Medical Appliances ...	7,258	7,198	6,867	3,283	24,606	150 19	34 3	30 13
Rent of Dispensary Buildings	2,160	2,203	2,620	1,330	8,313	51 0	11 11	—
Printing, Advertising, &c.	289	276	379	161	1,105	6 16	1 11	—
Salaries of Medical Officers	24,615	24,120	25,621	11,722	86,078	528 2	119 8	107 4
,, Apothecaries	398	910	1,107	235	2,650	—	—	64 13
Vaccination Expenses ... — ...	3,026	1,981	1,531	1,310	7,848	43 3	10 18	—
Incidentals	2,588	2,933	3,828	973	10,322	63 7	14 6	—
Total Expenditure in year ended 29th September, 1874	£40,334	£39,621	£41,953	£19,014	£140,922	£864 11	£195 9	—
RELIEF RETURNS—								
Dispensary Tickets	115,057	153,074	169,570	63,326	501,027	3,074	695	624
Visiting Tickets ... — ...	55,757	51,829	60,877	17,675	186,138	1,142	258	232
Total new cases in the year	170,814	204,903	230,447	81,001	687,165	4,216	953	856
Tickets cancelled in the year	230	82	111	46	469	—	—	—
Cases of Vaccination	57,861	33,322	26,022	22,382	139,587	856	194	174
Dangerous Lunatics	314	205	339	95	953	—	—	—
Number of Patients attended in Jails	56	281	60	28	425	—	—	—

ABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, April* 1*st* 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	Area in Statute Acres.	Population in 1871.	WEEK ENDING SATURDAY, APRIL 1ST, 1876. Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . . .	10,050	314,666	34	212	204	45	7	...	7	5	...	6	4	5	1	1	63
BELFAST . . .	20,687	182,082		176	116	17	21	...	...	...	2	2	2	2	11	11	20
CORK . . .	13,816	91,965	42	57	75	8	18	...	...	...	...	2	3	3	1	3	28
LIMERICK . . .	8,509	44,209	38	32	32	5	11	...	...	...	...	2	...	...	..	1	11
LONDONDERRY . .	21,865	30,884	20	19	12	...	1	...	...	1	...	...	1	1	3	3	2
WATERFORD . .	17,209	30,626	53	26	31	3	15	...	..	...	...	...	...	...	...	...	21
GALWAY . . .	21,358	19,692	45	14	17	2	8	...	...	...	...	...	...	...	...	..	3
SLIGO . .	30,835	17,285	9	7	3	...	2	...	...	...	...	..	...	...	...	...	...

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 19, 1876.

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By J. Hughlings Jackson, M.D., F.R.C.P.,

Physician to the Hospital for the Epileptic and Paralysed, and to the London Hospital.

CHAPTER VII. (*continued from p.* 176.)

The first thing we do in the scientific investigation of a case of epilepsy is, as in a case of palsy, to localise the lesion—to seek the organ damaged. In no case of nervous disease of any kind is there any *rational* clue to the seat of the internal lesion other than that furnished by observing the external symptoms. The principle, which seems, and indeed I think is, a mere truism, is not fully acted on in practice. It is carried to its logical conclusion in cases of paralysis of muscles, but not in cases of mobile affection of muscles, chorea, convulsion, &c. Most careful attempts are made to describe the regions affected in palsies. But there is little, if any, attempt made to note the regions affected in cases of chorea and convulsion. We are told that disease of the surface of the brain "causes epilepsy," but we are often not told what regions of the body are first in spasm in the paroxysm, or that one side is convulsed, or convulsed first and most. No one could imagine that there was any other way of finding out the seat of the internal lesion in a case of paralysis than by studying carefully the external region paralysed. If the face, arm, and leg are paralysed on the left side, the arm suffering much more than the leg, we can infer that the lesion is in the right corpus striatum. If the face is paralysed on the right side, and the arm and leg on the left, we declare the lesion to be on the right side of the pons Varolii. And if we were asked to declare the seat of a lesion when told simply that the patient "was paralysed," we should think the question a strange one, and reply that we could not tell. But no such minute work is attempted in cases of convulsion. It does not appear to most people at all a strange thing to be asked, "Where is the seat of epilepsy?" For "epilepsy" is to them an entity, and it appears a fair question to ask where is the seat of the change causing it. It is often taken as proved that the seat of the discharging lesion in general convulsion is the medulla oblongata. But this assumption, granting for the moment its correctness, is no justification for the neglect of a minute study of the paroxysm. Those who hold "orthodox" opinions on epilepsy admit that the paroxysms differ in different patients. If so, different parts of the medulla oblongata must be discharged. Here I give authority for the double statement that fits differ in different patients, and yet that the fits in the same patient are very much alike.

Voisin (*a*) writes:—"Axenfield a fait remarquer que les attaques se reproduisent le plus souvent avec une uniformité absolue, avec leurs auras, leurs caractères propres et leurs complications. Il s'établit une sorte d'habitude d'après laquelle tel individu sentira toujours la même aura, poussera toujours un cri et le même cri, tombera sur le même point du corps, le front l'occiput se blessera de la même façon, présentera les mêmes mouvements convulsifs, se mordra le langue au même point, se luxera toujours une même épaule, sera toujours pris de délire après l'attaque."

This being so, those who hold that the medulla oblongata is the part of the nervous system which discharges in the epileptic fit have, as much as others, to note *paroxysms* with great care, in order to find out how it is that in one patient there are fits of a certain kind, and in another of another kind. If, then, epilepsy *is* a disease of the medulla oblongata, differing fits in two patients must depend on discharge of different parts of the medulla oblongata, however much the seizures in the two patients may agree in the most fundamental characteristics required by the ordinary definition of epilepsy.

The following quotation from Falret, *Etat Mal des Epileptiques*, is given to show that epileptic paroxysms differ, and yet that in the same patient they are uniform.

(*a*) "Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques," p. 959, Art. Epilepsie. This is an article of great value.

I draw particular attention to the parts italicised. It is true that the quotation refers chiefly to the mode of onset, but this is the most important matter in localisation. The part first convulsed, for example, is the part which has the leading representation in the centre discharged. Falret is speaking, too, of mental symptoms, but the principle is the same. A fit which always begins by the same "remembrance" is evidence of a *local* discharge as much as is a fit which always begins by colour vision. I do not think, however, that these intellectual auræ are symptoms of the same kind as coloured vision, or local spasm, as I shall try to show at length later on.

Falret remarks first, however, that the convulsive attacks of epilepsy must often occur suddenly without being announced by any symptom "soit physique soit moral." This is what one would expect of cases of epilepsy in asylums; for a fit to begin without a warning is for the fit to begin with loss of consciousness, that is, for the discharge to be of the very highest nervous arrangements. Theoretically, we should expect that the epileptic patients who are most likely to become insane would be those who have discharging lesions in the very highest nervous arrangements.

Crichton Browne (West Riding Asylum Reports, vol. 3, p. 160) says: "In lunatic asylum practice an aura is of rare occurrence in epilepsy." This may, however, be, as he points out, in part because epileptic lunatics are epileptics far advanced in their disease, and thus are unable to describe their symptoms exactly. The following is the quotations from Falret:—

"Independently of these precursory symptoms, which may occur at a distance greater or less from the epileptic attack, there are other more immediate intellectual premonitory symptoms, a kind of intellectual aura, which precede the convulsive attack only by some minutes, and which constitute in some kind the first symptom of it. One sees, for example, some epileptics in whom the same idea, the same remembrance, or the same hallucination occurs spontaneously at the moment of commencement, and infallibly precedes its appearance. The patient sees flames, circles of fire, frequently the colour red or purple, a spectre, or a phantom; he hears the noises of clocks or a determined voice which pronounces always one word; sometimes he has finally a certain smell. *These ideas, these remembrances, these false sensations, which differ singularly in different patients, are generally reproduced with remarkable uniformity in the same patient at each new attack.*"(a)

It is true that the study of the region affected in cases of palsy is easy; we can do it quietly, whereas in the simplest epilepsies, those with convulsion, the motor affection is so sudden and so quickly over, that we may be tempted to deal in generalities, and especially to give a pictorial rather than a scientific description. But the work must be done. If we could safely omit it clinically, we could not physiologically. We must describe the paroxysms not only on a method analogous to that in which a gardener would describe a plant, but also in the deeper way in which a botanist would describe a plant; we must observe analytically, *i.e.*, the relations of the several phenomena to one another, both in co-existence and in succession. To observe an epileptic paroxysm with a gardener-like mind would be to dwell most on the struggling, the foaming, the staring eyes, and the tongue biting; to describe it with a botanist-like mind would be to note where the first symptom showed itself, how the spasm spread, when consciousness was lost, &c. Both kinds of observation are essential, one for empirical, and one for scientific diagnosis.

In localising we shall not specially concern ourselves with the *condition* of the muscles in the range affected by convulsion. The *condition* of muscles tells us plainly what the functional nature of a lesion is—whether it be a destroying lesion or a discharging lesion. It is the regional affection which localises. It matters little for purposes of localisation *how* the muscles in any region are affected. Thus paralysis of the face, arm, and leg (hemiplegia), irregular movements of the face, arm, and leg (hemi-chorea), occasional spasm of the face, arm, and leg (hemi-spasm), all point to lesions of the same cerebral region, although to different kinds of lesions of that cerebral region. We say that hemiplegia and hemi-spasm both depend on lesion of the same cerebral region, because the muscles affected are the same. We say, too, that the functional nature of the lesion in each is different, because in the hemiplegia, since the muscles are palsied, nerve tissue is destroyed, whilst in the hemi-spasm, since the muscles are in occasional spasm, that nerve tissue cannot be destroyed, but is unstable, and discharges occasionally. (a)

Very likely it will be denied that there can be a local lesion in many cases of epilepsy—for example, in those cases of convulsion with loss of consciousness, which are called genuine epilepsy by authorities. In these cases there is often a universal affection—convulsion all over the body. It seems at first glance unlikely that this should depend on a local discharging lesion in but one side of the brain. However, I believe it does; I believe there is limited instability of some part of but one cerebral hemisphere in these cases. The evidence will be given when speaking of convulsion beginning locally and becoming universal. Again, there is often loss of consciousness at the onset, and it seems at first glance unlikely that a *local* discharge in but one of two cerebral hemispheres should cause this symptom—cause it as the very first thing, I mean. This will have to be considered later; we have already replied indirectly to the objection in speaking of the different seats of varying consciousness. That pallor of the face should occur in these cases seems to me explicable by the fact, if I may call it one, that the vaso-motor system is represented in the cerebrum; thus the arterial muscular coat suffers, as do the large muscles. For the present we shall take into consideration the simplest cases, those in which the external symptoms are partial, that is, cases in which some part only of the body is affected.

Of these cases we may say that the very fact that the movements are local (one sided) shows there to be an internal local lesion. Local symptoms must of necessity depend on local lesions. If it were not so, all that has been written by all observers on localisation would be sheer nonsense. It is no answer to this remark to point out that a local symptom has been very transitory, or to say that there is only "functional" change in any sense of the word functional. The point of first importance in localisation is not the degree of the symptom, but obviously its localness. And as to slightness of charge, if we were to hold some such vague hypothesis as that epilepsy or convulsion depends on a "polarisation of the molecules of nervous matter," then in a case of hemi-spasm there is *local* polarisation in nerve-cells so long as the symptom continues to be presented. Or if we were to return to the oldest hypothesis—that there is Satanic possession—then in local seizures the possession must be of some part of the nervous system.

What is said of motor discharge applies also to sensory discharges. A fit which *begins* with coloured vision must

(a) Fabret continues:—"It is curious to add that very often this remembrance, this idea, this image is the reproduction of the idea or sensation which provoked in the patient the first epileptic attack. Many among them in fact, become epileptic after some strong moral emotion or profound terror, and see in their mind or under their eyes at each fresh attack the painful circumstances or the frightful scene which produced the disease in them the first time." These facts will be referred to later on.

(a) I do not say that the *condition* of the muscles is of no value in localising. In a certain sense it is of very great value, as I shall point out later on. The region affected, however, is the most decisive evidence as to the seat of the lesion. I shall try to show that in discharges of the highest centres there is greater intensity of current from their discharge (greater quantity of nerve force in a given time), whilst in subordinate centres there is greater quantity of force from their discharge, and that this difference accords with the morphological difference, the sizes of the nerve cells. Thus from the kind of spasm we shall learn something as to the seat of the discharge.

depend on a discharge of a different part from one which begins by a sensation of smell or of sound, however much the seizures may resemble one another in their progress after the warning.

We cannot now localise in many cases, but there is one thing we can do now—we can observe external symptoms in *an orderly manner*. It is just what we do in cases of palsy. We describe minutely the range of the palsy and minutely the degree in which the several paralysed parts suffer.

Of course the investigation does not end in the study of the parts affected in the paroxysm. We have already spoken at length on the pathology of such cases. We must, however, study the external symptoms carefully. It is not of much value now-a-days to say that a tumour of the brain in the region of the middle cerebral artery produced convulsion (or epilepsy or an epileptiform seizure) unless we know what kind of convulsion it was, any more than it is of much value now-a-days to say that a tumour of the corpus striatum produced paralysis unless we know what sort of paralysis there was.

It is believed, as aforesaid, that the discharging lesion of every epilepsy is a local one, and that on the beginning of the discharge depends the first symptoms of the paroxysm. Some of the further symptoms probably depend on discharge of healthy nerve-tissue; the unstable part gives rise to strong currents, which not only pass direct to muscles, but to lower healthy centres, and also probably by the intermediation of arterial contraction to neighbouring healthy centres and discharge them.

There seems to be great inconsistency in the commonly received or commonly acted upon principles of localisation. No one would think of denying permanent and complete hemiplegia to be the result of a local lesion, but when the case is a mobile affection of the very same muscles it is denied in effect, or rather it is ignored. The reason probably is that in the intervals of his fits the patient is apparently quite well. As has been several times stated, the principles of compensation and of dissolution fully explain the seeming discrepancy. If the patient's fits are local, frequently recur, and are always similarly localised, it is surely a necessary inference that there is some local disease in his nervous system.

It is equally obvious that if in two cases two different external parts are affected that in each there is a differently placed internal local lesion. It is no answer to this to bring evidence to show that most careful investigations have discovered no lesions post-mortem in such cases. This is very true indeed, but it is no objection to the method as method. Suppose a patient has occasionally a sudden stench in his nose, followed by loss of consciousness for a short time, we may not be able to declare where the lesion is. But it is still certain that there is a local lesion in some part of the nervous system, because a certain part of the body is affected (sensation locally referred). It is just as certain after a careful post-mortem examination which discloses no traces of local lesion. What is uncertain is the particular locality. To deny that partial external symptoms imply internal local lesions is to deny that there is any kind of organisation in the nervous system. If local external symptoms do not imply corresponding local internal lesions, it is, I repeat, sheer nonsense to attempt studying the localisation of nervous disease at all.

The minute study of epileptic or epileptiform convulsions has met very little favour. We have, it is true, many descriptions of the "epileptic" paroxysm, but we have very few reports which give an exact description both of the muscles most convulsed, and of the order in which they are convulsed. And I know of few attempts to give an account of the whole of the phenomena which occur in the *simplest* cases of convulsions. The object seems often to be, from a very general view of the phenomena—such as the universality of convulsion, tongue biting, loss of consciousness, &c.—to be able to say only whether the paroxysm be an epileptic one or not—whether it be epileptic or epileptiform. Thus we hear the diagnosis of cerebral hæmorrhage negatived because the patient had a fit of an "epileptic character." Yet the convulsion from cerebral hæmorrhage may be just like convulsion from many other causes, or it may be safer to say it has not been shown to be different. In all severe convulsions the patient may bite his tongue. (*a*)

Of course convulsions from a clot in one side of the brain, due to sudden breaking up of grey matter, or to irritation by the suddenly intruding foreign body, are utterly different, *pathologically*, from chronic cases of epilepsy; but they have their counterparts anatomically.

I have no doubt that to some these remarks will be mere truisms. But I know well that by others the principle will be denied, and by many it is ignored. It seems to me to be denied in effect by those who attribute local seizures to very general conditions as their sole causes. This is not at all uncommon. For example, cases of convulsion beginning in one hand, affecting the face, arm, and leg, of but one side, are attributed to fright, and we even hear of emotional hemiplegia. Almost always there is only evidence of sequence. No one of course denies that fright produces certain severe nervous symptoms; but where is the evidence that it produces any local nervous symptom? and where is the evidence that it is in cases of epilepsy more than an exciting cause of the discharge of some part of the nervous system already unstable. The principle is ignored by those who do not attempt to study regional spasm in as realistic a way as they do regional palsy. But these may ignore it for the intelligible reason that it is not practicable, or that, if practicable, it is a kind of work not worth doing.

It must be particulariy borne in mind that there are all degrees of seizures, or, as we may say, all degrees of discharge. When the discharge is slight and limited we have a development only of the most special movements and impressions represented in the part unstable. Thus there may be spasm of the index finger only, red vision only, subjective sensation of smell only, or a feeling at the epigastrium which is, I think, a crude development of certain systemic sensations. For these the word "aura" is often used as synonymous with warning, and sometimes there is the warning only — the fit is abortive. These are developments of what is *most* represented in the part discharged. Similarly there may be loss of consciousness. This, and even only defect of consciousness (confusion of thought), stands in the same category as the earliest symptom developed. (*b*) What I wish now to assert is that a so-called aura is not a fit of a different kind from one which goes on to universal convulsion. It is an aborted paroxysm. Loss of consciousness, however, is not commonly called a warning, nor of course could it be one to the patient. It is not here a word and a blow, but a blow first, and only. Instead, then, of aura or warning, we shall use the expression first symptom, including in that both what the patient can tell us and what we see. Spasm of the index finger, subjective sensation of smell, loss of consciousness, are all

(*a*) Under Diagnosis Jaccoud says, in his article on Epilepsy:—"A ne considérer que l'attaque elle-même, l'épilepsie ne diffère pas de l'ECLAMPSIE; mais cette dernière, qui est un *symptôme*, et non pas une *maladie*, est caracterisée par la répétition des accès coup sur coup, par la rapidité de la terminaison, mortelle ou favorable, et par les conditions étiologiques spéciales qui lui donnent naissance (puerpéralité, urémie, intoxication saturnine; chez les enfants, dentition, irritation intestinale). LES TUMEURS CEREBRALES, et plus généralement les lesions de l'encéphale, provoquent souvent, par l'action directe ou à distance qu'elles exercent sur la bulbe, des convulsions dites *épileptiformes;* la similitude de ces accès et de ceux de l'épilepsie légitime peut etre absolument complète, c'est donc dans la situation de malade pendant l'intervalle des attaques que doivent être cherchés les caractères différentiels."

(*b*) Of course, strictly, the comparison is not that affection of consciousness in discharge of the highest nervous arrangements is analogous to spasm of the hand from discharge of a subordinate series; the comparison is betwixt the earliest movements (for we can here learn nothing about sensation) developed in those excessive discharges of the highest nerve centres during which consciousness ceases and the spasm of the hand.

due to the beginning of a discharge leading to development in a brutal form of the impressions and movements most represented in the unstable discharging part.

A paroxysm of spasm of the hand (tonic followed by clonic) is not then a *different* kind of fit from one which, beginning also in the hand, spreads all over the body. It is a fit of slighter degree. The proof is that patients who have partial fits often have also fits which, beginning like the partial ones do, become universal. Again, there are all degrees from epileptic vertigo through *petit mal* to *grand mal;* but they are not different kinds of fits. They are, however, not differences of simple degree, but of compound degree.

Another thing to be carefully noted in paroxysms of convulsons is the March of the Spasm. A patient may have convulsion varying in degree from that slight degree in which the index finger and thumb only are convulsed to universal convulsion. We have to note how it *becomes* universal. Let us take an arbitrary limit for illustration. We will suppose we witness a paroxysm in which the convulsion affects the whole of one side of the body, that of course in which the spasm begins. It most often begins in the hand ; and we will suppose we witness such a case. We have to note how one part of the arm after another is affected ; at what stage the face is affected ; how the spasm spreads over it ; if the spasm goes up or down the leg, and so on. We should then be able to say not only that the part discharged represented the index finger and thumb, but that it (and other centres of grey matter directly controlled by it) represented certain other movements in subordination to the movements of these digits and in a particular order of subordination.

BILIARY COLIC. (*a*)

By Thomas Hayden, F.K. & Q.C.P.I.,
Physician to the Mater Misericordiæ Hospital, &c.

The details of seven cases were given, in which the paroxyms of colic were very severe, and repeated, and in some, of the most aggravated character. The symptoms were pain at the epigastrium and right hypochondrium, extending over the abdomen to the back, with fixed pain at the right scapula, great prostration, amounting in one case to syncope, vomiting, slight jaundice, with bile, pigment in the urine, and constipation. From five of the patients gall-stones were obtained, and in one instance large quantities of the seeds and core of fruit.

The calculi were of the most varied character as to size and figure, but composed mainly of cholesterine and inspissated bile ; 45 were obtained from one patient, and 10, not larger than duck-shot, granulated on the surface, and evidently examples of hepatic calculi, from another.

Death occurred in two of these cases, preceded by symptoms of pyæmia, and in one of them a biliary fistula had been long previously formed.

The other five patients recovered perfectly, and one of them has been for more than 16 years free from recurrence of his symptoms.

An attack of biliary colic is usually preceded, for several months, by flatulence, acid eructations, and a sensation of fulness and discomfort in the region of the liver some hours after meals. The bowels are constipated, and the urine exhibits from time to time a copious deposit of urates. Anomalous pains of a remittent character, referred to the back and nucha, are likewise frequently complained of. The earliest intimation of an actual seizure consists in a thrilling sensation at the epigastrium. This is soon followed by colicky pain radiating through the hypochondria, and extending to the inferior angle of the right scapula, where it is felt with especial severity. The abdominal muscles become rigid, the stomach inflated, and gaseous eructations and vomiting occur without relief to the patient's sufferings. The pain is remittent and paroxysmal, and of the most excruciating character ; it usually lasts several hours, but may may continue for a much longer period, and then ceases quite abruptly. The pulse, during a severe paroxysm, is slow and very feeble ; the surface cold, and bathed in perspiration. Within twenty-four hours after the attack there is usually jaundice and the urine is coloured with bile, whilst the fæces exhibit a want of it.

The recurrence of these attacks is uncertain as to time, but liable to be determined by indiscretion in diet, and by violent succussion of the body. The earliest are supposed, on theoretical grounds, to be the most severe ; but I think those which occur at a somewhat later period, the third or the fourth, are usually attended with still greater suffering and prostration.

Jaundice is not unfrequently absent after the earlier paroxysms. But even in such case the diagnosis cannot be difficult if due weight be given to the special symptoms, thrilling at the epigastrium followed by pain of a spasmodic character, extending to the right scapula, accompanied by sudden inflation of the stomach and vomiting, and abruptly ceasing after some hours ; hepatic dulness being somewhat extended, with corresponding tenderness to pressure.

The smooth, round, and yielding tumour mentioned by authors, as formed by the distended gall-bladder, cannot be felt during a paroxysm owing to the tension of the abdominal muscles ; and even during the intermissions, except in cases of extraordinary distension, the evidence furnished by this symptom is eminently inconclusive.

In cardialgia there are other symptoms sufficiently distinctive of gastric dyspepsia ; the pain due to this cause commences soon after food has been taken, whilst that of hepatic colic not for some hours.

During a paroxysm, the bowels should be unloaded by a turpentine enema, and the patient should be placed in a warm bath of 105 deg. F. If relief be not thus obtained, an event which I have never witnessed, or if the bath cannot be readily provided, a hypodermic injection of a quarter of a grain of morphia should be given. In the intervals, a few grains of blue pill with extract of belladenna and dried soda should be given thrice daily, and occasionally a rhubarb or seidlitz draught. Chloroform may likewise be administered by inhalation, but short of anæsthesia, during the attack ; it is, however, less efficacious than morphia given as proposed, and the relief which it affords is of shorter duration.

I have not tried sulphuric ether and spirits of turpentine, as recommended by Durande, nor do I think the stomach would be likely to tolerate it ; neither have I, for the same reason, given chloroform by the mouth, as suggested by Bouchu, or Prout's favourite remedy, large doses of a dilute solution of bicarbonate of soda. The general treatment, with a view to cure, should have reference chiefly to diet and exercise. Fats, sugar, hot bread, malt drinks, highly-spiced dishes, and rich soups, should be avoided. Claret and the alkaline effervescing drinks, soda and and seltzer water, should be freely used. Green vegetables, especially spinach and broccoli, likewise fresh ripe fruit, and plain pudding without fruit, may be used. Food should be taken in moderate quantity and frequently, the bowels should be moved at least once daily, and, above all, active exercise out of doors, as far as practicable, should be systematically pursued. The natural alkaline waters should be used, both internally and by the bath, for one or two seasons ; those of Vichy Carlsbad and Marienbad are the best.

The great preponderance of biliary colic amongst females, as compared with males, has been remarked by most writers on the subject. Of the seven examples which I have given, the patients were females in five instances, and the great majority of the other cases which have come under my notice belonged likewise to the female sex. Furthermore, in every instance except Case V., the female patients were of the better classes. It is not unreasonable to conclude that the sedentary habits of ladies, and their highly artificial dietary, are, in a great measure, chargeable with this result.

(*a*) Abstract of a paper read at a meeting of the Medical Society of Dublin, February, 1876.

It will be observed that in this paper, which is of a purely clinical character, I have eschewed the pathology and the chemistry of gall-stones. The subject in its general bearings is much too large for a brief memoir. It has been adequately and ably treated by Fauconneau Dufresne, Frerichs, Trousseau, Prout, Budd, Murchison, and quite recently by Dr. Hilton Fagge, all of whose writings may be consulted with profit.

ACUTE ABSCESS OF TONSIL (RIGHT) IMPLICATING PHARYNGEAL APONEUROSIS AND PRESENTING BEHIND STERNO MASTOID.

By Frank Thorpe Porter, L.R.C.S.I., L.K. & Q.C.P.I.,
Demonstrator in Anatomy, Ledwich School.

The following case may perhaps be not devoid of interest.

The patient, a strumous-looking lad, aged 10, came under my notice on the 13th ult.

He complained of headache, rigors, pain in swallowing, and want of sleep. The tongue was dry and brownish on the surface, the skin hot and tense, the pulse 90, and peculiarly unsteady. On examining the throat I found a swelling the size of a walnut, hard, yet moderately fluctuating, on right tonsil. I prescribed small doses of the perchloride of iron, a purgative composed of calomel and pulv. rhei comp., and ordered an alum gargle. The following day the swelling became increased and elongated, extending externally along the posterior edge of sterno-mastoid for about four inches; the swelling was also much increased internally, and the patient could with difficulty swallow even fluids. This state of things was accompanied by muttering delirium. I then ordered two leeches to be applied over the upper and posterior part of sterno-mastoid, to be followed by *small* poultices *over* the *bites*. The following day (March 15) the swelling was much diminished, but fluctuation was distinct, and a small incision gave exit to about six ounces of pus.

Abscess of the tonsil is comparatively rare; it is still more so to find it take the course it did in this case. With reference to the treatment of such cases, I must disapprove of the custom of applying *large* poultices; they increase the *area* of suppuration often to an alarming degree. I have known a comparatively small abscess to attain the dimensions of a child's head owing to too great zeal in poulticing.

I may add that throughout the whole of this case there was no *rash* of any kind, although scarlatina was in the neighbourhood.

The patient is now rapidly convalescing.

ON TUBERCULOSIS IN CHILDREN AND THE CONDITIONS WHICH RESEMBLE IT.

By W. H. Day, M.D., M.R.C.P.Lond.,
Physician to the Samaritan Hospital for Women and Children.

(*Continued from page* 276.)

Sweating, which so certainly reduces the general strength, is a common feature in cases of phthisis, though it is not even a necessary feature here. Where the temperature remains persistently high for some time, and then begins to decline, sweating is met with. In cases of nervous exhaustion and general weakness it is to be anticipated, so that though it is not an invariable rule in phthisis or tuberculosis, the debility consequent upon either of these last conditions may produce it independent of elevation in temperature. The sweating that is due to a febrile condition of the body is generally noticed as the fever declines, and it thus becomes a natural and efficient means of reducing the fever without the aid of drugs; but when it comes on from sleep, or exertion, or fasting, it is due to exhaustion, and, unlike the sweating from fever, there may be several attacks in the course of the day. How far these conditons may co-exist—viz., fever and debility—is a point we cannot always easily decide, for in many cases of phthisis fever and debility are both at work, and it may be impossible to say what is due to fever, and what to debility, but, as the case advances, the difficulty is cleared up. Sweating, therefore, is a far less certain indication of tuberculosis than a persistent elevation of temperature, and where the latter condition exists, too much weight should not be attached to its importance as a significant sign.

Pulse.—Now the pulse is another and more valuable guide than sweating. As the temperature rises the pulse usually increases in frequency; but this is not an invariable rule, for the temperature may reach a high point, as 103 deg. or 104 deg., and yet the pulse remain slow, and the respiration also. After ovariotomy we have striking instances of this. I have repeatedly noticed the temperature, 102 deg., respirations, 16, and the pulse, 64. This indicates exhaustion and the danger of collapse. I am inclined to think that when the pulse and respiration remain slow, and the temperature goes on rising, the patient is often in a perilous position, and that more correspondence in the relations are preferable for a hopeful diagnosis, than when the variance is so great. The pulse, therefore, is no guide to the absence of fever, or the deposition of tubercle. Then, too, when the temperature is falling, debility and exhaustion may send up the pulse, so that this is not an infallible guide. Thus, recently, in a case of severe bronchitis, and a condition of the blood resembling pyæmia, when the temperature was 102 deg. the pulse was 96; when the temperature fell to 99° 2′ the pulse rose to 112; when the temperature fell to normal the pulse rose to 120. A nervous or hysterical temperament will accelerate the circulation without influencing the temperature, and this may deceive some persons if they are not aware of the condition. The pulse, therefore, as a guide to the diagnosis of tuberculosis, is of less value than the elevation of temperature. Dr. Wilson Fox says that an accelerated pulse is not constant in acute tuberculisation of the lungs. He contends that it may be less than 100 frequently, and in some fatal cases below 70 both in the morning and in the evening. When the disease is established or progressing the pulse is quickened. When it is slow, and accompanied by a low temperature, there is the greatest chance of the disease being arrested or cured. Of the relation between the morning and the evening temperatures, which are not without scientific interest and practical value, Dr. Fox found in 54 cases that the evening pulse was quicker than the morning in 20 cases; it was slower than the morning in 22 cases; the evening pulse equal to the morning in 12 cases. Of the mean pulses in 46 cases, the evening pulse was quicker than the morning in 28 cases; the evening pulse was slower than the morning in 12 cases; the evening pulse was equal to the morning in 6 cases.

In proportion to the severity of the disease does the respiration become accelerated, and that in the evening is somewhat in excess of the morning. Sometimes quickness of breathing is the chief but overlooked symptom in acute tuberculosis, and I should attach extreme weight to such a symptom, as I should also to oppression of the cardiac region and dyspnœa in rheumatic pericarditis before physical signs were present. The respiration, as may be expected, bears a close relation to the quickness and slowness of the pulse. In health they correspond, and in fever as the circulation is accelerated, the respiratory movements become more frequent; blood is transmitted with greater frequency to the respiratory centre, and stimulates it to discharge an increased amount of work. In double pneumonia, when the blood is more venous, the dyspnœa and respiration become so increased that by this symptom alone we judge of the perilous state of the patient. When the tuberculosis is intense, there is usually acceleration in breathing, and both in the morning and in the evening the respirations are above 30 in the minute. In 54 cases of the quickest pulse, the evening respiration was quicker than

the morning in 25 cases; the evening respiration slower than the morning in 23 cases; the evening respiration was equal to the morning in 6 cases. In 54 cases of the slowest pulse the evening respiration was quicker than the morning in 24 cases; the evening respiration slower than the morning in 17 cases; the evening respiration equal to the morning in 13 cases. Of the mean respiration in 46 cases, the evening respiration was quicker than the morning in 80 cases; the evening respiration slower than the morning in 20 cases; the evening respiration equal to the morning in 6 cases.

But regarding the rate of pulse to the temperature, as I have previously stated, there is no necessary relation. The temperature may be high, and the pulse slow, or *vice versâ*. We may have a morning pulse of 140 and the temperature 97 deg., the evening pulse may be 130 and the temperature 95 deg. or 96 deg. [Wilson Fox]. We must infer that the variation in temperature may be accompanied with a pulse of the same frequency; yet those cases which are distinguished by a rapid pulse are commonly those where the temperature is highest, and low pulses are generally met with where the temperatures are low. These conclusions of Dr. Fox accord with my experience of some other pyrexial states. Quick breathing may be associated with a slow pulse, and in exceptional cases slow breathing with a quick pulse. In one case of acute tuberculosis the quickest pulse was 136, and the respirations 28; the slowest pulse was 88, and the respirations 32. Some condition of the nervous centres due to hysteria or exhaustion may explain this.

The relation of the respiration to the pulse is more definite than it is to the temperature; the slow pulse is usually accompanied by retardation of the respiration, whether it be morning or evening, but the pulse may be slow whilst the respiration is rapid. The pulse is more influenced by the temperature than the breathing; a slow pulse and rapid breathing may coexist with low temperatures, but a quick pulse and rapid breathing may also be associated with low temperature. When the pulse and respiration are both low, the temperature is generally normal, or nearly so. Pyrexia may exist with little acceleration of either, or the temperature may be high, and the pulse quick, whilst the respiration is scarcely accelerated, and this applies to some other febrile states besides tuberculosis.

According to Dr. E. Smith and Dr. Fox, rapid pulses with slow breathing are not observed in the early stages of phthisis. For many of the foregoing calculations concerning the relations of the temperature, pulse, and respiration in tuberculosis, I am indebted to the perusal of Dr. Fox's paper on this subject, who has collected a large number of facts from his experience and that of others. (*a*)

The three following are among many similar examples which have come under my notice, from time to time, and at varying periods of the illness I have hesitated to decide whether I was not dealing with genuine tuberculosis.

Case I.—Jane C., aged 6½ years, first came under my care at the Samaritan Hospital, on October 24, 1874. She was an intelligent child, with fair hair and grey eyes, and of late had grown beyond her strength. During the winter of 1873 she had an attack of croup, and had been ailing ever since. Her father and mother are healthy, but a younger brother is the subject of rickets. The last month she had become much worse; she was too weak to take any exertion, and in the evening was feverish and hot, with a bright circumscribed flush on the left cheek. It was seldom observed on the right cheek. The chief symptoms complained of were pain in the stomach and constant sickness, so that she could retain nothing that she swallowed. She had a short, frequent, and troublesome cough, and expectorated a little thin phlegm: she complained of thirst and headache, and the tongue was covered with a thick white fur; latterly, she had become irritable and fidgetty, and it was difficult to amuse or please her. There was some obscure dulness under the left clavicle, but no harshness of breathing or moist sounds: the cardiac sounds were very distinct under both clavicles. The temperature was at 104°5′, pulse 160, respiration 40. I ordered the child to be kept in the prone position till the sickness was relieved, and to be fed with a tablespoonful of milk and lime-water, in equal proportions at a time. In the shape of medicine, citrate of potass was given im effervescence with hydrocyanic acid. She was to be sponged with tepid water in the evening, if free from pain, and to have a grain and a-half of quinine in a powder at bed-time before the paroxysms were expected.

27th.—The child was better, but the flushing had continued regularly morning and evening till this morning, when it was not observed: any fatigue or excitement will bring it on; the sickness and pain in the stomach are abated, she sleeps quietly at night, and makes no complaint of headache; the tongue is cleaning at the tip and edges; pulse 96; temperature 99 deg. As the bowels are inclined to be costive, and the motions green, I prescribed a powder at bed-time, consisting of hydrargyrum cum creta, sesquicarbonate of soda, and powdered rhubarb, of each two grains.

Nov. 10th.—She was much better, having had flushing of the face only twice last week on the same day; the sickness is completely arrested, and the bowels now act regularly every morning; the tongue is clean, and she is bright and animated; pulse, 92; temperature, 99°1′; respiration, 24; urine clear. When the fever declines she is to take the quinine powder three times a day. Since the last visit, she has taken a pint of milk daily, besides beef tea and mutton broth.

24th.—She had much improved till within the last few days, her cheeks having filled out, and her appetite amounting to hunger. The temperature is now only 98 deg., the pulse is 140, and this probably from nervousness, as an attempt at examination is enough to cause flushing. Last week she had flushing of the left cheek from over-excitement at play; to-day the left cheek is flushed; it has been noticed on both, but generally on the left—never on the right cheek alone. She spits up a good deal of phlegm, and often has the feeling of wishing to clear her throat—the bowels are quite regular. Since her illness began, she is generally restless in her sleep, and at these times is always flushed—the abdomen is increasing in size, and her clothes came together round the waist with difficulty. The mother noticed this swelling for the first time last week. The region of the liver is smooth, but slightly projects below the ribs, and the belly generally is tumid and protuberant, though free from pain and tenderness. She was ordered a teaspoonful of cod-liver oil twice a day, and as much nutriment as she could digest comfortably.

On December 8th the report states that the bowels had become very loose, the motions being dark and ragged-looking; she complained of pain in her eyes, and there was headache; since the diarrhœa began there has been more flushing, which keeps to the left cheek; the abdomen still increases in size, and the frock will not come together. There is more cough and some dulness below the spine of the left scapula, with mucous rhonchus. The mother refused the child to be admitted as an inpatient, and I did not see her again until November 6th, 1875, when I ascertained on calling at her house the following facts. After her last visit she remained ill for about a month, and then gradually regained her flesh and strength, and her body returned to its normal size. The medicine was continued regularly during this time. The chest now expands well, but the percussion note does not appear to be quite so clear on the left side as on the right, and there is dulness in the supra-scapular space of the same side, but no moist sounds anywhere. There is no enlargement of the liver or spleen, and the belly is soft and natural. Allowing for some excitement at my

(*a*) *Medico-Chir. Trans.*, Vol. lvi., 187?.

unexpected visit, I found the pulse did not exceed 84, respiration 24, temperature normal. The child is in every respect healthy, and goes to school regularly. I see no reason to deny the possibility of a deposit of tubercle in this case, and the fall of temperature to indicate its arrest, if not its cure, but the rapidity of the fall scarcely justifies the hypothesis. If the tubercular deposit remains small, there is no reason why it should give rise to any symptoms.

Case II.—P. E., aged 12, was first brought to me on the 19th of April, 1875; he is the son of healthy parents residing in an elevated district in the neighbourhood of London, and has five brothers and one sister. The eldest brother died at fourteen years of age of heart disease, apparently unconnected with rheumatism. He has always experienced fair health until six weeks since, when he took cold and had feverish symptoms at his school in Staffordshire, where the atmosphere is damp and humid. His illness was thought to be whooping-cough, but this is doubtful, as no medical man was consulted, and since his return home his parents have never heard him whoop. His second brother, who went to the same school, was lately seized with rheumatic fever, and died there. He has lost much flesh, and is now very thin, his clothes hanging loosely on him. He is a slender and delicate lad, with downcast eyes, and a sad, wearied expression; the veins are very prominent and distended over the front part of the chest, and the spine is much curved from weakness, the lower angle of the right scapula being within an inch of the spine—the left is three inches from it. Phthisis is not hereditary, and no member of the family on either side appears to have suffered from it. The symptoms complained of were great langour and prostration of strength; he had little inclination to enter into any amusement with his brothers, and if he did he was soon fatigued, and glad to lie down. He has a short, frequent, hoarse cough, and spits up a little light tenacious phlegm in the day-time, but more particularly in the morning, on waking. Towards evening he gets flushed, and complains of headache and thirst; his mother notices that he is restless in his sleep, and that the skin is hot and not sweating. On examination of his chest, the expansion is good and equal under both clavicles, though, in consequence of his having lost so much flesh, the depressions above and below the clavicles are very marked, and the shoulders are rounded and bent forward; the percussion note is resonant, and the vocal vibration is greater than usual, but this is explicable on the ground of the thoracic walls being so thin, and the intercostal spaces everywhere depressed.

A similar reason may explain the loud and rather harsh character of the respiration under both clavicles, but there were no moist sounds. On percussing the back the dulness was greater in the supra-spinous fossa on the left side than on the right, but in the absence of submucous or sonorous rhonchus, the result of this physical examination did not enable me to pronounce the patient tubercular when I was pressed for an opinion. I thought he was, and that in the course of a short time I should detect unmistakeable evidence of such pulmonary changes that all doubt would be set at rest. The skin was dry and harsh, the temperate 102°, the pulse 136, the respiration quiet, bowels costive, urine clear and non-albuminous; the tongue presented a whitish coating, and the appetite for food was imperfect, which in genuine tuberculosis is sometimes craving and voracious. I ordered him a diet of beef-tea, milk, and eggs, and he was to have cocoa instead of tea. In the shape of medicine, two grains of quinine were prescribed, morning and evening, and a syrup composed of squill, senna, and poppy, to soothe his cough and keep the bowels soluble.

May 13.—He looks marvellously better, being fuller in the face and more animated; he has coughed less, and never gets flushed in the evening; his appetite is greatly improved, and he rests well at night; pulse 112, respiration 24, temperature 98°. For the last three days he has complained of pain in the right side, below the nipple, which is increased on coughing or taking a deep inspiration, but as auscultation reveals nothing abnormal, the pain is probably neuralgic or muscular. The chest sounds are the same as at last report, but there is some laryngeal irritation and hoarseness. He was ordered to apply a warm poultice to the side at night, and to have a sponge bath with Tidman's sea salt every morning. A mixture to be given three times a day containing hypophosphite of lime, quinine, strychnia, and tincture of perchloride of iron was substituted for the simple quinine mixture.

On June the 9th the laryngeal irritation had not lessened, and the cough was hacking and troublesome in the morning, but unattended with expectoration; there was no sweating, and he slept well. Nearly three months later (at the end of August), after gaining flesh and going on remarkably well, he became faint and languid, and lost his appetite from indiscretion in diet. He was irritable and fretful, and nothing went right with him, which was attributable in a great measure to over fatigue and excitement in the hot weather. His voice is now clear, and he does not suffer from cough or laryngeal irritation. The chest sounds are normal. He derived the greatest benefit from the hypophosphites, and a month later he went to Brighton, where he is at school in perfect health.

I might relate other cases of a mixed and puzzling character, allied to genuine tuberculosis in many of the local and vital symptoms. If the lungs and other organs appear free from the deposit of tubercle at the time a patient comes under observation, we may pronounce the illness as simple and uncomplicated, and give a favourable opinion, because recovery, so far as I have been able to trace the progress of the disorder, has eventually followed the continuance of a class of symptoms which have borne the closest connection with what appeared to be at one time an irremediably hopeless condition.

(To be continued.)

Clinical Records.

CASES IN PRACTICE.

Reported by John W. Martin, M.D.,

Assistant Surgeon, Mayfield Factory Dispensary, Portlaw, &c., &c.

Case XV.—*Amenorrhœa—Headaches—Dyspnœa—Area of Heart's Dulness enlarged—Impulse at the Apex lost, but felt over the Base, accompanied by frémissement—Pericardial Friction Murmurs—Treatment—Recovery.*

M. A., æt. 17, factory operative, unmarried, a well-nourished, strong, healthy-looking girl, presented herself at the dispensary, Feb. 7th, 1876, giving the following history of her case:—

Never had a day's illness previous to July, 1875. About that time she was subjected to severe mental distress and anxiety. Her menstrual periods, which had previously been regular, ceased altogether, and have never since appeared. No suspicion whatsoever of pregnancy in the case. The only evidence that could be adduced in favour of the existence of the rheumatic dyscrasia, was an occasional pain in the left knee, of a sub-acute character, attended by slight effusion into the joint, recurring at intervals of six months, but never sufficiently intense to prevent her following her usual avocations.

In the commencement of November last, she felt for the first time a slight pain in the chest, in the region of the heart, accompanied by headaches of a not very acute type. Beyond the ordinary risks of exposure to wettings, variations of temperature inseparable from her occupation, draughts, &c., &c., she can assign no special cause for her illness, except the mental anxiety before men-

tioned, and subsequent stoppage of menstruation. The onset of the pain in the chest was very gradual, and week by week grew steadily worse. She does not remember having had vomiting, rigors, or other constitutional disturbance in the commencement of the attack. She had presented herself occasionally at the dispensary, but the symptoms of which she complained appeared to be dyspeptic in their origin; they were, costive bowels, loss of appetite, headaches, and pain, which she described as abdominal. She was actively treated for dyspepsia, without the slightest relief. She never at any time complained of tenderness to pressure over the heart. On Feb. 7th, 1876, when suspicion was first excited in my mind that the heart was engaged, the following were the symptoms of which she complained. Pain in the region of the heart, especially severe at the ensiform cartilage; complete loss of appetite; great inconvenience experienced after meals, owing to a sense of over-distension about the stomach, and pressure upon the heart. Sometimes the taking of food was attended by an inclination to vomit. The intermitting headaches from which she formerly suffered had become constant and much increased in severity. Tongue dry; bowels costive, acting only under the influence of medicine. Exertion of any description induced severe dyspnœa. Area of heart dulness most extensively enlarged; extending upwards as far as the lower border of the second rib, on the left side, and from that downwards for six inches in the vertical direction; the examination being made when the stomach was empty; its horizontal diameter extended from a point one inch to the right, of the right margin of the sternum, to a point one and a-half inches external to a vertical line drawn through the left nipple.

The heart's impulse could neither be seen or felt at the apex, but its action could be felt, accompanied by a strong *frémissement*, midsternum, opposite the articulation of the fifth rib. First and second sounds present, of equal length, resembling very much the action of the fœtal heart. On first placing the stethoscope over the heart I thought there was a great disproportion between its action and the number of beats in the radial pulse; the latter was only 96, very weak and compressible, and gave me the idea of a slow pulse; whilst the former seemed to be going at a gallop.

On reckoning the number of beats, however, in each case, they were found to correspond. First sound very weak, and indistinct at the apex, heard more strongly towards the base; second sound greatly accentuated, heard loudest opposite the articulation of the third and fourth ribs, and at the right margin of the sternum; the accentuation was much less marked on the left margin.

A loud well marked "*frottement*" was heard over the whole cardiac region, of equal intensity throughout. There was no congestion of the veins of the neck. Respiratory system normal. Passed an abundance of urine, free from deposit, sugar or albumen. The optic disc in both eyes was very pale, and presented what appeared to be a double margin, the arteries were very small and the veins distended; the retina had a finely mottled appearance. She had, however, no pain in her eyes, and her sight was excellent. I directed a blister 4 × 4 to be applied over the heart, and prescribed—

℞ Potass. iodidi, ℥i.;
Potass. bicarb., ℥ij.;
Tr. aconiti, ℥iss.;
Syrupi, ℥i.;
Aqua ad ℥viij. M.

Two tablespoonsful to be taken every fourth hour.

Feb. 13th.—Did not apply the blister as directed, her mother thinking that she was not strong enough. Took her medicine regularly. Felt better; almost free from the palpitation, headache, vertigo, and dyspnœa. She felt able to undergo a much greater amount of exertion. There was slight diminution in the area of heart dulness; the first sound was stronger, but still masked by the friction murmur, which had become much softer and finer; the second sound was very strongly accentuated, the accentuation being heard over the whole of the base of the heart, opposite the articulation of the fourth rib, and of equal intensity at both margins of the sternum. Pulse 100, its tone being much improved. Looked, and expressed herself as feeling, much better. I repeated the mixture, and recommended the application of the blister.

Feb. 18th.—Blister applied, followed by a very free discharge of serum. Much stronger and better. Heart dulness diminished to an area two inches in diameter; its action stronger, quite regular, and both sounds distinct. First sound, no longer masked by the murmur, which was very faint and soft; second very much less accentuated than it was on the previous visit.

℞ Potass. iodidi, ℥i.;
Potass. bicarb., ℥ij.;
Tr. digitalis, ℥iss.;
Tr. cinchonæ, ℥ss.;
Sp. am. aromat., ℥ij.;
Infusi cinchonæ ad ℥viij. M.

Two tablespoonsful to be taken three times a day.

Feb. 28th.—Improved in every respect. Received permission to return to work. Murmur very faint and indistinct. Heart's action and sounds normal. Area of dulness remained as last noted, having a diameter of 2 × 2 inches. I continued her treatment, and directed her to present herself occasionally for further observation.

March 24th.—This patient has never since attended dispensary, or come under my notice. I may fairly presume her health remains good.

The following points are worthy of notice in the foregoing case:—

1st. Coincidence of mental anxiety, and the cessation of menstruation, with the subsequent lapse of several months before the appearance of the pain felt in the region of the heart.

2nd. Quiet onset of this pain, unattended by any soreness, or tenderness to pressure over the heart, or febrile constitutional disturbance, such as rigors, vomiting, &c., &c.

3rd. The very slight evidences that existed of the rheumatic dyscrasia.

4th. The great extent of dulness, reaching upwards as far as the lower border of *the second rib*, and from *one inch to the right* of the right margin of the sternum, to a point one and a-half inches *external to the left nipple line*, together with the weakening of the first sound, indicating extensive effusion into the pericardium.

5th. Apparent disproportion between the action of the heart and the radial pulse; no such real disproportion however existing.

6th. The fact that the first sound was heard at all at the apex, where such extensive effusion existed; in many cases that have fallen under my notice in which the effusion into the pericardium was much less, the first sound has been lost completely.

7th. Accentuation of the second sound, taking into account the cessation of the *menses*, and the gradual onset of the disease.

8th. Absence of any congestion of the veins of the neck.

9th. Appearances presented by the fundus of the eye, *i.e.*, absence of redness in the optic disc, in the presence of venous distension, which was very strongly marked. The double margin to the disc is also worthy of note.

This patient's rapid recovery under treatment was very satisfactory. I deem the case an interesting one, from the insidious manner in which it developed itself, and therefore have been careful to dwell upon the negative as well as the positive evidences, as to the nature of the morbid changes present, and the history of their development.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

LINHART'S CHISEL FOR EXCISION OF BONE.

Mr. T. HOLMES related the particulars of a case, for the purpose of introducing Linhart's chisel to the notice of the meeting. The patient, a married woman, aged 45, had had swelling and pain of the left ankle for three years, these symptoms having gradually increased. An incision being made over the front of the joint, the astragalus was found to be diseased, and the end of the tibia eroded. Subsequently, an operation was performed, upon Esmarch's bloodless principle, and with the minutest details of the antiseptic plan. The astragalus was removed with the lion forceps, and the lower ends of the tibia and fibula were excised with Linhart's chisel. The wound was then thoroughly dressed antiseptically. Pus, however, formed within it, and had to be evacuated. At the date of Mr. Holmes's communication (two months after the operation), the wound was almost cicatrised. This chisel, invented by Herr Linhart of Würzburg, was a stout instrument with an oblique edge, having a thick back, on which was a projecting ridge to catch the hammer, by which the weapon was driven through the bone. It could be driven with an equable motion through the bone in the same straight line as that originally formed by its edge, and could be stopped at the proper place. It never splintered the bone, and required no dissection around the bone to be removed. It would prove a valuable acquisition to the surgeon's stock of instruments, but required a moderately firm basis for the bone to be divided, and might possibly not always prove sufficiently powerful to deal with very much solidified bone.

Mr. PICK referred to its use in three cases, one of exostosis, one of necrosis, and one of the removal of a part of the lower jaw. He had failed to find it of service in the last case, owing to a want of support of the bone which was requisite when the instrument was used.

Mr. MAUNDER remarked that doubtless those who had used the instrument were more capable of speaking as to its merits than he who had not used it; but it certainly seemed to him that, owing to its oblique edge, there would be considerable danger of the instrument leaving the bone and injuring the soft tissues whenever struck by the hammer; he could not see the advantage of the chisel in question over the ordinary chisel which he was in the habit of using.

HEADACHE, DOUBLE OPTIC NEURITIS, AND BLINDNESS, ENDING IN RECOVERY.

Dr. GOODHART read notes of this case. The patient, aged 21, had been under the observation of Mr. Higgins and himself for more than a year. She had suddenly been seized with severe headache and vomiting in December, 1874, and gradually in the course of a few days became completely blind. She had also attacks of dyspnœa, pain, and slight hyperæsthesia on the right side of the head and neck, incomplete paralysis of the external rectus of each eyeball; very transient left hemiplegia following a severe attack of headache, indistinctness of articulation and slight mental disturbance, while constipation and a slow and irregular pulse marked the whole course of the acute attack, which extended over a fortnight. The temperature was not raised. Since that time she had slowly recovered, and had now for some time past resumed her occupation, that of a teacher in one of the School Board schools. Her sight was still far from perfect, and there was a tendency to retch unless she was very careful with regard to the quality and quantity of her diet. She was treated by the assiduous application of cold to the head, and by iodide and bromide of potassium, with small doses of mercury and chalk internally. The authors brought the case forward with a view to elicit opinions on the diagnosis. From the sudden onset of the symptoms, the early optic neuritis, and the absence of any pyrexia, they inclined to the view that the disease was one implicating the substance of the encephalon rather than the membranes. A tubercular family history, the appearance of the patient, and some history of a previous blow led up to the conclusion that the affection was probably a yellow tubercle, while the symptoms narrated indicated that the lump was a small one situated on the right side more than the left, at the upper part of the pons Varolii. The occurrence of temporary hemiplegia after a severe attack of headache, and the persistence of a tendency to retch long after all urgent symptoms had subsided were also noted as interesting features in the case.

Mr. COUPER said that recovery after almost complete loss of sight was not rare. He referred to the case of a boy suffering from albuminuria with double optic neuritis. The optic disc was surrounded with opaque exudation and streaks of hæmorrhage, for several days he was almost blind, but he recovered sufficiently to read No. 6 Jaeger's tests. Though improvement took place to such an extent, the condition of the fundus of the eye did not change.

Dr. GREENFIELD said Mr. Couper's case was not similar to Dr. Goodhart's. Mr. Couper's case was one of albuminuric retinitis and amaurosis, such as occurs in Bright's disease, whilst in Dr. Goodhart's case the symptoms were probably due to optic neuritis extending back to the brain.

Mr. MACNAMARA remarked that one should be careful in forming a prognosis from the ophthalmoscopic appearances. In sunstroke the disc was frequently covered with exudation, but the sight improved as the exudation diminished. Sometimes when the effusion was great the vision was only slightly diminished. He thought the symptoms and course of the disease in Mr. Goodhart's case were such as would occur with syphilitic gummata.

Dr. BUZZARD said he had not heard the whole description of the case, but having asked the patient a few questions, he had but little hesitation in asserting, from his experience in similar cases, that the symptoms were due to a tumour of syphilitic origin, such as a gummatous deposit. The cure by iodide of potassium tended also towards this view. With regard to the question of choked disc and optic neuritis, he thought it was impossible to distinguish them.

To this last statement Mr. LAWSON remarked that the two conditions were totally different.

Dr. GOODHART, in reply, said that he protested against Dr. Buzzard's opinion. He had made every inquiry, and found no suspicion of syphilis; and as to the case being doubtless syphilitic because it was relieved by iodide of potassium, he might remark that pleuritic effusions and strumous diseases were also relieved by that drug.

OBTURATOR FOR CLEFT PALATE.

Mr. A. T. NORTON related particulars of a case of cleft prlate in a child, thirteen years of age, in which the cleft extended forwards to the alveolar border, whilst posteriorly the two halves of the uvula could barely be made to approximate. After the operation, union took place in the uvula and soft palate and in a large portion of the tissue covering the hard palate; but in the front of the mouth there still remained a space five-eighths of an inch in length by half-an-inch in breadth; and the voice was not at all improved. With a plate over the aperture between the nose and mouth, a slight improvement was perceptible; but the uvula was not capable of sufficient movement, so as to lie against the pharynx and close the aperture upwards to the nostrils. With Mr. Sewill's assistance, an obturator was devised and made, to which was attached a false uvula of considerable breadth, and composed of flexible vulcanite india-rubber, protruded backwards from the nose into the pharynx. This apparatus effectually closed the passage to the nose when the child spoke, and she could immediately articulate the letters S and Z to perfection, sounds which she had before been quite unable to make. It was found necessary to have the part of the obturator which connected the mouthplate with the nasal rim made slightly smaller in size than the aperture to which it was fitted, otherwise pain was produced. There was so little development of bone in this case that the two sides could not have been brought together by Sir W. Fergusson's operation. Mr. Norton thought this instrument would be of great use in other similar cases, where the uvula could not be made to close with the pharynx the passage between the buccal and nasal cavities.

Mr. MASON remarked that Mr. Norton had spoken of division of the soft palate at its outermost part being of but little service in the improvement of the voice. He could say from experience that by this operation the soft palate became, in fact, one large uvula capable of considerable movement, and

regardless of how it might be explained, the voice was always much improved.

Mr. THOMAS SMITH wished to know if the obturator were made in two pieces, and if the patient could easily apply it.

Mr. NORTON, in reply, said that the obturator was made in part of hard vulcanite, and in part of a soft flexible vulcanised india-rubber, but that in the manufacture they were united into one piece. The method of insertion was simple and easily carried out by the patient. The protruding false uvula was first passed through the aperture in the hard palate up into the nose, and then by gentle pressure upwards the whole instrument readily found its way into position, and was there retained by a flexible nasal rim.

HYDATID TUMOUR OF THE ORBIT.

Mr. LAWSON read the report of a case of large hydatid tumour removed from the orbit. The patient was under his care at Moorfields Hospital in October, 1872, suffering from protrusion and eversion of the left eye, with impairment of vision. There was proptosis of the left eye to about half an inch beyond the orbit, with complete divergence. A soft mass could be felt at the upper and inner part of the orbit, which had a sense of fluctuation. The field of vision was normal, and he was able to count his fingers at the distance of a foot. The optic disc presented the appearance of "choked disc." The swollen nerve seemed to stand out from the fundus, and the vessels of the fundus were extremely tortuous, especially the veins as they passed over the margin of the papilla. Mr. Lawson punctured the tumour through the upper eyelid, and drew off two drachms of clear fluid. The patient was not seen again till February 14th of this year, when he was admitted into the hospital for the removal of the greatly increased tumour. The protrusion and everion of the eye were much increased, and the sight so impaired that he could only distinguish shadows. The upper eyelid was cut through so as freely to expose the tumour, and it was then punctured and a quantity of clear water escaped, and with it two or three small daughter cysts. The parent cyst was drawn out entire by forceps. The wound uppurated, and the eye immediately began to recede. The patient left the hospital in the following week. He could then readN o. 20 of Jaeger's types. Mr. Lawson referred to the extreme rarity of cases of hydatid cysts in the the orbit. He believed that there was only one other on record in England, a case of Mr. Hulke's, of which the preparation is in the Middlesex Hospital Museum. He added that the choked disc was produced by the presence of a tumour on the optic nerve, and that the disc assumed its normal appearance on removal of the pressure by tapping the cyst. It had been long known that tumours pressing on the optic nerve would produce choked disc, but in no case had he seen the fact so clearly demonstrated.

Vital Statistics.—From the Registrar-General's return we learn that during last week 6,041 births and 4,014 deaths were registered in London, and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 26 deaths annually in every 1000 persons living. The annual death-rate was 25 per 1000 in Edinburgh, 24 in London, 31 in Glasgow, and 35 in Dublin. The annual rates of mortality during the same period in the other large towns were—Norwich 21, Hull 26, Leicester 20, Sunderland 18, Portsmouth 33, Newcastle-upon-Tyne 19, Birmingham 21, Brighton 22, Leeds 25, Wolverhampton 23, Bradford 26, Sheffield 23, Plymouth 26, Bristol 27, Oldham 34, Manchester 34, Salford 37, Nottingham 27, and Liverpool 34. The annual death-rate from the seven principal zymotic diseases averaged 3·7 per 1000 in these towns, and ranged from 0·9 and 1·2 in Leicester and Oldham, to 7·1 and 8·3 in Portsmouth and Salford. Eleven more deaths were referred to small-pox in Manchester and Salford; and scarlet fever showed an increased fatality both in Salford and Bradford. In London, the 1,581 deaths included 37 from scarlet fever, 22 from different forms of fever, but not one from small-pox; the seven principal diseases of the zymotic class caused 225 deaths, against 223 and 234 in the two preceding weeks. These 225 deaths were 19 below the corrected average number from the same diseases in the corresponding week of the last ten years. Different forms of violence caused 54 deaths; 48 were the result of negligence or accident, including 19 from fractures and contusions, 4 from burns and scalds, 5 from drowning, one from lead poisoning, and 13 of infants under one year of age from suffocation. Six of the deaths from fractures and contusions were caused by horses or vehicles in the streets; from this class of accident 79 cases of injury and maiming came under the notice of the Metropolitan and City Police during the seven days.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 19, 1876.

RECENT REPORTS ON CHOLERA.—CONDITIONS OF ITS TRANSMISSIBILITY.—No. I.

IT is a disheartening reflection that the success which has attended the investigations of medical men into the origin and nature of cholera is by no means proportionate to the enormous amount of labour and research that has been devoted to the subject. In a series of Reports, which has been published under the direction of the United States Government, Dr. John S. Billings has given the profession a more complete Bibliography of Cholera than has ever been compiled before, either in this or any other country. That medical literature was rich in works on one of the most appalling and most fatal pestilences of modern times our readers were, we dare say, quite prepared to hear. But we are much mistaken if they are not somewhat surprised to find that a catalogue of the various works, reports, &c., which have been published on this disease alone occupies more than 300 large octavo pages. The great disproportion, however, between the means used and the end obtained is not so difficult to account for. It is only recently that the profession has turned from theory and loose observation to experiment and systematic research. It is only recently that, by more earnest inquiries into the conditions by which cholera is propagated, and into the means by which it may be prevented, that we have somewhat compensated for the valuable time that has been wasted in theorizing as to the nature of that disease, and in futile attempts at its treatment. It is only within the last few years that much progress has been made in State medicine, and that it has been thought worth while to send into the field of sanitary investigation men who by their acquirements are specially fitted to grapple with the difficult problems

connected with the origin and prevention of epidemics. These reforms, however, taken in connection with the great international interest that is being taken in the matter, and the exertions of our own Goverment, justify us in looking forward to a time when cholera will be almost stamped out in India and comparatively unknown in other parts of the world.

This important subject naturally divides itself into the conditions which render cholera endemic in India, and into those which propagate the disease to other countries. Among the latter conditions, the influence of human traffic is well known, and we cannot say that the reports recently published have, on this point, added much to our information. It is impossible to peruse the elaborate reports that have been respectively published by the English and American Governments without noticing how much labour and research have been spent in going over the same ground as was gone over 20 or 30 years ago. As Mr. Simon observes, the practical results of Mr. Netten Radcliffe's able and exhaustive report consist in the facts which bear upon the influence of human intercourse in determining the diffusion of cholera, and secondly in the inferences which arise with regard to the virtual illimitability of that influence (as between Asia and Europe by measures of the nature of quarantine.

Before, however, we go any further, we must pass a few remarks on a question about which there still appears to be much confusion of thought. We allude to the question of contagion. It is remarkable that Professor Pettenkofer, whose researches on various sanitary subjects have gained for him an European reputation, while admitting the great part played by human intercourse in the diffusion of cholera, has nevertheless "the gravest doubts as to the contagiousness" of that disease. He even enters into arguments against the theory of contagion. He asserts that cholera radiates more from infecting neighbourhoods than from infected individuals; and he accounts for the cases in which the disease appears to arise from contagion by saying that all the facts can be explained "on the assumption that the patient had conveyed with him from the cholera district so much of the cholera poison that there was enough to infect the other persons who were attacked." We need not say, however, that every page of these reports teems with evidence of the contagious or infectious nature of the disease; and we are not surprised to see our own able pathologist, Mr. Simon, admit that such is the case. "Detailed observation," he observes, "of particular outbreaks of cholera, and suggestions of analogy and experiment, have long led European pathologists to believe that the disease possesses great though peculiar power of spreading from the sick to the healthy; and Mr. Radcliffe . . . furnishes only additional illustration of that now (as I believe) unquestionable doctrine." We need scarcely observe that these conflicting statements are but the latest expression of that difference of opinion which has long divided the profession with respect to the contagiousness or non-contagiousness of cholera. How then are we to account for this discrepancy of opinion? It no doubt partly arises from the different sense in which the term "contagion" may be and is employed by different writers. Those who limit the application of this term to those cases in which a disease is contracted by the healthy coming into direct contact with the sick are perfectly justified in saying that cholera is not contagious, as there is the strongest evidence in favour of that view. If, on the other hand, we use the term in a more comprehensive sense, and with due regard to its derivative signification, then we are, in face of all the evidence at hand, perfectly justified in calling cholera a contagious disease. For it is admitted on all sides that a patient contracts cholera by coming into *contact* with the cholera-germs either through the medium of the air he breathes or the water he drinks—and what is this but contagion? It would, however, be as well, in all future writings and discussions, to avoid the term altogether; and we think the Vienna Conference acted very wisely in adopting this course, and in framing their propositions without mentioning the word at all.

TRAINED NURSES FOR THE POOR.

Some weeks ago we endeavoured to place prominently before the profession and the public the claims of an institution for providing trained and educated nurses for the sick poor. We now desire to call more particular attention to the efforts of Miss Florence Nightingale, directed to the same end. This lady, it is well known, was among the first to show how much more efficiently an educated person could carry out the duties of nursing the sick, and through her earnestness a new era dated from the termination of the Crimean war in training and preparing educated women for the important duties of nursing. In a letter to the *Times* last week, Miss Nightingale endeavoured to enlist public sympathy and support in her benevolent work. It is quite certain that we cannot find good nurses ready made to hand, and it is worth some trouble and expense to give those willing and ready to engage in nursing a regular training for their work, so that when called upon they may be ready to act with a full knowledge of all the requirements and needs of any special class to which they may be called—ready, in short, to undertake for the poor the preparation of nourishing food, as well as the administration of the medicine, to see to the regulation of the household, the sanitary condition of the surroundings, and the improvement of the family, for while a mother is on a bed of sickness, there is often no one to see to these things. But withal, we must not expect too much of the nurse; we must not try to convert her into a maid of all work; neither can we expect the nurse on her return home, "dog tired," from her patient, to do everything for herself. Nursing requires her undivided attention, and all the health and strength both of mind and body. If, then, she has to provide for herself, she can only be half a nurse: and it is then one of two things. Either she is of the level of her patients, or she sinks to the level of her patients, and actually makes apologies for their dirt and disorderliness, instead of remedying them Nay, as the old hospital nurse did thirty years ago, she may even come to prey upon what is provided for her patients. But no woman really t for the work will do

both, nor ought she to do it. To have a person fit to live in a home—and to create homes for the poor—for it is nothing less—you must have a home fit for her to live in. If you give nurses a bad home, or no home at all, you will have only nurses who will live in a bad home. They forget what a home is. How, then, can they reform and recreate, as it were, the homes of the sick poor?

The very thing that we find in these sick poor is that they lose the feeling of what it is to be clean. The district nurse has to show them their room clean for once—in other words, to do it herself; to sweep and dust away, to empty and wash out all the appalling dirt and foulness; to air and disinfect; rub the windows, sweep the fireplace, carry out and shake the bits of old sacking and carpet, and lay them down again; fetch fresh water and fill the kettle; wash the patient and the children, and make the bed. Every home she has thus cleaned has always been kept so. This is her glory. She found it a pigsty; she left it a tidy, airy room. In fact, these nurses are so far above their patients that the poor are "ashamed that we should see their homes dirty again."

How have the tone and status of hospital nurses been raised? Chiefly by making the hospital such a home as good young women—educated young women—can live and nurse in; and, secondly, by raising hospital nursing to a profession by which an honourable livelihood can be earned. How much more then is the same necessary for district nursing, where the nurses have to be out in all weathers, and where must be created, for there is not now, the *esprit de corps* which inspires the nurses of a good hospital and training school as it does the soldiers of a regiment of many battles and well-worn colours, whose glory must be kept untarnished!

Even now, except in some remarkable instances, the hospital nurse wants more and gets less of the helps, moral, material, and spiritual, than the woman in a good home or service. The district nurse wants yet more than the hospital nurse, for her life is harder and more exposed, and she gets none.

A start has, however, been made to give to the London district nurse the real help and the real home which are the secret of the success of active religious sisterhoods abroad, together with the real independence, enterprise, indomitable self-reliance, and capability of training the powers to the best efficiency, which are the secret of the success of the highest British character, and all of which are wanted in the crusade against dirt and fever—the crusade to introduce light and air and cleanliness into the worst rooms of the worst places of London.

Notes on Current Topics.

The London Water Supply.

Dr. Frankland reports of the water supplied to the metropolis during the past month, that both the Thames and the Lea waters were much polluted by dissolved organic matter. They have not been in so bad a state since November last. The water supplied by the Chelsea Company was turbid after filtration, and that of the Southwark, Grand Junction, and Lambeth Companies showed inefficient filtration. The water drawn from the mains of the Lambeth Company contained matted fungoid growths full of moving organisms. The Southwark Company's water contained blue cotton fibres and numerous living organisms. A curious instance of the doubtful state of the London water supply was lately given by a correspondent of *Land and Water*, who found a considerable number of live perch and roach in a gasholder tank which had been filled some months previously with water from the mains of the Southwark and Vauxhall Water Company. Of course the gasholder tank had not been used in the interval, or we should have a curious comparison brought about between the relative merits of "pure" and gas-polluted water. But as it is, the case suggests strange reflections on the potability of such water. The fact that fish will live and thrive in it may be urged as a proof of its purity; but, on the other hand, what is the fishes' food may be man's poison.

Poisoning by Water Hemlock.

Several children have been poisoned at Stockton-on-Tees, and two have died. It appears that a man named Kindler found some roots which he thought were parsnips. These he put into his pocket. By some means, not yet explained, a portion of the roots were eaten by several children, who became ill, showing symptoms of poisoning. On the one hand, it is stated that the children must have taken the roots from Kindler's pocket, while on the other it is asserted that he gave them the poisonous herb, which is said to be water hemlock. Kindler is in custody.

Horse Taming by Electricity.

Mr. George Laycock, farmer, of Whittington, near Sheffield, was recently convicted in the penalty of 40s. and costs, by the Sheffield Stipendiary, for cruelty to a mare, which he was taming by electricity at a public sporting ground. Horse taming by electricity in Yorkshire has, it is said, been freely practised of late, and the prosecution therefore excited considerable interest.

Seats for Saleswomen.

A ladies' committee in Manchester has caused a circular to be forwarded to all local shopkeepers employing female assistants, urging upon them the propriety of providing seats for their saleswomen when not engaged in serving customers. The document has been approved of by many members of the medical profession.

The Abuse of Opium in America.

We observe the statement in an American paper that the habit of opium-smoking in the Chinese dens of Virginia city is becoming so common among the white people that many of the older pupils in the public schools are beginning to frequent these places, and a loud call is made to have them closed by law.

Dr. Mattison, in an article in the *Medical Record*, maintains that, while alcoholic intoxication is decreasing

throughout the United States, opium-drunkenness is increasing, and the dealers in crude opium and the manufacturers of its alkaloids assert that the importation of the one and the productions of the other are rising rapidly year by year; so much so regarding morphia, that at one of our largest manufacturing centres the supply is said to be insufficient for the demand.

Absence of Tannin in Gentian Root.

At the last meeting of the Philadelphia Pharmaceutical Society, Prof. Maisch read a paper on "The Asserted Presence of Tannin in Gentian Root," clearly showing the absence of tannic acid in this drug. The infusion is not at once precipitated by gelatin, and yields, with a chemically neutral solution of ferric chloride, a blackish colour, due to gentisic acid, and to a body producing a green fluorescence, the colour being, of course, destroyed by an acid from the decomposition of the ferric gentianate.

Vomiting of Pregnancy cured by Hyoscyamia.

Dr. Pitois, Professor at the Medical School at Rennes, reports two striking cases of this. After trying, unsuccessfully, all the usual means, it occurred to him to administer a teaspoonful every hour of a mixture containing five milligrammes of hyoscyamia in 125 grammes of fluid. The next day the vomiting ceased, did not recur, and the patient went on favourably to the natural term of her pregnancy. A second case of the same kind was cured by the same remedy. Although hyoscyamia appears to have been successful in the treatment of these two cases, its efficacy as a certain remedy for the vomiting of pregnancy is not by any means established. It is well that the drug should be used, that its true value may be estimated, but as the vomiting is due to what may be called natural causes, permanent relief can scarcely be expected to be obtained by the use of a drug.

Royal College of Surgeons of England.

At the meeting of the Council on Thursday last, Dr. Sieveking was appointed Examiner in Medicine. With regard to the admission of women to the examination for the degree of L.M., it was agreed that Mesdames Jex Blake, Thorne, and Peachey should be informed that the members of the Board of Examiners in Midwifery having resigned their offices, the Council are obliged to postpone the holding of examinations for certificates of qualification in midwifery.

It appears that Dr. Graily Hewitt has withdrawn his name as a candidate for the vacant Examinership in Midwifery, and the Council are not inclined to offer the appointment to the younger class of obstetricians.

The Council, finding that the number of Fellows is yearly growing less, or in other words, that the number who take the fellowship by examination is insufficient to maintain the numerical strength of the present body of Fellows, has determined upon altering that examination in such a manner that it shall in future be less difficult for a member of the College engaged in practice to prepare himself for and to pass the examination for the fellowship. They have therefore made the following alterations:—

1. That subject to the following regulations, any member of the College be admissible to examination for the fellowship.

2. That there be separate and different examinations for members of less than ten years' standing, and for members of not less than ten years' standing.

3. That each of these examinations be in two parts, named respectively the first and the second part of the examination.

4. That members of the College of less than ten years' standing be entitled to be admitted to the first part of the examination at any time after receiving the diploma of member, and to the second part of the examination at any time, after having passed the first part, on producing satisfactory evidence of having attained the age of twenty-five years, and on having been engaged not less than six years in the study or study and practice of their profession.

Note.—Members of the College holding appointments in her Majesty's service, who have passed the first part of the examination, shall be admissible, on a special vote of the Council, to the second part of the examination at any time on producing satisfactory evidence of having been engaged not less than six years in the study (or study and practice) of their profession.

5. That for members of the College of less than ten years' standing the subjects of the first part of the examination be anatomy and physiology and the elements of comparative anatomy and physiology; and that the subject of the second part of the examination be surgery.

6. That members of the College of not less than ten years' standing be admissible to the first and second parts of their examination at the same time, or to the second part at any time after passing the first.

7. That the subject of the first part of the examination for members of the College of not less than ten years' standing be surgical and regional anatomy, and that the subject of the second part of the examination be surgery.

Note.—For candidates who are members of less than ten years' standing the second part of the examination will include surgical anatomy and pathology; for those of not less than ten years' standing the second part of the examination will be chiefly in practical surgery.

The present regulations will be retained (see page 79 of Calendar) in regard to admission to the first part of the professional examination of candidates who, not being members, shall pass the preliminary examination for the fellowship; but in such preliminary examination candidates shall be required to pass in all the compulsory subjects, and in not less than four of the optional subjects required for the membership of the College (see pages 71 and 72 of Calendar); and in addition to translate into English a passage from some Latin author not specially mentioned.

Medical Ovation at Hanover.

The fiftieth anniversary of Stromeyer's professional career—his wedding to science—was celebrated at Hanover on the 6th inst., and rarely, if ever, has any surgeon been the recipient of such distinguished ovations as were offered him on the occasion.

For days before the eventful one, each train which arrived at Hanover brought some of the *élite* of the medical profession from some part of Germany. On the eve of the day several hundred people assembled before his (Stromeyer's) house to sing and repeat eulogies in his honour.

Early on the morning of the 6th he received an autograph letter from the Empress of Germany, accompanied with a magnificent vase. The Order of the Red Eagle was presented him by Prince Albrecht from the Emperor. Telegrams from all directions, even from China, arrived, carrying congratulations; and deputations from the

various universities of Germany and from England presented addresses.

At five o'clock an excellent dinner was provided; three hundred covers were laid. Stromeyer was supported on his right by the Governor of Hanover, and on his left by the President of the German Parliament. Immediately after the soup, as is customary in Germany, the toasts commenced—"The Emperor," "Stromeyer," &c. "The Foreign Deputies" were given. Dr. Little returned thanks for the last, and replied very gracefully to the compliment which had been paid to the profession in England. Subsequently Mr. M'Cormac's health was proposed by Professor Thiersch, of Leipsic; he referred to his association with him in the Franco-German war; to Mr. M'Cormac's narration of events there, which had been translated into German; and to the uniform admiration and esteem in which he was held by the profession in Germany. Mr. M'Cormac was most happy in returning thanks, which he did in German, and which elicited repeated manifestations of applause. The "Military Surgeons of England" was next proposed by Surgeon-Major Schäfer, of the German Army, and responded to by Mr. Clarke.

The company included so many distinguished men that it seems invidious to name any in particular. However, one may name the Professors Bonn of Gottingen, Esmarch, Heine, Busch, Gerlach, Berthold, Czerny, &c., and the celebrated German poet, Herr Bodenstidt, so well known in this country as a translator of Shakespeare and of the poems of Mirza Hafiz, and equally distinguished for his accomplishments and courtesy, and who recited a very beautiful poem which he composed for the occasion.

Arsenical Wall Papers.

Dr. Hodges, of Belfast, reports that having submitted to chemical examination twenty-one specimens of room-papers, he found fourteen of them to contain arsenic in large quantities.

Milk of Sulphur.

At the Greenwich Police Court a chemist was charged with selling adulterated precipitated sulphur. The officer stated that he asked for two ounces of precipitated sulphur, for which he paid 3d. The analyst's certificate was produced, showing that the article sold contained 45 per cent. of sulphate of lime. A fine of 5s. and 2s. costs imposed.

We presume that this prosecution was successful because the article was sold as "precipitated sulphur," and that if "milk of sulphur" had been asked for the plaster of Paris compound might have been sold with impunity. This is a distinction without a difference—the fraud being quite as great in one case as in the other.

A Surprise in Store.

Under the above jocular heading the *World* reports a vague story of a man travelling in a Bayswater omnibus in charge of a parcel of dynamite containing a latent force "sufficient to tumble down half London." For a time the man jealously guarded his brown paper parcel, but falling into a state of "mental abstraction," he thought no more of his charge until arriving at his journey's end, when he found that it had been appropriated by a fellow-traveller. To add to this *excellent* joke the parcel is described as resembling a number of rolls of silver, and of course the disappointment of the thief is anticipated on finding only a number of rolls of a clayey substance. The *World* adds that we are not likely to have any information volunteered as to whether the thief threw the parcel aside in disgust, or whether it still remains on his domestic premises until some one shall throw it upon the fire. If there is no truth in the story, it is a misfortune that it should have been published; but if the *World* can rely upon the statement of the criminal who made such a confession, it is to be regretted that his name and gross negligence were not at once reported to the police, that steps might be taken to prevent the fearful calamity which will probably arise should this dangerous compound, even in small quantity, have found its way into the hands of one who is ignorant of its nature.

The Royal Society.

The following are the names of the fifteen candidates for the Fellowship selected by the Council to be recommended to the Society for election. The day fixed for the election is June 1:—Captain Abney, H. E. Armstrong, Rev. W. B. Clarke, J. Croll, E. Dunkin, Professor Erichsen, Dr. Ferrier, Colonel Lane Fox, A. H. Garrod, R. B. Hayward, C. Meldrum, E. J. Reed, Professor Rutherford, R. Swinhoe, and Professor Thorpe.

University College of Wales.

A meeting of the Council of this College was held at the Westminster Palace Hotel on Thursday last. There were present—Lord Aberdare, the President; Mr. David Davies, M.P., Mr. Henry Richard, M.P., Mr. Henry Robertson, M.P., Rev. Canon Griffiths, Neath; Captain Verney, R.N., Professor Hughes, Trinity College, Cambridge; Mr. Henry Parnall, Rev. Robert Jones, Mr. A. C. Humphreys, Mr. Stephen Evans, Mr. J. F. Roberts, Mr. Lewis Angell, Mr. T. J. Thomas, Rev. T. C. Edwards, Principal; Mr. Hugh Owen, Hon. Secretary, &c. It was announced by the Hon. Secretary that the amount received up to the present time from the collections made throughout Wales in the last weeks of October on behalf of a temporary sustentation fund exceeded £3,000. The Council, who are engaged in raising an endowment fund of £50,000 towards the permanent maintenance of the College, have appealed to the people of Wales to raise by collections in the last weeks of October in each year a sum of £2,000 a year for three years, as a temporary sustentation fund pending the completion of the endowment fund. The first year's collections have realised upwards of £3,000, and to this amount more than 40,000 persons of the middle and working classes have contributed. The endowment fund is sought to be made up by the contributions of the wealthier classes among the Welsh people.

Pedestrianism.

Last week Mr. Weston, the American pedestrian, effected at the Pomona Gardens, Manchester, the wonderful task of covering 111 miles in twenty-four consecutive hours. We are, however, now so accustomed to the astonishing walking exploits accomplished by Mr. Weston,

that they are no longer a matter of surprise. But on the occasion referred to he was accompanied in his walk by a man of the name of Parry, who bids fair to become a rival. Parry is a working mason, and has had only a week's training. At the end of the twenty-fourth hour, when Weston had completed his 111th mile, Parry had reached his 97th. He had taken three rests, amounting altogether to about two hours, and has certainly proved the *gamest* competitor yet pitted against the extraordinary American pedestrian.

Memorial to the late Dr. Parkes.

A MEETING, at which many of the members of the staff of University College Hospital and others were present, has been held at the residence of Mr. Erichsen, the object being to found a memorial to the late Dr. Parkes. Resolutions were agreed to that the memorial in question should be of a character to aid scientific investigation and practical study in the subjects to which Dr. Parkes' work had been especially directed, and that a subscription fund should be at once opened for the purpose.

The Exhibition of Scientific Apparatus.

A MEETING of chairmen of sections for organising the conferences in connection with the approaching Loan Collection of Scientific Apparatus at South Kensington was held on Monday. The following gentlemen were present :—Dr. Burdon Sanderson, F.R.S. (in the chair), Mr. Warren De La Rue, D.C.L., F.R.S., Professor Frankland, D.C.L., F.R.S., Professor Ramsay, LL.D., F.R.S., and Dr. Siemens, F.R.S. It was resolved that the conferences should be held on the following dates :—Physics (including astronomy) 16th, 19th, and 24th May ; mechanics (including pure and applied mathematics and measurement), 17th, 22nd, and 25th May ; chemistry, 18th and 23rd May ; biology, 26th and 29th May ; physical geography, geology, mineralogy, and meteorology, 30th May, 1st and 2nd June. It is proposed that addresses should be delivered on special subjects, and that the more important instruments exhibited should be described and discussed.

SEVERAL milkvendors were fined in various sums at the Clerkenwell Police Court for selling milk which, on being analysed, was discovered to be largely adulterated with water.

MR. WARD HUNT, has, on the recommendation of the Medical Director-General of the Navy, promoted Fleet-Surgeon M'Shane to the rank of Deputy Inspector-General of Hospitals and Fleets. Dr. M'Shane has not only the reputation of being an excellent officer, but is actually the senior of his class competent to be promoted.

IT has been notified by the Admiralty that they have appointed Dr. D. L. Morgan, C.B., M.D., Deputy Inspector General of Hospitals and Fleets at Hongkong, to succeed Dr. Pottinger as chief officer of the various naval medical establishments at Chatham, Dr. Pottinger having been promoted to the rank of Inspector-General of Hospitals and Fleets.

A CONSIDERABLE number of soldiers having recently been discharged from the army on account of physical disability after serving only a short time, the attention of medical officers is directed in a War Office Circular to the necessity for their exercising great caution in the examination of recruits, both as to their physical condition and their mental capacity.

A RIVAL of Tom Thumb is said to have appeared in Binghamton, New York, in the person of a boy five years old, who weighs nine pounds when fully dressed, is twenty-three inches in height, is physically perfect and healthy, and who talks very distinctly. The child weighed but two and a-half pounds at birth, and has not grown since he was a few months old.

THE combined annual meeting of the Italian Medical Association and of district medical officers (*medici condotti*) in Italy is to be held in Turin on September 18th to 22nd. It will be divided into three sections :—1. Medicine (including as sub-sections), Physiology, Mental Diseases, and Diseases of Children ; 2. Surgery (including, Obstetrics and Gynæcology, Ophthalmic Surgery, and Syphilography ; 3. Hygiene and Public Medicine.

THE Great Northern Hospital has received a Bank of England note for £500 anonymously. The City of London Hospital for Diseases of the Chest, Victoria Park, has received a bank note for £500 anonymously. The Goldsmiths' Company have given £200 to the building fund of the Great Northern Hospital. Lord Farnham has given £2000 and the late Miss Batt £2000 towards the building fund of the Adelaide Hospital, Dublin.

THE International Congress of Ophthalmology will meet in New York, on Tuesday, September 12. Delegates from Great Britain and Ireland and the Continent are requested to regisler their names at Chickering Hall, Fifth Avenue, on or before Monday, September 11. Those proposing to read papers will confer a great favour by sending the titles of their papers before July 1 to the secretary, Dr. John Roosa.

THOSE unpleasantly candid persons, the analysts, would deny even the inoffensive—if not very energetic—Indian subaltern the consolation of his "peg," and would shed a cloud of suspicion over the "tiffin," which would seem to be the engrossing employment of Oriental military life.

A quantity of aerated water was recently sent from Bombay to London to be analysed by Professor Wanklyn, Vice-President of the Society of Public Analysts. The result of the analysis is given in a report just issued, from which it would appear that out of ten samples forwarded only two were "fairly pure," and as many as five were calculated to induce diarrhœa in those who are in the habit of drinking them constantly.

Literature.

CYCLOPÆDIA OF PRACTICAL MEDICINE. (a)

This volume appears out of order, because the translations of Vol. IV. have been unavoidably detained in Germany. The articles are the work of four Continental physicians, whose biographies are briefly given in the preface.

Croupous Pneumonia, by Professor Juergensen, of Tübingen, begins the book. After giving extracts from Aretæus and other old physicians on the subject of chest inflammations, the writer goes on to demolish some received ideas as to the etiology of the disease. Statistics from several different parts of the world go to show that those who follow outdoor occupations are less liable to pneumonia than indoor workers. Persons in the prime of life, and of robust constitution, are less liable than the aged, the young, and invalids, and the disease is seldom really caused by a chill.

As to the influence of inhaling irritating mineral dusts, carpenters suffer more than masons, coal *merchants* more than coal *miners*. In comparing annual ranges of the mortality from different sets of diseases, it is found that the pneumonia years correspond more nearly with the years of high death-rates from respiratory diseases than with those of high death-rate from inflammatory diseases. The closest correspondence, however, is with the typhus years.

Under the head of *Pathology* the author gives a graphic account of the course of ordinary pneumonia, then an outline of the morbid anatomy, including an inquiry as to the source of the constituents of the exudation. The red corpuscles of course come from the blood. Cohnheim says that the pus cells have the same source. Buhl denies this, and regards the epithelium of the alveoli as producing the pus cells by a "sort of fissure process." The fibrin is derived from the blood, which is chemically altered by the morbid state, which probably changes also the walls of the vessels (Cohnheim). The same observer says that "in the beginning of every acute inflammation, so long as the number of the pus cells mixed with the transuded fluid is not considerable, the extravasated red corpuscles will appear more conspicuous than the white ones. On the other hand, the longer the inflammation lasts, the greater will be the excess of the colourless pus corpuscles, and the more will the colour change into grey or yellow."

Subsequently the exudation separates itself from the alveolar wall, and forming a soft granular mass, is gradually removed by expectoration, or chiefly by absorption, the structure of the lungs and the blood-vessels remaining intact. If the blood-vessels are obstructed, gangrene or abscess results.

The author is of opinion that caseation may occur as a result of croupous pneumonia.

Reckoning the attack from the rigor, the disease ends (in two-thirds of the cases) from the fifth to the eighth day. The temperature generally ascends to 104° or 105°. (Here let us thank the translators for having done the temperature sums for the reader.) The fever is of a manageable character—that is to say, it yields to cold baths and quinine, and the defervescence is rapid, falling in a few hours (usually about sixteen) to the normal; sometimes it falls below the normal, and continues daily the proper curve, but a degree or so below the ordinary curve of health.

The character of the pulse is to be studied more carefully than the frequency. Dicrotism is often present. The dilatation of the right side of the heart diagnosed by Piorry and others is not found after death, and is supposed by the author to be an erroneous inference from increased cardiac dulness, the lungs being imperfectly expanded.

Collapse, it is interesting to observe, may occur without there having been an unusually high temperature, though they may occur together.

Respiration as high as seventy-five per minute has been recorded by Grisolle. The change in the pulse-respiration ratio is attributed to the supposed excess of carbonic acid in the blood. The pulse-respiration ratio is often improved by the cold bath, as in a case where it was $\frac{1.7}{1}$ before the bath (temperature 77°, duration 38 minutes), and $\frac{3.8}{1}$ after the bath.

The signs are given under the heads of inspection, percussion, &c.; and with regard to getting at the patient, the author says: "In Holstein I have often had to rummage through thick feather bed cases to reach the patient, who was coiled up in a ball at the furthest side of a triple bedstead, clad in several woollen jackets to protect him from the cold."

Crepitant râles are audible not only in pneumonia, but in œdema of the lungs, in hypostatic congestion, sometimes (but rarely) in pleuritic exudation, and at the outset of capillary bronchitis.

As to the sputum, the author considers the presence of minute greyish-white casts of the finer bronchial tubes, as being characteristic, and states that he has seen sputum in other respects resembling that of pneumonia, in miliary tuberculosis of the lungs.

A patient twenty-five years of age was carefully watched by Riesell and Huppert, who calculated the daily ingestion and loss of nitrogen (in the urine, fæces, and sputum) during twenty-eight days of pneumonia. The general result obtained was that the body had lost in weight about six per cent., while the loss of nitrogen was from twenty to twenty-five per cent. during the period of illness.

Cerebral symptoms often accompany a high temperature. They are most commonly seen when the disease affects the upper lobe. Childhood, alcoholism, anæmia (as from venesection), excitable disposition, and special brain disease, all favour their development.

Of complications, pleurisy with effusion occurs in about five per cent. of all cases in the Continental hospitals. An accurate determination of this complaint requires repeated careful examination of the chest. The usual experience that capillary bronchitis, emphysema, and heart affections considerably increase the gravity of the disease is here endorsed. Pericarditis occurs in about four per cent. of cases at Basle (a high proportion); at the same place it is found that jaundice supervenes on pneumonia in from five to twenty-eight per cent. The mortality from this complication varies; its bad effects are attributed to the influence of the biliary acids on the blood and heart. This is the author's view of the so-called "bilious pneumonia," which he denies to be a separate affection.

Drunkards suffer from two forms of the disease, which have been accurately defined by Huss—the delirious and the adynamic; the latter, occurring in those who are very cachectic, is the most fatal variety.

Juergensen says: "Croupous pneumonia belongs to the group of infectious diseases," and gives his reasons at length for this statement. In this, as in other cases, the reader is led to coincide in the writer's views by the force and confidence with which he gives his opinion, and the careful process of reasoning by which it is supported.

Regarded as above, as an infectious disease, "Nature cures, and the only duty of the physician is to maintain life till this cure is effected." "The moment the 'Magister' is willing to give up the place he imagined he was able to occupy to the 'Minister Naturæ,' our treatment will be more successful than it is now."

Is the medical man to fold his hands, then, by the side of a pneumonic patient? By no means. Baths at a tem-

(a) Cyclopædia of Practical Medicine. Edited by Dr. H. von Ziemssen. Vol. V. Diseases of the Respiratory Organs. English Translation, by Dr. Yeo, London, Drs. Ball, Delafield, &c., of New York. Edited by Dr. Buck, of New York. London: Sampson Low, Marston, Low, and Searle. 1875.

perature which makes one shiver are to be used in the febrile stage. The fear of "taking cold" is spoken of as "this ghost which has been restlessly wandering about for centuries past."

And when venesection at a certain stage of the disease is under discussion, the author considers that it should "be left out of the text-books—as it serves as a welcome salve to the conscience of the weak man whom Fate makes a physician as a punishment to his fellows."

Quinine is given in very large doses—as much as seventy-five grains is mentioned. The reader is referred to the work for the circumstances under which it is thus used: "Such domestic remedies as black stockings, or covering the feet with lamp-black, as a substitute for the general bath, as recommended by Paul Niemeyer, the quinine hater, I have never tried."

Thus we are not left to wander among a host of remedies and choose at will; but the course of treatment is given clearly and decisively.

Catarrhal Pneumonia, broncho-pneumonia, or lobular pneumonia is "apt to occur after the infectious diseases, as measles, whooping-cough, diphtheria, &c."

As an example of the graphic description of symptoms found in this book, let us give the aspect in acute catarrhal pneumonia: "Rapid superficial respiration, with playing of the nostrils, and slight moaning, the face reddened and cyanotic, the eyes glistening, &c."

The progress of the disease is much more irregular than that of the croupous form, the temperature rarely rising so high as in the latter disease.

As to the signs, it is encouraging to be told that "the physical diagnosis of an acute and not very extensive catarrhal pneumonia is a most difficult task."

Having given the points to be noticed in order to distinguish the form of disease, the author begins the treatment by showing that the respiration is much embarrassed; the air of the room must therefore be warm and moist. With this exception the catarrhal is to be treated like the croupous variety of pneumonia.

Ziemssen once reported a case in which a child had been killed *secundum artem* by bleeding.

After a short chapter on *Hypostatic Processes*, the author treats of *Pulmonary Embolism*, or *Pulmonary Apoplexy*.

The emboli are of two classes, the *mechanical*, mere plugs, and the *specific*, which may be designated as *infectious*; "the former produce hæmorrhagic infarctions;" the latter "result in embolic or metastatic abscesses." Diagnosis obscure, prognosis "bad," treatment "to strengthen the heart."

Professor Hertz, of Amsterdam, contributes articles on several subjects.

Œdema of the lungs is described as "resulting sometimes from congestio n, and results in speedy death." Sometimes it is the result of a dropsical crasis, then running a chronic course. "An acute œdema may, though not frequently, take place in the course of an acute nephritis." *Anæmia* and *hyperæmia* are treated in the same chapter.

Papers on *Hæmoptysis* and *Atelectasis* are followed by one on *Atrophy* and *Hypertrophy* of the lungs, from which we quote: "Atrophy is a lesion of old age, and must be considered as the result of imperfect nutrition." "On opening the thorax the lungs are seen as small organs, sometimes quite shrivelled up and diminished by one-third or more of their volume. The atrophy is most marked in the superior lobes, especially the apices and anterior borders." On section, "the tissue is relaxed, and of a coarse cellular structure, and whenever a number of adjoining air cells have, by the wasting of their septa, coalesced, it resembles a network with large meshes."

The article on hypertrophy of the lungs ends with the conclusion that hypertrophy of the lungs does not exist!—the enlargement of one lung when the other is destroyed or incapacitated being really due to emphysema.

The subject of the causation of *pulmonary emphysema* is very fully considered, and one view attributes the disease occasionally to an affection of the chest walls, the change in the costal cartilages being thus described by Freund: "Fibrils assume a dirty yellow colour, and become softened, and coarse fibroid. These fibres tend to bind and twist round spaces forming between them. The cartilage is thus pressed apart (in the outer layers), the tissue loses its flexibility and becomes brittle." The result is that the ribs are pressed farther apart and upwards, and "the thorax, as regards the six lower true ribs, assumes permanently the attitude of inspiration."

The immunity from phthisis which emphysema was supposed to confer does not appear to be as generally believed in as some years since. The two affections coexist in some lungs, the expansion of the alveoli being vicarious.

In indicating the treatment, the benefits of compressed air are said to be—"(1) That the air pressure heightened by 1¼ to 1½ atmospheres, promotes the expiratory design of the elasticity of the thorax and of the intestinal gases. (2) By increased pressure on the vessels without the thorax the return of venous blood is facilitated, and by an analogous action upon the mucous membranes the catarrhal hyperæmia of the bronchi is lessened. (3) That by the relatively high oxygenation of the air entering the lungs the *besoin de respirer* felt by the patient is mitigated." The editor has here added a full and clear account of Waldenburg's apparatus, by which air can be rarefied or condensed to an exact fraction of an atmosphere.

The sputum in *gangrene of the lung* is thus described:

"Three separate layers may be recognised, the uppermost curved, with a layer of thick froth, is yellowish-green, and consists of grey or green purulent mucus. The middle layer is white, contains a quantity of albumen, is serous in consistence, and is traversed with floating shreds of mucus. The lowest stratum presents a purulent sediment, green, yellowish, or brownish; in it lie soft yellow stinking lumps, and many blackish flakes, probably shreds of lung tissue." Then follows the chemical and microscopical examination of the sputum.

Oil of turpentine in spray, or vaporised by heat, and thus inhaled, is found by Hertz to constitute the best remedy for pulmonary gangrene. Quinine in ordinary doses is also to be given.

New growths in the lungs, and in the *mediastinum* (let us call attention to an interesting series of short notes of dermoid cysts), and *parasites in the lungs*, are the concluding subjects of Professor Hertz's part of the volume. His treatment generally approaches to that of most English physicians.

Professor Ruehle, of Bonn, contributes an excellently written and interesting paper on *Phthisis*.

He has made a trifling contradiction in stating (p. 488) that "persons poorly fed are not specially liable to consumption." And then (p. 492) that "food of poor quality promotes the occurrence of phthisis." And in the same page, "the poorness in the quality of the food exerts an influence upon the production of consumption."

A sketch of an ordinary case, and the signs and symptoms of the disease, are very well given.

In speaking of hæmoptysis, the writer says that it is rarely dangerous to life—"in the later stages it may be comparatively unimportant," which is contrary to general experience, we think, in England at any rate.

In allusion to the patient's erroneous ideas about his complaint, it is said: "A colleague made the striking remark to me lately that he had met with few consumptives who within a few weeks of their death had not ordered new shirts to be made."

While some striking charts show typical fever curves, from ordinary tuberculous fever, and from hectic, Hertz says that "the fever of phthisis presents all possible variations, even in the same individual." "The course of the fever will naturally be considerably modified by the occurrence of complications."

Amyloid degeneration of the abdominal organs has been said to take the place of pulmonary tuberculosis, but the writer takes the contrary view. The affection attacks the

liver, spleen, kidneys, and intestinal mucous membrane; "its presence is indicated by pallor and œdema of the skin, painless enlargement of liver and spleen, &c."

The treatment of phthisis occupies small space, nearly all of which is taken up with prevention, dietetic and climatic measures. We hope that it is not true in England that "our modern life removes the physician more and more from the position of the family medical adviser and guide of the physical education," or that "medical practice is being converted into a trade."

Professor Ruehle ends a well-written contribution with a short chapter on Acute Miliary Tuberculosis, in which the diagnosis from enteric fever is fully given. Then follows—what will be considered by many the most valuable part of the book—Rindfleisch's article on *Chronic and Acute Tuberculosis*. The reader will here find a moderate exposition of the production of tubercle. "Tuberculosis in man depends in general on scrofula. Concerning the nature of scrofula we are still very ignorant." And further on he says: "Like certain animals, guinea-pigs, rabbits, and monkeys, scrofulous persons only need to have some local inflammation set up in order to become tubercular."

This chapter is illustrated by some finely drawn woodcuts, and the whole volume is clearly printed in large type, with good binding. It is a pleasure to meet with so scientific and interesting a work—representing as it does the most advanced opinions on chest diseases—and published in an attractive form.

VITAL MOTION AS A MODE OF PHYSICAL MOTION. (*a*)

When an author who has, like Dr. Radcliffe, earned by original research a high reputation, writes on the subject which has long occupied his studies, he deserves to be carefully listened to; hence this book is one which merits a careful perusal. Beginning with a historical sketch of the theories of vital action, he traces the lines of observation which have originated the idea that contraction is the normal state of muscle, and that volition acts by abolishing this state, upsetting the balance between antagonised muscles.

Dr. Radcliffe begins his experimental studies of the phenomena of motion by observations on undifferentiated protoplasm, which he shows to have no action on the electrometer other than that of the earth or unorganised matter. In living muscle he recognises, by the aid of Sir William Thomson's quadrant electrometer, currents which diminish as death overmasters life and disappear at the insetting of *rigor mortis*. He shows that the electricity of a cross section of the muscle differs from that of a muscular surface in kind as well as in degree, and he deduces from his observations the theory that the actual state of a living muscle is that of an electro-motive element, the electric condition being statical, the cell- and fibre-contents being negative, while the cell wall and sheaths are positive. Hence he regards the tensional phenomena registered by the electrometer as of more importance than the mere current phenomena detectible by the galvanometer, and he accounts for the currents of high tension produced at the moment of action or relaxation, as phenomena of charge and discharge. On contraction the *negative variation* which takes place is only a weakening, not a reversal, of the current. In nerve the electrical relations of section and surface are the same as in muscle.

As Dr. Burdon Sanderson has shown by experiment that there are changes in the electricity of the heart synchronous with its actions, our author infers that these changes affecting Rosenberger's ganglia are the cause of the rhythm; he also infers that the rhythmic action in respiration is due to a parallel series of electrical conditions in the medulla oblongata. In discussing the heart's action Dr. Radcliffe hints at the possibility of the relaxation of muscle being dynamic, a position which would require a great deal of evidence to substantiate, and which is certainly not borne out by the cuttlefish mantle, where the arrangements of fibres easily explain its rhythmic motions. Dr. Radcliffe's conjecture as to the motions of oscillatoria as instances of electro-motive action must also be looked upon with great suspicion, as the same structural Leyden jar-like conditions would obtain in many other allied filamentous algæ—Lyngbya, &c., for instance, and yet no motion occurs.

The author next directs his attention to the phenomena of electrotonus, and dissents from the view of Dubois Reymond, that the current is weakened in catelectrotonus on account of the contrary direction of the two currents, and that it is strengthened in anelectrotonus on account of the reverse conditions. His grounds of dissent are the production by himself and Matteucci of the same phenomena in dead tissue, and the occurrence of the movement after the cessation of the nerve current. By him these phenomena are reduced to conditions of charge or discharge of free electricity, the charge causing rest and expansion by repulsion, the discharge causing action. This principle he applies to *rigor mortis*, which he regards as the unrestricted operation of molecular attraction; the electrical charge of living muscle and nerve being lost.

As our author regards the oxygen in the arterial blood as the agent which keeps up those electro-motive conditions in nerve and muscle which are related to the production of rest, so he accounts for the convulsions produced by hæmorrhage, by strangulation, &c., as due to the want of this, not to the stimulating influence of the carbonic acid, as Brown-Séquard teaches.

Following up these researches on the mechanical nature of normal action and the place of elasticity in muscular contraction, Dr. Radcliffe in the second part of his book directs attention to the pathological aspect of vital motion. Analysing the vascular conditions present in epilepsy, he shows that the premonitory pallor described by Delasiauve, the sighing, the pulse, either tense, *apnœic*, or feeble, but consisting of a wave of venous, not of arterial blood, all show a state of deficiency of oxygen, the maintainer of the electro-motive charge condition. The same holds good for hysteria, chorea, and uræmic convulsions; they are all in cases of deficient vascular supply and deficient red corpuscles. This is also evidenced by the state of the nerve centres, which are usually anæmic in these cases, and by the fact that the opposite condition of congestion rarely causes convulsion, but instead, relaxation and lost consciousness.

The history of tetanus, of hydrophobia, and other spasmodic diseases, Dr. Radcliffe also finds largely associated with a depression of brain power, and an anæmic condition, an irritation the very opposite of inflammation, and as he regards it a failure in the electro-motive action in the olivary bodies and the tracts connected therewith. Similarly tremor and delirium tremens he cites as cases in point of muscular contractions dependent on anæmia.

Passing from the structures which have to do with motion to those which register sensations, Dr. Radcliffe applies here in the case of neuralgia and the preliminary pains of gout and small-pox his theoretic view that pain is the result of an anæmic, depressed state of blood supply and its concomitant electro-motive failure; but in this portion of his study he is perhaps less happy than in his earlier chapters, although he tells us enough to show the possible applicability of his theory to the difficult subject of the value and origin of pain.

On the whole this work is one which well deserves the most careful perusal, and for which the physiological world should be much indebted to Dr. Radcliffe, as it is an effort after a sound physical theory on which to explain the complex phenomena of the actions normal and perverted of animal bodies.

(*a*) "Vital Motion as a Mode of Physical Motion." By Charles Bland Radcliffe, M.D., &c. London: Macmillan and Co. 1876. Pp. 252.

ZOOLOGY FOR STUDENTS. (a)

This manual, which we have not had the opportunity of noticing before, is based upon lectures that have been delivered by the author at Westminster Hospital since the year 1869. It has already met with a very unfavourable reception, and, although its faults have been much exaggerated, we are sorry to be obliged to endorse some of the opinions that have been passed upon it. The author says that in the lectures above mentioned it was his chief object to impart to others the teaching which he "had received from the great masters of the science in England, in order that younger comparative anatomists . . . might be able to transmit to a future generation, in the days of a retrograde anatomy, somewhat of the traditions of Hunter and Owen." And he has "been careful to exclude all unproven facts, or problematical classifications." Now we contend that the principle on which these observations have been made, and on which the work has been constructed, is wholly wrong. It would be quite right for a pupil of a great teacher of metaphysics, or of moral philosophy, to confine himself strictly to the dicta of his master, to defend them, or even to endeavour to "transmit them to a future generation." But a very different course should be pursued when we deal with pure science. This is a department of human knowledge which is never at a standstill. Science is not, as Dr. Blake calls the anatomy of the present day, retrograde—it is progressive. New facts are continually cropping up to add to our store of information. What are "unproven facts" to-day may be, to-morrow, unquestioned truths; the classifications that may be now only "problematical" may hereafter be universally adopted. It is therefore wrong of a teacher or an author of a text-book to conceal from the student the more recent facts or opinions that have been authoritatively published on the science he treats of, however much they may be at variance with what he himself deems to be the truth. In a scientific manual we expect to find the latest views on the subject, as well as the latest facts; and had the author been guided by this principle his representation of modern zoology would have been more complete, while it would not have prevented him showing his predilection for the teaching of the venerable anatomist who has given his "*imprimatur*" to this handbook, and to whose great work on "Palæontology" Dr. Blake has been largely indebted. Although, however, we find fault with the principle which has been inculcated in the preface, we must admit that this fault does not detract from the value of the book so much as might be supposed. If science is progressive its progress is slow, and the zoological facts and views that have been published within the last fourteen years are neither so numerous nor so important as to make their intentional omission a serious matter in a work that professes to give only a general outline of the whole subject.

We must, moreover, allow that the materials at the author's command might have been not only more extended, but might have been worked up and digested into a much more homogeneous whole than we find to be the case. At the same time, the plagiarism of which the author has been accused is by no means so gross as has been represented. In a work of this kind it is very difficult to avoid the semblance of that fault. All descriptions of the different bodies with which naturalists have to deal must necessarily be much alike. The description given of a plant or of a botanical order by one author must of necessity resemble that given of the same plant or order by another author. If Prof. Owen, Buckland, Huxley, or any other naturalist were set to describe the anatomical characters of the Dinotherium or the Pterosauria, their descriptions would evidently be much the same. Because Dr. Blake says the pectoral members of the Pterosauria are adapted for flight, their vertebræ procœlian, their bones pneumatic, their head large, &c., it does not follow that he has copied from either Owen or any one else. The established facts of science are the common property of all, and where there is little room for originality of composition, there can be little room for actual plagiarism. There are, however, two defects to which we would draw attention, and one of which is a serious omission in a work of any kind. We allude to the absence of an index, and of any glossary of scientific terms. Without the former no book is perfect, and with regard to a glossary, a knowledge of the etymological signification of the names and terms used by naturalists is at all times a great aid to the student's memory, not only with respect to mere nomenclature, but often with respect to some essential character of the animal named.

But notwithstanding these remarks, we must admit that Dr. Blake's manual is not without its merits, and in conclusion we may say that, with the exception of the blemishes above adverted to, and which can be easily removed in a subsequent edition, we can at all events recommend the work as one in which the student will find a clear and concise outline of the main features and established facts of zoological science.

(a) "Zoology for Students: a Handbook." By C. Carter Blake, D.Sc. With a Preface by Richard Owen, C.B., F.R.S. London: Daldy, Isbister, and Co. 1875.

Suppurative Inflammation of the Pancreas, Jaundice from Retained Bile, and Diabetes Mellitus.

The following interesting case, ending in death, and followed by a post-mortem examination, the observations throughout being made by Dr. Frison, appeared in the *Union Médicale*, Jan. 15th, 1876.

The patient was a young man, aged 28, a resident in Cochin China. In June 1873, he noticed a jaundiced hue in the skin, unattended by any other symptom, except diminution of the appetite.

Shortly afterwards his strength failed, he felt pains in the right hypochondriac region, and in the shoulder of the corresponding side; these pains were shortly followed by swelling in the abdomen, scrotum, and feet. His appetite increased enormously, thirst became very troublesome, the amount of urine secreted was greatly augmented, so much so that the presence of sugar was suspected, tested for, and discovered. The jaundice became very marked. The patient was sent to France in the month of March, 1874. At that period the jaundice was intense, emaciation extreme, and the weakness considerable.

The abdomen was tumefied, prominent, and evidently contained liquid. The volume of the liver was much increased. The lower extremities were very œdematous. The urine contained a large quantity of sugar and biliary pigment. No fever or diarrhœa. The stools were greyish, clayey, and abundant.

After a slight improvement, he grew weaker and weaker every day. He suffered from complete loss of apetite. Fever declared itself upon the 5th of April. By the 10th of April, the weakness was extreme, the patient being scarcely able to speak. Death closed the scene upon the 12th.

In addition to the skeleton-like emaciation of the body, and the yellowish-brown discoloration of the skin, and of all the organs of the body, the following were the post-mortem appearances:—

The intestines were enormously distended with gas. The stomach was empty. The pancreas was enlarged to three times its normal volume, the head and body being hypertrophied, indurated, and infiltrated; the tail was hallowed out by a large abscess containing thickened pus.

The bile duct was enormously dilated. The liver was enlarged in all its dimensions, weighing 2,500 grammes, soft, and presenting an olive-green colour. When cut into, its substance presented a very dark green colour; the biliary canals were dilated, and in the thickness of the small lobe, there were three small abscesses as large as hazel-nuts. The microscopical examination showed no alteration in the cells. The lungs, spleen, and kidneys were almost healthy.

Dr. Frison, in his remarks upon this case, dwells upon the interest it possesses, from the fact of diabetes mellitus coexisting with the lesions described in the pancreas and liver; he believes these latter play a part in the genesis of saccharine urine.

He notes the fact that Frerichs discovered atrophy of the pancreas in nine cases of diabetes, and fatty degeneration in five.

The connection between atrophy of the pancreas and diabetes mellitus has been observed by others also.

M. Jaccoud did not attach any importance to these facts.

Dr. Frison draws attention to the fact in the preceding case that the hypertrophied pancreas, in compressing the bile duct, determined the retention of the bile in the liver, the dilatation of the biliary canals, the tumefaction of the gland, and finally the diabetes mellitus. The affection commenced with the hypertrophy of the pancreas, and the diabetes was not produced until, owing to the consequent lesion of the liver, there was stasis of the bile. The lesions of the pancreas did not produce the diabetes directly, but as a consequence of their effects upon the liver, in which they over-excited the glycogenetic function.

Ablation of the spleen induces increased activity on the part of the stomach and pancreas, to which, according to Schiff, is due the increased voracity of animals upon whom this operation has been performed.

Is it not, then, a fair inference to draw, that destruction of the function of the pancreas has a similar super-exciting influence upon the functions of the liver, including that of glycogenesis ?

Abscess of the Anus in Typhoid Fever.

CHALOT (*Montpellier Méd.*, 1875, No. 5, *Centralb. f. Chir*, 1876, No. 5) gives the case of a soldier, 23 years of age, suffering from a severe attack of typhoid fever, in the course of which an abscess made its appearance in the region of the rectum, which broke spontaneously, and resulted in a fistula. In giving the case, Chalot takes the opportunity to record the frequency of this complication of typhoid fever, and recommends the use of the elastic ligature.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—The Court of Examiners held a meeting on Monday, the 3rd instant, and following days, when the undernamed gentlemen passed the first half of their examinations for the Letters Testimonial of the College:—St. George Ashe, John Beatty, Howard Blyth, Robert G. Buckby, Joseph William Cartles, George Robert D. Charleton, James Vincent Clinch, Charles Henry Coghlan, John Conry, Patrick John Collins, Ephraim M'Dowell Cosgrave, Hubert Kelly Costello, James Davidson, William Day, O'Connell John Delahoyde, William Delmege, Richard Dickworth, Alexander Dunne, Arthur Daniel O'Connell Finnegan, Francis Chas. Fisher, William Edward Fitzgerald, John William Henry Flanagan, Patrick Halion Fox, Thomas Kinley Hamilton, Denis Hogan, Andrew John Horne, Henry Stewart Jackson, William Kennedy, Joseph King, George Reginald Leeper, Allen Lyle, George Lyndon, William Brittain Mackey, Michael Francis Macnamara, Joseph Edward M'Cracken, Thomas M'George, James M'Munn, Bartholomew Madigan, Jonathan Hill Malone, Robert Joseph Martyn, Lourneo Pereira Marques, William Kildare Miley, Timothy O'Connell, John Patterson, Charles Hill Penny, Henry James Penny, William Harlo Phibbs, Thomas O'Dwyer Russell, William Rinton Spowart, Terence Sweeny, Andrew Colquhoun Thompson, Edmond Joseph Thunder, Charles Joseph Trimble, William Butler Walsh, and Thos. Edward John White.

DR. LAPPER presents his compliments to the editor, and begs to state that he was not a candidate for the Chair of Botany in the Ledwich School of Medicine, Peter Street

Laboratory of Royal College of Surgeons, Dublin,
April 12th, 1876.

HARVEIAN SOCIETY OF LONDON.—Mr. Knowsley Thornton will read "Some Notes on the Progress in the Diagnosis and Treatment of Ovarian Tumours" before this Society on Thursday evening at 8 o'clock.

COMMUNICATIONS, Enclosures, &c., have been received from—Sir Wm. Fergusson, Bart., London. Dr. Pavy, London. Dr. S. D. Gross, Philadelphia. Dr. W. H. Day, London. Mr. Wright, Leeds. Dr. F. Agar, Ponders End. Mr. F. Austin, Liverpool Medical Institution, Dr. Satchell, Kew. Mr. W. Berry, Holmfirth, Yorks. Dr. Bridge, Wellington. Dr. W. Rhys Williams, Bethlem Hospital. Mr. T. Parkinson, Burnley. Dr. McGrigor Croft, St. John's Wood. Mr. Penning, Caldecote, Cambs. Dr. Zimmerman, Toronto, Canada. Dr. James, Kensington. Dr. Myrtle, Harrogate. Dr. Drysdale, London. Mr. Rogers, London School of Dental Surgery. Dr. Downes, St. Leonard's. Mr. Redmayne, Manchester. Dr. Ashburton Thompson, London. Dr. Bennett, Dublin. Dr. Schreiber, West Brooklyn. An Inquirer. Avicenna. Dr. Shuttleworth, Lancaster Royal Asylum, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Fragments of Science. By Prof. Tyndall.
Life and Letters of Lord Macaulay. Vols. I. and II.
The History of Taxes. By Mr. Dowell.
Reproductive Disorders.
Methodik der Physiologischen Experimente und Vivisection. By E. Cyon.
Lays from Latin Lyres. By Messrs. Hummel and Brodribb.
Introduction to Animal Morphology. By Macalister.
British Opium Policy. By Mr. Turner.
A Treatise on Fractures and Dislocations. By Dr. Hamilton.
The Practice of Surgery. Vol. III. By Thos. Bryant.
Landmarks, Medical and Surgical. By Luther Holden.
German and English Dictionary.
Quain's Anatomy. Eighth edition.
The Science and Practice of Midwifery. Vols. I. and II. By Dr. Playfair.
Early England. By York Powell.
Medical Thermometry, &c. By Dr Seguin.
Over the Sea and Far Away. By Mr Hinchcliff.

VACANCIES.

The Middlesex Hospital.—Assistant-Physician. Honorary. Candidates must apply to the weekly Board. (See Advt.)

Royal College of Surgeons of Ireland.—Professorship of Anatomy. Election April 27th. (See Advt.)

Birmingham General Dispensary.—Resident Surgeon. Salary commencing at £130. Applications to the Secretary.

Londonderry District Lunatic Asylum.—Resident Medical Superintendent. For particulars see advertisement.

Dover Hospital.—House-Surgeon. Salary, £100. For particulars apply to the Secretary, 13 Castle Street, Dover.

Liverpool Royal Southern Hospital.—Third House Surgeon. Salary, £60, with board, &c. Testimonials, &c., to the Chairman of the Medical Board.

Liverpool Dispensaries.—Assistant House Surgeon. Salary commencing at £108. Applications to the Secretary, 34 Moorfields.

Hospital for Consumption, Brompton.—Medical Officer. Salary commencing at £200, with board and residence. Full particulars of the Secretary.

APPOINTMENTS.

BUTLER, P., L.R.C.S.I., L.K.Q.C.P.I., House-Surgeon to the Queen Adelaide Dispensary, Bethnal Green.

DAVIES, E. P., M.R.C.S.E., Surgeon to the Carmarthenshire Infirmary.

DIXON, J., M.D., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Parish of Bermondsey.

JACOB, E. H., M.A., M.B., House-Physician to the General Infirmary, Leeds.

OSBORNE, J. H., Jun., M.R.C.S.E., Assistant Resident Medical Officer to the Nottingham Dispensary.

PARSONS, W. A., L.R.C.P.Ed., M.R.C.S.E., Medical Officer to the Warwick Union Workhouse.

RENDALL W., M.R.C.S.E., L.S.A.L., Medical Officer for the Maiden-Newton District of the Dorchester Union.

SAUNOBY, R., M.B., M.R.C.S., Resident Registrar and Pathologist to the General Hospital, Birmingham.

STEPHENSON, S. S., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer, &c., for the Kilkeel Dispensary District of the Downpatrick Union, co. Down.

VERNON, W., M.R.C.S.E., L.R.C.P.Ed., Medical Officer for the Bardfield District of the Dunmow Union.

WILCOX, W., L.R.C.P.Ed., M.R.C.S.E., Medical Officer of Health for the North Walsham Urban Sanitary District.

WILDING, J. L., M.R.C.S.E., L.S.A.L., Resident House-Surgeon to the Whitehaven and West Cumberland Infirmary and Fever Hospital.

Birth.

PHIBBS.—On the 8th inst., at 59 Boundary Road, N.W., the wife of Robert Featherstone Phibbs, L.R.C.P., M.R.C.S., of a son.

Marriage.

IRVING—WATKINSON.—On the 5th inst., at Holy Trinity Church, Huddersfield, by the Rev. T. H. Sharpe, John Irving, M.B.C.M., to Fanny, eldest daughter of the late James Watkinson, Beechwood, Huddersfield.

Deaths.

BROADFOOT.—On the 30th March, at Whithorn, Wigtownshire, Robert Broadfoot, L.R.C.S.Ed., aged 81.

DONOVAN.—On the 27th March, at Lower Leeson Street, Dublin, Michael Donovan, Surgeon, aged 85.

FULLAGAR.—On the 31st March, at Leicester, Frank Fullagar, M.R.C.S.E., aged 64.

HIGGINBOTTOM.—On the 7th April, at St. Alban's Villas, Nottingham John Higginbottom, F.R.C.S.E., aged 87.

IRISH POOR-LAW INTELLIGENCE.

NENAGH BOARD OF GUARDIANS.

MARCH 23, 1876.

A LETTER from Dr. M'Mahon, Toomavara Dispensary District, applying for a fee of £2 2s. for his attendance at Nenagh Petty Sessions in the prosecution of parties under the Sanitary Act.

(Resolved) "That at the last Petty Sessions held in Nenagh the Sanitary Board had several summoned and convicted under the Sanitary Act, and it was necessary to have two medical officers of the Union, Drs. Cahalan, of Nenagh, and M'Mahon, of Toomavara, as witnesses, to secure convictions. The medical officers applied to the Court for an order (as in the case of prosecutions under the Vaccination Act) on the Sanitary Board for payment of a fee for their attendance, but were referred to the Board. The sanitary authority now wish to be informed whether the medical officers under the circumstances are entitled to a fee for such attendance, in addition to their salaries as sanitary officer. Local Government Board's reply, stating that sanitary officers are required to attend and assist in all such proceedings in which their attendance or assistance may be required by the executive sanitary officer, and the additional salaries are intended to cover their duties. The question of travelling expenses might be a matter for the consideration of the sanitary authority under special circumstances."

We have already stated that, to the best of our judgment, the rule made by the Local Government Board that sanitary officers must "attend and assist at all proceedings" is waste paper, inasmuch as it is not authorised by clause 10 of the Public Health Act, which defines the limits of the Local Government Board's authority to make rules.

The question as to their competency to make this rule, and, therefore, of the liability of the sanitary officer to obey it, is before counsel, and we hope shortly to publish his opinion and advice upon the subject. Meanwhile, it seems to us that the decision of the Local Government Board, as set forth in their letter to the Nenagh Guardians, is nonsensical and contradicts itself. Clause 2 of the "Executive Duties" in the Sanitary Order directs the sanitary officer to "attend and assist" at prosecutions. If he be bound to assist by his evidence he is also bound to attend, and if he be not entitled to payment for assisting he is surely not entitled to expense of attending. But the Local Government Board proposes to make the assistance a matter of duty and the attendance a matter of special remuneration, which, as long as they maintain the integrity of the rule, is obviously inconsistent.

THE CORONERS (DUBLIN) BILL.

THE Committee of Council of the Irish Medical Association has been actively employed in the effort to obtain the insertion in this Bill of the amendments necessary to secure to the medical profession something like justice, and to bring to an end the illegal and disreputable system of medical evidence which has existed in Dublin under the cognisance of the Corporation for so many years. A petition, which we published last week, was presented to the House of Commons by the Hon. David Plunket, and arrangements were made to have amendments proposed if the Bill had gone into Committee on Monday, the 3rd, as was expected. The Bill was postponed until the 24th of this month, when it will be committeed, and pending this stage of its progress, the Committee of Council is taking steps to communicate to the members of the House the nature of the abuses in the Coroners' system which now exist and the means proposed to remedy them. The framing of amendments is by no means an easy task, because—while their object is to obtain if possible in every case the evidence of the medical man who was with the deceased at the time of death—it is impossible to carry this object to its full extent.

The original law of inquests was that the last medical attendant of the deceased should be summoned, but this arrangement was obliged to be abandoned, because it made compulsory the attendance of consultants in large practice whose testimony was, in many cases, not indispensable, and who could not leave their avocations to attend an inquest except under the most urgent circumstances. The law was altered to its present state to meet this difficulty, and the coroner was authorised to call in the evidence of any medical practitioner "in actual practice at or near the place," which, as our readers are aware, is interpreted to mean any relative or chum of the coroner who may have nothing to do except earn occasional inquest fees. The amendments which the Committee of Council of the Association propose to this or any other Coroners Bill are not finally agreed upon, but we believe they are substantially as follows:—

The 32nd and 33rd section of an Act passed in the 9th and 10th year of her Majesty's reign, intituled "An Act to amend the Laws relating to the office of Coroner, and the Expenses of Inquests in Ireland," is, as regards its operation in the county of the city of Dublin, hereby repealed; and be it enacted that, whenever the deceased person on whose body an inquest is held shall have been attended by a registered medical practitioner at the time of death, or recently before it, either at his or her home or elsewhere, or in a public institution for the treatment of injury and disease, the coroner, except in the case of the inability of

said practitioner to attend by reason of mental or bodily iilness, or absence from the district over which the coroner has jurisdiction, shall address a requisition, in form set forth in the schedule of this Act, to such practitioner to attend and give medical evidence at said inquest ; but in case there shall have been no registered medical practitioner in attendance on the deceased person as aforesaid, then the coroner shall issue his summons to the medical officer of the dispensary district or sub-district in which the death occurred or in which the body was found, to attend and give medical evidence at said inquest.

The intention of this clause is that when the coroner receives information of a death and decides upon an inquest, he shall send his requisition to the medical practitioner in attendance at the death. The requisition would be as follows :—

REQUISITION TO MEDICAL PRACTITIONER TO ATTEND AND GIVE EVIDENCE.

To Dr..... .....
residing at.....

You are hereby requested to attend for the purpose of giving evidence at an Inquest on the body of..... lately residing at.....which Inquest will be held at.....on.....day next, the.....day of ... .187...at the hour of.....o'clock. Take notice also that in case you shall within twelve hours of the service of the requisition fail to inform me of your intention to attend said inquest I shall issue a summons to you or another medical practitioner to attend and give medical evidence at said Inquest.

Signed this... .....day of.....187...
.....Coroner.

To this requisition the reply of the practitioner would be attached—perforated for tearing off—in the following form :—

NOTICE OF MEDICAL PRACTITIONER OF INTENTION TO ATTEND TO GIVE MEDICAL EVIDENCE.

In compliance with your requisition I hereby give notice that I purpose attending, and if required, giving medical evievidence at the inen upon the body of..... ..

Signed..... .....
Registered Medical Practitioner.

To.....

The Coroner for ... . District.

In the ordinary course of events the coroner's messenger would bring back a reply as to the intention of the practitioner to attend, or it would be forwarded immediately by post by the practitioner to the coroner. Twelve hours would be allowed for the return of this requisition, and after the lapse of that time the coroner would have power to exercise his discretion as to enforcing the attendance by summons. In nine-tenths of the inquests the practitioner would attend voluntarily, or else his evidence might be done without ; but cases might obviously arise in which the testimony of the medical practitioner last in attendance would be essential, and the coroner must have power to enforce his presence if necessary. The clause to settle this part of the subject as proposed by the Committee of Council is as follows :—

2. If the medical practitioner who was in attendance on the deceased person at the time of death or recently before it shall omit to notify to the coroner within twelve hours of the service of the aforesaid requisition that he purposes attending to give medical evidence at the inquest, then the coroner, if he considers the evidence of said practitioner indispensable for the true finding of the cause of death, may issue his summons to compel the attendance of said practitioner ; but if he shall not consider said evidence indispensable, the coroner shall forthwith issue his summons for the same purpose to the medical officer of the dispensary district or sub-district in which the death occurred, or in which the dead body was found.

It will be observed that in the first proposed amendment it is provided that the last attendant shall be called in, even in the case of an hospital surgeon, who, by the 32nd clause of the Coroners Act, is excluded from all right to a fee for his evidence. We regard this exclusion as monstrous, and its presence in the Act of Parliament as a relic of the narrow-mindedness of past legislation ; and the Committee of Council of the Association proposes that in the case of an hospital patient, as well as any other, the evidence of the person most competent to testify shall be had. As a fact, that evidence never is obtained, because the hospital surgeon—being denied any remuneration—refuses to attend the inquest, and leaves the matter to the resident pupil, who is generally unqualified, and therefore—presumably—incompetent, and thus the jury has no reliable facts before it upon which it may decide a doubtful case. It is therefore proposed to remove the prohibition against the payment of fees to hospital surgeons, and thus to secure to the jury the best testimony, even in the case of hospital patients, whose causes of death seem to be considered of little interest by the present law.

As to the question of fees, the Committee of Council of the Association thinks it fair to adhere to the scale at present paid, except in the case of post-mortem examinations, which are obviously deserving of a higher fee. It is also considered unfair that a medical witness should pay—out of his guinea—car-hire, to the amount of, perhaps, five shillings, and travelling expenses are therefore inserted in the proposed amendment, which runs as follows :—

3. The 5th and 6th items in the schedule of the 9th and 10th Vict., cap. 37, are, as regards their operation in the county of the city of Dublin, hereby repealed ; and be it enacted that—

"The coroner shall pay to each registered medical practitioner who shall attend at the place of inquest, or at any adjournment thereof, on the requisition or summons of the said coroner, and for the purpose of giving medical evidence, a fee of one guinea for each day or part of a day on which said practitioner may be required to attend at said inquest, together with an allowance, for travelling expenses, of sixpence for each mile or part of a mile of distance from the residence of said practitioner to the place where the inquest is held ; and in case the coroner or the jury on said inquest shall order an examination of the body by dissection, a further fee of two guineas for such examination.

This clause is also framed to protect the medical man against the injustice to which he is now liable of being called to an inquest, kept there all day, and in the end, when it is discovered that his evidence can be dispensed with, sent home fee-less. It is therefore proposed that the fact of attending in readiness to give evidence shall entitle the medical man to his fee ; and that, if brought back day after day on adjournments, he shall be paid for each day. Finally, it is necessary to provide for the case in which a charge of neglect or of crime is brought against the medical practitioner last in attendance ; and therefore the last part of one of the repealed clauses is necessarily reinstated. It runs as follows :—

"If any person shall state upon oath before the coroner that in his or her belief the death of the deceased person

was caused partly or entirely by the improper or negligent treatment of any medical practitioner or other person, such medical practititioner or other person shall not be allowed to perform or assist at the post-mortem examination of the deceased."

These amendments seem to us to be practicable and reasonable, calculated to work well, to serve the desired purpose of laying the best evidence before the jury, and not unduly to aggrandise the medical profession. As such they will, we believe, recommend themselves to any man of judgment; and, though it is quite possible that the present Bill will go no further, and they will therefore be inevitably postponed until next legislation on the matter, it will be advantageous that the question shall receive public discussion.

EVIDENCE AT VACCINATION PROSECUTIONS.

DR. KISBY V. BOYLE P. L. GUARDIANS.

(From the *Roscommon Herald*)

THE plaintiff sued defendants for £1 1s. which he claimed for attending and giving evidence in prosecutions against defaulters under the Compulsory Vaccination Act, at Ballyfarnon petty sessions, of which district he is Poor-law medical officer. He obtained a certificate from the presiding magistrate (The MacDermot Roe) and afterwards applied to the guardians for payment, but was refused on the ground of "no expenses incurred." Dr. Kisby attended before the Board, and produced records of instances (previously published in the MEDICAL PRESS) in support of his claim. The guardians, however, persisted in their refusal, and a trial before the Barrister at Boyle quarter sessions was the result.

Mr. Burke (who appeared for plaintiff) relied upon the 25th and 26th Victoria, that Dr. Kisby was not bound to go into court without the fee demanded by him.

Mr. M'Donnell (for defendants) relied upon the 10th and 58th sections of the Public Health Act.

Section 80 appoints the medical officer of each dispensary district as sanitary officer at a salary fixed by the Board of Guardians (as Sanitary Authority.)

Section 58 provides that any such officer appointed by the guardians to enforce the provisions of the Vaccination Act in Ireland compels the medical officer to be vaccinator of his district.

Article 2 of the Executive Officer's duties provides that the sanitary officers are bound, on receiving instruction from the Executive Sanitary Officer, to attend and assist in proceedings under said Act.

His Worship decided that Dr. Kisby was entitled to the amount sued for, and that it was not necessary for him to procure a certificate in such cases.

A decree was given against the guardians for £1 1s. and 12s. 6d. expenses.

The Clerk informed the board that the Chairman of Quarter Sessions had decided in favour of Dr. Kisby's claim for £1 1s. for attending at the Petty Sessions of Ballyfarnon in the prosecution of defaulters under the Compulsory Vaccination Act.

The Clerk referred to the 10th and 58th sections of the Act. And remarked that the Barrister had decided that Dr. Kisby should be paid the amount sued for, and his (the Clerk's) opinion was that if Dr. Kisby be entitled to payment all the sanitary officers were entitled to payment under similar circumstances.

Captain John Irwin—It would be well to leave the matter over for a larger board.

Mr. Stuart—But that will not affect the case.

The board decided that no appeal be made in the matter.

It will be observed that the solicitor for the guardians either confounded the law of Vaccination with that of Public Health, or else was gravelled for lack of argument. The prosecution of defaulters in Vaccination is provided for by a special Act, and by special rules, and the regulations set forth in the sanitary order of the Local Government Board have no more to say to it than to the certifying of dangerous lunatics or any other of the extra-sanitary duties of the dispensary medical officers. The ruling of the Chairman is very important in one respect, for he has decided that the medical officer must be paid for his evidence as a matter of simple contract, even if he has not asked for any certificate from the magistrate.

Under all the circumstances we advise our constituents to attend at the prosecution of defaulters, without waiting for a subpœna, making sure before doing so to have an explicit requisition from the relieving officer, if possible, in writing. When they have given their evidence they should apply to the magistrates for a certificate pointing out to them their legal authority to grant such certificate under the 13th Section of the Vaccination Amendment Act (26th and 27th Victoria, cap. 52). The certificate might be in the following form:—

Vaccination Amendment (Ireland) Act.

We hereby certify that Dr. A. B., having attended before us on this day and given evidence in the cases of certain persans prosecuted uuder the provisions of the Vaccination Amendment (Ireland) Act, ought to be allowed the sum of £ s. d., which shall be pain to him for such attendance out of the Poor Rates, as part of the expenses incurred in such proceedings, in terms of the 13th section of said Act.

Signed.....

... .

Magistrates sitting at Petty Sessions.

Dated this day of , 187 .

The wording of this certificate conforms as closely as possible with the exact phraseology of the Act of Parliament, and, to avoid a technical objection, ought to be adhered to as closely as possible.

If the magistrates should decline to give the certificate, nevertheless, the medical officer should apply to the guardians for payment, producing the written requisition of the relieving officer, and putting forward the claim as for work and labour done at the request of the guardians. If payment be still refused, the demand may be enforced, according to the ruling in Dr. Kisby's case, by a process to the Quarter Sessions, but if the medical officer be indisposed to take this course, he may refuse to attend again without a subpœna, and, if regularly summoned, may refuse to give any expert evidence until his fees be arranged for.

We have offered these recommendations in order to secure to the Public Vaccinators of Ireland their established rights, which neither the boards of guardians nor the Local Government Board seem disposed to recognise, but we would earnestly advise them to aid heartily in carrying out the law of compulsory vaccination, for the benefit both of the public and of themselves—to offer every facility consistent with the preservation of their rights—not to make any difficulty about attending on the requisition of the relieving officer, but, nevertheless, to act with firmness for the benefit of their co-officers whenever their proper remuneration shall be refused.

Dr. Kisby's case makes manifect the advantage which the profession enjoys in having at its disposal an organisation like the Irish Medical Association, which can accept the trouble, expense, and responsibility of establishing on a firm legal basis the rights of medical men. The Council of the Association have taken a course in this matter which it would not be easy for any individual medical officer to adopt. They will, we believe, be always ready to assert the rights of any Poor-law medical officer when their doing so affords them an opportunity of affirming a useful principle or settling a point of law.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING APRIL 8, 1876.

Total registered deaths in Dublin and suburbs * ... 210
Ten years average of same week 163

Excess of mortality above average 47
Ratio of deaths, suburb of Rathmines ... 22 per 1,000,
" " " Donnybrook† 48 "
" " " Blackrock ... 22 "
" " " Kingstown ... 28 "
" " Entire Dublin district ... 35 "
COMPARATIVE RATIOS—London ... ... 24 "
" " Glasgow... ... 31 "
" " Edinburgh ... 25 "

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

COLERAINE GUARDIANS.

MEDICINE CONTRACTS.

THE Chairman opened the several contracts for the supply of medicines for the workhouse and the several dispensary districts of the union, there being the unusual number of seven. The various tenders were submitted to five medical officers, who were unanimous in recommending the acceptance of the tender by Mr. Collins, *which was lowest of all, with the exception of that of Messrs. Leslie*, which was 5d. in £6 higher than that of the successful contractor, who has had the supply of medicines to the union for the last eight years.

It would, we suspect, be amusing an instructive if we were enabled to submit the prices of these medicines and their quality to a competent pharmaceutical examination. We do not for a moment challenge the opinion of the five medical officers who guarantee the quality and prices of the drug supply, nor have we the least knowledge to enable us to express an opinion on the subject. Our acquaintance with the Irish drug contract system and with the principle of selection of the lowest tender leads us to suspect that a comparison of the two lowest tenders with the acknowledged market prices of the best drugs would be worth the trouble.

YOUNG MOTHERS.—In August, 1866, we reported in the *Cincinnati Journal of Medicine*, the case of a girl living in Shelby county, Ind., who commenced menstruating at three years and a-half. In a communication in the *Cincinnati Medical News*, January, 1876, from a physician in Shelbyville, we learn that when thirteen years and eleven months old, this girl gave birth to a mature, healthy male child. A few days since we attended a married girl in confinement, who was just fifteen years old. The labour was very tedious, lasting forty-eight hours, and had to be terminated by forceps; the child, male, weighing upwards of ten pounds, and the mother, are both doing well.—*American Practitioner.*

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Population of District	Acreage of District 640 Acres to the square Mile	Date of Election	Distance of Dispensary from Railway Station.
Carrick-on-Suir..	Piltown	£120	£5	328	173	7,313	32,119	April 28	Watf. & Limk. R.
Donegal	Donegal	£120	£43	588	207	8,712	48,381	April 27	Stranorlar, 14 m.
Dungannon ..	Dungannon ..	£150	£23	439	515	15,553	22,168	April 20	Ulster R.
Inishowen	Clonmany	£135	£2	111	97	5,780	23,375	May 19	
Swinford	Kilkelly	£120	£26	192	563	11,417	41,330	April 28	Ballyhaunis, 9 m.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, April 8th,* 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, APRIL 8TH, 1876.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . . .	10,050	314,666	35	153	210	34	64	...	11	6	2	2	3	4	1	1	58
BELFAST . . .	20,687	182,082	28	142	97	17	20	...	...	1	...	4	1	2	1	...	8
CORK	13,816	91,965	34	48	61	7	23	...	...	..	...	...	1	...	...	...	29
LIMERICK . . .	8,509	44,209	26	20	22	3	10	...	...	...	...	...	2	...	..	...	12
LONDONDERRY . .	21,865	30,884	22	17	13	...	5	...	...	3	...	...	...	...	1	2	2
WATERFORD . .	17,209	30,626	25	29	15	5	4	...	...	...	...	..	...	...	...	...	1
GALWAY . . .	21,358	19,692	42	8	16	1	10	...	...	...	...	...	...	...	...	.	6
SLIGO . . .	30,835	17,285	21	12	7	1	4	...	...	...	...	..	...	...	1	1	4

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 26, 1876.

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ON TUBERCULOSIS IN CHILDREN AND THE CONDITIONS WHICH RESEMBLE IT.

By W. H. Day, M.D., M.R.C.P.Lond.,

Physician to the Samaritan Hospital for Women and Children.

(*Concluded from page* 319.)

Treatment.—In considering the question of treatment, and the arrest or absorption of tubercle, we must, in a measure, disregard the varied and special symptoms of the disease, and sustain and support the general strength. The nutritive functions being primarily at fault, demand the closest attention, and whatever conduces to their healthy performance, holds out the best means of controlling morbid action, and of averting the tendency to local congestion and exudation, for when these changes have occurred, then the molecules or granular matter of which the exudation consists are liable to lead to softening and disintegration.

As cases of tuberculosis differ like any other forms of consumptive disease, remedies of an opposite character are required. In some instances in children, the temperature of the body is high at an early stage of the illness, and the circulation is accelerated; there is thirst and derangement of the gastro-intestinal tract, and food is not digested, even if there is any remnant of appetite left. Antiphlogistic measures and cooling drinks to subdue this febrile excitement are absolutely required. We have seen how frequently bronchitis or pneumonia are associated with this condition, and when they are met with, salines and diaphoretics are required before supporting measures can be safely employed. If the cough is hard and tearing, and there is soreness and constriction of the chest, it is clear that a tonic and stimulating plan would aggravate the condition. When moist sounds in the chest have succeeded to dry rhonchus or tubular breathing, we may commence the system of treatment which modern practice has sanctioned, and give cod-liver oil and mild tonics during the day time. In the evening, when febrile symptoms are chiefly observed, citrate of potass and the alkaline carbonates will abate the excitement, and soon enable us to give quinine safely in small or large doses so as to check the febrile exacerbations. For children, I am in the habit of giving a grain of quinine in powder, half an hour before going to bed, and sponging the body lightly with tepid water, if hot and dry, or with cold water if the temperature is disposed to rise rapidly.

Cod-liver oil is the most effectual remedy of all others in the management of this disorder, and may be given when febrile excitement has not departed, and there are signs of advancing local change. Dr. Williams says, "Cod-liver oil, when taken into the system in sufficient quantities, and for a sufficient length of time, acts as a nutrient, not only adding to the fat of the body, but also promoting the healthy growth of the protoplasm and of the tissue cells, and in some way, as an alterative, counteracting the morbid tendency to the proliferation of the decaying cells of pus, tubercle, and kindred cacoplastic and aplastic matters." (*a*)

When the oil is pale and pure it seldom causes nausea or disturbs the function of the liver. I prefer giving it after a meal in a little orange wine, or with a small quantity of milk, which, however, does not always agree. Dr. Williams gives it with a mild acid or aromatic bitter—he gives the nitric, hydrochloric, sulphuric, or phosphoric according to the special circumstances of each case, and I can speak most favourably of the combination. I have long been in the habit of giving hydrochloric acid before the meal, and the oil afterwards. In weakness of the stomach, with a tendency to retching and nausea, the 1-24th or 1-32nd of a grain of strychnia is given by

(*a*) "Pulmonary Consumption." Longmans, Green and Co., 1871, p. 322.

Dr. Williams with each dose of oil. But it must have come within the experience of all that cod-liver oil, when long continued, is apt to disagree with the stomach, and to cause biliary derangement, particularly if the diet is not carefully regulated. Here it must be suspended for a time, and an alterative and alkaline treatment employed till the digestion is restored to a healthy state. In the winter season of the year, cod-liver oil is an indispensable remedy and may be continued for months together. There is a preparation called the compound phosphorated cod-liver oil, (*a*) which I have found of use in the strumous diseases of children. But, however combined, the daily use of the oil has superseded every remedy that has hitherto been proposed, and there is not a physician in this country or abroad, who is not convinced of its efficacy, either in prolonging life or curing the disease.

The hypophosphites of lime and soda with strychnia, iron, and quinine form an excellent combination with which I am satisfied in these cases of tuberculosis, and all states of general debility and nervous exhaustion.

Whilst we are giving astringents to check diarrhœa, and sedatives to relieve cough, we are diminishing the strength and appetite, in blind pursuit of the enemy, and the disease advances. The best means of relieving these symptoms is to increase the general strength, by supplying the system with fatty elements in a form that can be easily assimilated. We have found this remedy in cod-liver. The molecular fluid of the chyle consists of fatty particles, from which the blood and tissues of the body are formed, and if chylification is imperfect or tardy, the blood is watery and albuminous, and thus the step towards exudation is formed. Physiology never exposed a greater therapeutic error than when it showed the danger of treating low inflammatory exudation by depressing the vital powers so that its molecules were incapable of passing through those transformations which lead to growth and elimination. By an opposite mode of treatment, depraved nutrition is restored, the respiratory organs are stimulated to active exertion, and the tissues attract from a better quality of blood, the necessary elements for the support of the body.

In the case of an infant, if the mother is delicate or comes of a consumptive stock, and cannot suckle her child, a healthy nurse should be procured. Older children who exhibit a tendency to tuberculosis, should wear flannel next the skin; the diet should be plain and nutritious, consisting of eggs and milk, and meat twice a day if the child can digest it.

Quinine by improving the strength and appetite, and iron by altering the quality of the blood, are two most valuable remedies when the digestive functions have been brought into a proper state, and there is no risk of renewing inflammation in the pulmonary organs. If there is any degree of febrile excitement or cough, it is preferable to omit the iron till it is reduced, and direct the treatment to special symptoms. The effect of quinine in non-tuberculous cases is very remarkable in controlling the remissions and exacerbations of the fever: it is the most valuable remedy we possess, and in every case of oscillating temperature which I have treated, it has been followed by a fall. Where the fever has not so quickly yielded, the lung has shown evidence of some change in the shape of small and localised pneumonia, or gastro-hepatic disorder, or it has been suspicious of real tuberculosis. Cod-liver oil should always be given in the daytime when the temperature is normal, and quinine in the evening before the rise is expected. Of the benefits derived from change of air and sea bathing they are too obvious to need illustration.

(*a*) Prepared by Savory and Moore, New Bond Street. A fluid dram contains one grain of iodine, two grains of bromine, and the one-fortieth of a grain of phosphorus.

MEDIAN LITHOTOMY. (*a*)

By William Stokes, F.R.C.S.,
Professor of Surgery, Royal College of Surgeons, Surgeon to Richmond Surgical Hospital.

The fact that cases requiring the operation of lithotomy occur so rarely in Ireland ought, in my opinion, to make operating surgeons in this country devote a special attention to it, with a view of determining the method that is accomplished with most facility and at the same time is fraught with least peril to the patient. Many have held and still hold the opinion that median lithotomy fulfils these conditions, and to this procedure I wish to draw attention on the present occasion.

This operation, formerly termed the "Marian," was for a lengthened period consigned to perhaps an ill-deserved oblivion, until revived and improved upon by Manzoni, De Borsa, and Allarton. To the last-named surgeon undoubtedly belongs the credit of being the author of this *rénaissance* of the procedure in England.

It would be out of place on the present occasion to describe the steps of the operation known as Allarton's, as they are doubtless familiar to all present. I shall draw attention, therefore, only to some of the modifications and improvements of the operation that have been recently suggested. Sir H. Thompson, instead of plunging a straight double-edged pointed bistoury in the mesial line of the perinæum and half-an-inch in front of the anus, exposes the staff by cutting from before backwards. This, though it protracts the operation, is decidedly an improvement, for, as Mr. Porter has pointed out, if the perinæum be deep and the bistoury of an ordinary length, the blade of the instrument will not be of sufficient length to reach and open the urethra in the required situation. Accordingly he pushes Allarton's bistoury about a quarter of an inch in depth, with its back towards the bowel, half an inch anterior to the anus at the raphe, after which an incision an inch and a-half in length is made towards the root of the scrotum, in which the skin and superficial fascia are freely divided. This being done, the knife at its first starting place is plunged into the staff at the apex of the prostate, and drawn forwards to the extent of the superficial incision. Erichsen recommends a rectangular staff, considering that "the surgeon can judge of the exact point where to enter the knife (directing it so as to open the groove just below the angle), which he cannot do with the curved staff." He then passes a director along the groove, after making the incision, and, before removing the staff, effects digital dilatation. Now these modifications of the operation, though doubtless improvements on the original procedure, do not get rid of one of the main alleged disadvantages of the operation, which is, the limited space which it allows for the introduction of forceps, and the removal of calculi, even of moderate size.

I found that in the second of the cases in which I performed the operation, on introducing my finger into the bladder, I found it very tightly grasped, and that a great deal of very forcible dilatation would be necessary in order to introduce a forceps, and remove a stone one diameter of which was, as I ascertained by previous measurement, fully one inch. Having so great a dislike, and indeed dread, of forcible dilatation of the prostate, as I have of the very doubtful—but, I regret to say, at present fashionable—piece of French surgery imported into this country some years ago, which consists in forcibly tearing open a strictured urethra, I passed a lithotome along my finger and made a lateral incision in the prostate, which gave me ample room for the easy introduction of a large-sized forceps and the removal of the stone.

This modification has, I am aware, been suggested both by Allarton and Sir H. Thompson; but I am not aware that they ever put it into practice. I cannot but think

(*a*) Read before the Surgical Society of Ireland, April 7. The discussion will be found on page 339.

that in all cases where there would be any risk of prostate laceration it should be employed. In cases where the operation is performed for the removal of such foreign bodies as pieces of sealing-wax, portions of bougies, catheters, hair-pins, &c., this modification would of course be unnecessary.

The first case in which I performed the median operation was one which, as it has been already published, I shall not do more than briefly allude to. The patient, æt. 40, suffered from urethral stricture, and was in the habit of performing auto-catheterization. One day, while partially intoxicated, he passed the instrument, and left it in. The catheter, by an action which I do not think has as yet been clearly explained, passed into the bladder. I hoped to have been able to remove it by a lithotrite, but, owing to the existence of the stricture, failed to pass the instrument. Though the lithotrite could not be passed the lithotomy staff could, and I then performed median lithotomy, and the perinæum being very deep, I adopted Porter's modification, and successfully removed from the bladder an *entire* gum-elastic catheter. Believing the case to be a unique one, I wrote to Sir H. Thompson, and he observed in his reply: "It is curious I have never encountered a catheter to remove. I have always made up my mind to remove it by a lithotrite, if it did happen, if possible. I have removed a hair-pin easily by that means, which is a much more awkward foreign body. I have removed a part of a stick of sealing-wax, and like pin by the median operation. In your case, of course, the narrowing of the urethra would make the lithotrite impossible.

My second case was that of a patient, æt. 45, on whom I operated on the 27th of last November. The patient stated that for seven months and a-half previous to his admission, which was on the 17th September, he had been suffering intensely from all the usual symptoms of stone in the bladder. Dr. Shanley, of Athlone, detected the existence of calculus, and recommended the patient to my care. The patient, on his admission, was in a very emaciated, debilitated condition. His face was cadaverous and emaciated, his appetite bad, his pulse weak and compressible, slept badly at night, and suffered much from chronic diarrhœa, and pain which he referred to the perinæum, top of penis, bladder, and thighs. During micturition the water frequently stopped. Eight or ten times a night he experienced desire to micturate; and from all these circumstances I have mentioned his condition was truly pitiable.

On the 21st September I sounded the patient, and at once struck the stone. Having regard to the general condition of the patient, I was of opinion that operation at that time was inadmissible; and in this view I was supported by my colleagues, Drs. Thomson, Stoker, and Corley, who on several occasions saw the case in consultation with me. Mr. Fleming, Mr. Callender, of St. Bartholomew's Hospital, who was in Dublin at the time, and Mr. Porter, entirely concurred in the view I and my colleagues took as to the inadvisability of any operative interference at that time, and accordingly I directed my attention chiefly to arresting the chronic diarrhœa and the improvement of his health generally.

About the middle of November the patient's health was so much re-established that I determined to operate; and having regard to the fact that there was evidence of the existence of several calculi, and that the patient's feeble condition rendered it desirable that the operation should be attended with as little hæmorrhage as possible, I determined on performing median lithotomy. Ably assisted by my colleagues and Dr. Fleming, late surgeon to the hospital, I performed the operation, Dr. Corley holding the staff. Introducing the fore-finger of my left hand with its palmar aspect upwards into the rectum and feeling for the apex of the prostate, I cut down on the staff and freely opened the urethra at its membranous portion. I then introduced Allarton's ball-probe into the groove of the staff, and here an awkward hitch in the operation occurred, which gave me at the time considerable anxiety. On passing the probe along the groove of the staff a certain distance it refused to go any further, and thinking it must have arrived at the end of the staff, I withdrew the latter, and then, on passing my finger along the probe, I was disappointed at finding that it did not reach the bladder. The staff was then returned into the bladder, which manœuvre was performed by Mr. Fleming, and the probe was then successfully introduced. The staff was then withdrawn, and I inserted my finger along the probe into the bladder. The probe was then withdrawn, and finding that my finger was grasped with unexpected tightness at the neck of the bladder, and feeling sure that a great amount of forcible dilatation would be necessary to make the opening sufficiently large to introduce the forceps, seize and extract the stone, I modified the operation by enlarging the opening by incision instead of by forcible dilatation. I accordingly introduced a lithotome along my finger and incised the prostate, cutting downwards and a little outwards. This gave me ample room to complete the operation satisfactorily. The bladder I then carefully washed out, which was especially necessary, as the calculi being soft, broke down during the extraction, and left a great deal of *débris*, which could only be removed by careful washing. The *canule à chemise* was then inserted and the patient removed to his ward.

I shall not detail the daily progress of the case towards recovery, as there was nothing specially noteworthy in it. He slowly but steadily recovered, and on his discharge on the 13th January the wound was quite healed; he passed his water quite naturally, had lost all vesical irritability, and his health generally was much improved. (*a*)

My colleague, Prof. Cameron, examined the calculus, and reports that it consists mainly of the urates of calcium, ammonium, and sodium, and a little of the triple phosphates.

As regards the instruments, I think, at all events in operating on adults, it would be better to use a longer knife than the one recommended by Allarton. One similar to this instrument, which was specially made for a case Dr. Corley operated on, and to which I shall presently allude, would, I feel sure, be found preferable. I think also having the staff open at the end, similar to the one Mr. Dease I believe first recommended for lateral lithotomy, would be an advantage, as there would be no risk of the end of the probe catching on it and being hitched back, if I might so express myself, on the withdrawal of the staff. Lastly, I think the bulbous extremity of the probe should not be so globular. If it were flattened at the sides, somewhat similar to Teale's probe dilator, there would then be no risk of the probe getting fixed in the groove of the staff, as happened in the second of my cases.

The main advantages which have reasonably been claimed for the operation are, the small amount of section by the knife, facility in reaching the bladder, absence of hæmorrhage, and prompt cicatrization. As M. Mueler, of Beaucourt, has observed, "A method calculated to simplify an operation, and at the same time to avert the perils of hæmorrhage, is obviously preferable to any other; and in this respect median lithotomy is unquestionably far superior to all other systems of perineal section." The only artery of any importance that can be wounded is the artery of the bulb, and if it is divided it can easily be secured by torsion by the ligature.

Sir H. Thompson observes that, of the cutting operations for stone, the median "presents that in which the bladder is reached with the smallest amount of section by the knife." And it becomes dangerous in proportion to the amount of laceration, or our pressure under the name of dilatation, made use of.

The principal alleged disadvantage of the operation is a twofold one. First, that it is not applicable to cases

(*a*) For the above notes of this case I am indebted to Mr. Gordon, our able resident surgeon.

where the calculi are of large size ; and secondly, that there is greater danger of urinary infiltration than after the lateral operation. Mr. Cadge, of Norwich, from whom I recently had an interesting communication on this subject, observes : "Median lithotomy is very good for those cases where the stone is small." He has, however, I may mention, successfully removed a stone by the median section weighing five ounces. The patient, he informs me, "had hard work to recover," which, considering the great size of the stone, was hardly to be wondered at. In such a case I should say the lateral section of the prostate I have spoken of would be specially applicable, or the plan of crushing the stone through the wound in the perineum, as recommended by Dolbeau and Rizzoli, and recently practised by my friend Mr. O'Grady in a case in Mercer's Hospital.

By the adoption, therefore, of either of these proceedings, the first of the alleged disadvantages I have alluded to can be got rid of.

The second objection that has been urged is that there is greater danger of urinary infiltration after median than after lateral lithotomy. This has been stated to occur in consequence of an inevitable wound of the layer of pelvic fascia, which is given off from the opening in the triangular ligament which the membranous portion of the urethra pierces, and which, passing backwards over the membranous portion of the urethra not contained in the layers of the ligament, goes to form the capsule of the prostate gland. In reference to this point, I wish to draw attention to the observations of our able secretary, Mr. Richardson, in a communication on lithotomy, which he published in the MEDICAL PRESS AND CIRCULAR in 1865. He has clearly pointed out that this layer of fascia must be wounded in the lateral operation, and observes : "How, may it be asked, can the triangular ligament be divided, and posterior part of membranous and prostatic urethra be opened in lateral lithotomy without wounding the capsule? Impossible ; and therefore the mortality should be much higher than it is if the wounding of the capsule played the important part attributed to it as a cause of the fatal issue of lateral lithotomy."

These observations apply with equal if not greater force to median lithotomy. But I would ask, has any one here ever known a case in which median lithotomy was performed terminating fatally from urinary extravasation? I never have ; and I may add, I have never known of a case in which there was, after lateral lithotomy, a fatal issue from the same cause.

As regards the statistics of this operation, it cannot be denied that the results present, as regards mortality, a most favourable contrast to those obtained after any of the other operations for stone.

In Dublin, though the cases have been few, they have all, as far as I can determine, been successful. The late Mr. Smyly has published a remarkable case, in which he performed the operation twice successfully on the same patient. Mr. Porter's cases have been all successful. My colleague, Dr. Corley, has also published a remarkable case, in which there were special difficulties attending the operation, in consequence of the patient having suffered from chronic rheumatic arthritis of the right hip, which was in consequence partially anchylosed, and could not be flexed more than to an angle of 45 deg. with the operating table. The patient, too, was *sixty-nine* years of age, and had previously undergone several lithotrity operations.

The late Mr. Teale, of Leeds, published a record of twelve cases of median lithotomy, with eleven recoveries ; and I may mention his opinion that the operation seemed "not unlikely to supersede both lateral lithotomy and lithotrity." In Glasgow, Dr. Buchanan's operation, which is essentially a median one, still maintains its high repute. Professor MacLeod informs me he rarely does any other lithotomy operation. Allarton's statistics give 139 cases of the median operation, with 13 deaths, or a little over 9 per cent. The most remarkable statistical result, however, that I have heard of is that of Prof. Rizzoli, of Bologna, who in a decennial period operated on 41 cases by the median method, and in all with uniform success. With such statistics as these one cannot but be deeply impressed and filled with wonder that the operation has not obtained a wider recognition than it has already achieved. If there be truth in the axiom adduced by Mr. Richardson in his excellent paper, to which I have already referred, and which axiom has been accepted as such by the greatest lithotomists that have yet lived, that "the less extensive the cutting, consistent with space for the removal of the stone, the greater the chance of the patient's safety," we must admit that it applies with peculiar force to median lithotomy.

CHRONIC PSORIASIS, OR LEPRA VULGARIS.(a)

By A. S. MYRTLE, M.D.,

Consulting Physician to the Harrogate Bath Hospital.

THIS disease has been and still is looked on by some authorities as identical with that leprosy we read of in the Bible, and which proved a "plague" to the ancient Israelites, requiring for its treatment the enforcement of the most absolute separation of the sick from the healthy, and the destruction of every material which had exhibited the smallest sign of having been smitten with it. Without doubt many of the symptoms of the lepra of to-day correspond with the description left us of that of the time of Moses. The scales are white ; when removed there is the raised red spot. These spots spread ; the parts of the body affected are the same ; but the hairs do not whiten, and the lepra we now see is eminently non-contagious, and its white scales do not attach themselves to the skins of beasts and walls of houses. I think it highly probable that psoriasis was as common among the ancient Jews as it is among ourselves, and that it would be found side by side with cases of contagious lepra ; but owing to the impossibility of recognising the one from the other from want of diagnostic power, the subject of psoriasis would be treated exactly as if he had been a leper. All skin affections must have met with the same fate, even boils, and we cannot wonder that this one in particular should have had the word unclean pronounced against it. At the present time psoriasis is frequently seen in many parts of the East, and the modern Jew shows evidences of its presence as often as his Gentile neighbour ; but we shall seek in vain for a cutaneous disease to answer the description of the leprosy of Scripture, which possibly depended on the presence of a parasite, a white fungus which had the property of attaching itself and spreading, propagating on structures differing so widely in their nature, as wool and stone, as well as on man and beast. The traveller now as he passes from one Eastern city to another meets at its gates poor wretched objects, modern lepers, but these have nothing in common either as regards the history of their disease, the local and constitutional symptoms it presents, or its inevitable consequences to their retrospective namesakes.

Psoriasis stands next to eczema as regards frequency. It is very seldom seen in children under ten ; frequently after that age, where it is hereditary, we may detect one or two isolated patches of a slightly reddish hue, not very scaly. These often disappear without treatment, return again in the spring or autumn, until puberty is passed, when the eruption becomes more pronounced and persistent, showing a decided preference for the knees, elbows, outside of thighs, legs, and hairy scalp, but seldom affecting the face or hands. If the scales are allowed to accumulate, they become white and of a pearly lustre ; but as they are liable to removal from the friction of clothing, washing, &c., they seldom present this peculiarity, and for the most part are of a yellowish colour and opaque. No constitutional disturbance precedes or accompanies the eruption, and barring its unsightliness, the individual is in perfect health. Of the cause of this disease we know nothing. Why certain little patches of skin should become

(a) Read before the Leeds and West Riding Medico-Chirurgical Society.

over-vascular, and why this should lead to excessive cell growth, and cell growth of a normal character, although in too great abundance, is a problem still to solve. Of all diseases of the skin I believe it to be the most capable of transmission from parent to child, with a tendency to increase in virulence as it descends. However virulent, I also believe no disease is so little apt to impair the general health if left to itself, and that in time—it may be a very long time—it wears itself out, leaving the patches of skin in a perfectly healthy condition. This I have also noticed, that some cases respond to treatment readily; others presenting the very same features defy all medicines; and often in these cases I have seen great mischief result from too prolonged courses of powerful and poisonous drugs. Some medical writers have affirmed that psoriasis is very often associated with pulmonary consumption. I agree with them, but connect the lung evil with the remedies employed to cure the rash—not with the rash itself. It is not possible that the economy can permit the exhibition of accumulative poisons for months and years without suffering in one or other of its parts; above all, arsenic and mercury ought to be administered so as to avoid their doing permanent injury to the constitution, whilst they can in most instances effect but temporary good to a harmless eruption. Others look on it as a sure indication of gout; and I admit that the two are frequently found to exist at the same time in the same subject; yet I hold them to be perfectly independent as regards causation, and therefore requiring at our hands some discrimination in their treatment. Perhaps the reason that psoriasis has been so often looked on as of a gouty nature may be accounted for by the fact that when it makes its appearance for the first time it very generally does so after adolescence, the very period when gout is apt to show itself. When it is hereditary it very often appears at an early age, and continues to maintain its hold till the individual reaches that time of life when gout may be expected, and so we have the two running in couples. Yet I am inclined to view them as distinct diseases, and when they do exist in the same individual, in order to deal with them successfully they must be dealt with separately. I have often found that, although the patient got rid of all traces of gout, his skin remained as full of scaly patches as ever. This, I think, would not be the case if there was that intimate connection between the two which some maintain. My experience leads me to believe that psoriasis is little under the influence of any other disease, whether chronic or acute; these run their courses, leaving the patient, as far as the eruption is concerned, just as they found him. Certain seasons have much more power over it; in some it disappears entirely during the winter months, in others during the summer; but I rather think a hot dry summer is more apt to aggravate it than any kind of weather, and I have frequently seen it affect parts during or after such a season which it had never encroached upon before. If psoriasis is not affected by the superaddition of other aberrations from health in any one suffering from it, however extensive it may be, it does not in any way interfere with the general health, or even comfort of the patient. It must have a depressing effect on the spirits, especially when females are the subjects, but that is often greatly increased by the lowering effects of arsenic and iodide of potassium, and might be very much lessened were they made aware of the perfectly innocuous nature of their complaint, and the possibility of its being kept within bounds. In this country psoriasis is much more frequently met with in people with fair and fine skins than among dark, and shows a decided preference for the strong and healthy. Various writers maintain that it is usually associated with some form of debility of a constitutional character; but this has not been my experience. It is confined to no race or country, and presents the same features wherever it is found. As to the varieties of psoriasis, I have nothing to say; they all present two or three very distinguishing features in common, the first being cell proliferation, the second that this excessive growth neither injures the general health nor leads to any ulterior change in the skin itself; third, that it is most difficult of cure, and when cured, apt to recur; and lastly, that it is hereditary.

Two cases have just presented themselves in proof of the two last facts. I have been called to a gentleman, æt. 78, on account of bronchitis. I also find him the subject of extensive and continuous patches of psoriasis, and he tells me he has never been free of it since he was fourteen years of age, that he has never been treated for it, and that the only application he ever used was a rag soaked in cold water. He is a hale, active man, and rides and walks as vigorously as he did when in his prime. The other case is a girl of eleven covered with psoriasis. The spots vary in size from a pin's head to a sixpence, involving the whole skin except hands and feet. Two years ago her brother, when eight, suffered in the same way. Last year a sister, twelve, had it and now the mother, for the first time in her life, shows a few places on one cheek, and one patch on left shoulder. She tells me that her sister is affected likewise, and that they can trace it back to the grandfather. All are fair-skinned, very healthy and robust.

As to treatment, this involves constitutional and local remedies. Of the former, by far the most powerful and specific against this cell growth are the different preparations of arsenic; in fact, these are the only medicines which act directly on this eruption; other medicines may do so indirectly by improving the digestive organs, and giving tone to the system generally. But arsenic alone seems to be able to cause its disappearance. Unfortunately, this medicine cannot be borne by all patients alike, and many even refuse to get well under protracted courses of the drug. In all its exhibition must be carefully watched, as, if pushed too far, or given where from idiosyncrasy it is not admissible, most unpleasant and occasionally serious symptoms arise. Local remedies may be divided into two kinds, soothing and stimulating. Among the soothing, baths of different kinds must be held as holding the first place, and if properly carried into action, they prove of immense value. They soften the skin, remove the accumulated scales, and thereby enable other applications to reach the hyperæmic vessels. I have known a three months' course of the mild sulphur baths completely remove every vestige of psoriasis in cases of very long standing and extent. I have repeatedly found that the daily immersion in a bath of cold water summer and winter at the ordinary temperature, remaining under the water as long as the patient can bear it (in very cold weather one minute to two, in very warm twenty minutes to thirty may be borne), has had a very decided influence in keeping this disease in check. But this treatment requires a vigorous constitution to start with, and above all, a strong heart to ensure reaction.

Where baths cannot be had, water dressing with oil-silk coverings, act much in the same way. Of the many soothing ointments, I give preference to cocoa butter, as the most cleanly and least apt to oxidise. Where stimulant local measures are needed, we use soft soap, the preparations of tar, vegetable and mineral, mercury, iodine and their combinations, all possess great virtues, and if judiciously applied, may keep the disease in subjection. Change of climate frequently proves eminently curative; sometimes from the sea coast to inland, or the opposite, very generally from a low to a high situation, will be followed by a rapid subsidence of the rash. I have met with many patients who assure me that as soon as they get into the mountainous regions of Switzerland their skins become free from every spot. Unfortunately this does not last longer than their sojourn among the heights, for as soon as they return to the plains the eruption again shows itself.

Whenever psoriasis is accompanied with symptoms of derangement of the stomach, liver, or other organ, the treatment must first be directed to that quarter, as it would be unreasonable to expect that the skin should respond to remedies when its condition was aggravated by the presence of such complications. Should there be general debility, measures for restoring strength must be first put in force in the form of tonics and nutrients. If the blood has become loaded with impurities, these must be

got rid of by the exhibition of medicines which act as depurants, and thus having restored strength and eliminated morbific elements from the blood, we may fairly hope to obtain satisfactory results from the local and constitutional remedies which experience has proved useful in the treatment of this affection.

In dealing with all skin diseases, more attention ought to be paid to the character of the skin itself than is generally the case. There is too much routine practice here, and the different forms of cutaneous disease are very often treated according to their names, without reference to the varieties of texture and functional activity which we meet with so frequently. The skins of the young will not bear the same treatment as those of older growth, and I have found, or imagined I have found, that the skins of patients coming from the northern parts of our own country stand rougher treatment than do those from the southern. Dr. Tilbury Fox, in speaking of the different modes of treating skin diseases in England and the Continent, points to the fact that here we could not use the same strong measures which are resorted to in France and Germany, and he further observes, "Differences in the pathological conditions of the same disease, as seen in London and Vienna, are observed, and such being the case, merely even *d priori*, one may expect that some differences of treatment may be required to suit the respective constitutional conditions which result from the operation upon individuals of different modes of life, climatic influences, particular diet, habits, and a dozen other like things."

My remarks apply to true psoriasis only, the distinguishing feature of which is that in almost all cases you have the knees and elbows exhibiting spots, and these generally occupy the very centre of the joints, where they will remain stationary for great periods of time, in spite of everything. The eruption, wherever it appears, is of the same character, and generally shows a disposition for the skin on the outside of the extremities. The scales are deposited in layers, and are very adherent, and when the hairy parts of the body are affected, the hairs themselves remain perfectly healthy. The diseases of the skin most frequently mistaken for psoriasis are syphilitic eruptions and ringworm. Of the former, we have a very common form of syphilitic psoriasis, but the rash may be easily distinguished from true psoriasis by attention to a few of the following facts:—1st. The fact of previous syphilitic poisoning; 2nd. The presence of febrile symptoms; 3rd. The character of the eruption, which in the syphilitic form generally appears most abundantly in those parts of the skin least affected in the true—the insides of the extremities, palms of the hands, and soles of the feet. The scales are smaller, less adherent, and vary in shape. The colour of the hyperæmic patches is of a dusky brown; and on examining the mucous membrane of the mouth you will generally find patches on the tongue and throat, with fissures. These I have never found in true psoriasis. Then we have the action of remedies to assist in our diagnosis. In syphilitic psoriasis mercury and iodide of potassium soon pronounce in favour of a specific origin, whereas in the other they exercise no power except for mischief. In tinea circinata we have circular patches, as in psoriasis, but these are slightly raised. The rings are found to consist of small vesicles or papules, giving off a furfuraceous dust, unlike the scales of psoriasis, and if examined these will be found to contain traces of the trycophyton tonsurans; the rings widen in circumference, leaving healthy skin in their centres; and when they encroach on any part covered with hair, the hairs dry up, bend, and are speedily nipped across by the parasite.

THE Alexander prize, consisting of £50 and a gold medal of the value of £5, has this year been awarded to Surgeon-Major Porter, Assistant Professor of Military Surgery, Army Medical School, for his essay on the various forms of Stricture of the Urethra, their causes, consequences, and treatment.

VALEDICTORY ADDRESS

TO

THE SURGICAL SOCIETY OF IRELAND,

DELIVERED BY

EDWARD HAMILTON, M.D.,
Fellow and President of the Royal College of Surgeons in Ireland.

GENTLEMEN,—In bringing our session to a close, I think I may fairly congratulate you that some useful work has been done, that we have each learned something, and that something has been added to the general stock of knowledge. A retrospect of the communications made to the Society will prove that the session 1875-76 has not been unprofitable. We have had exhibited to us many morbid specimens illustrating peculiar and unusual forms of disease. Papers have been read on debatable questions in surgery which have been carefully and thoughtfully dealt with, and placed before us with the greatest accuracy and most exhaustive detail. Our thanks are due to those of our members who have devoted so much labour and valuable time to those essays, which have been so interesting and so instructive. In a classified list of the subjects brought under our consideration we find—

AFFECTIONS OF THE BONES AND JOINTS.

Fracture of the patella	Mr. Croly.
Excision of the shoulder	Mr. Stokes.
Caries of the metatarsal bones ...	Mr. Wheeler.
Injury of the Spine	Mr. F. Porter. Dr. Barton.
Necrosis of the cuboid and cuneiform ...	Mr. Croly.
Division of external lateral ligament of knee	Mr. Kelly.
Enchondroma	Mr. Wheeler.

OPHTHALMIC SURGERY.

Melanosis of the eyeball	Mr. Croly.
Transplanting conjunctiva of rabbit ...	Mr. Swanzy.
Cataract	Dr. Jacob.

VASCULAR SYSTEM.

Torsion	Dr. M'Donnell.
Thrombosis	Mr. Wheeler.
Aneurism	Mr. Tyrrell.
Topical blood-letting	Dr. Mapother.
Tracheotomy in croup	Mr. Thompson.
Lithotomy	Mr. Stokes. Dr. Barton.
Ovariotomy	Mr. Croly.
Umbilical hernia	Mr. Croly.
Medullary sarcoma of testis	Mr. Croly.
Hæmorrhoids	Mr. Croly.
Chronic rheumatic arthritis	Dr. Kennedy.
Nervous diarrhœa in females	Dr. Swan.

STATE MEDICINE.

The ropes used in hanging	Prof. Haughton.
Antiseptic Surgery by salicylic acid ...	Prof. Bennett.

At the opening of the session it was my painful duty to record the death of one who was to have been our vice-president. At its close I am called upon to notice another loss which we have sustained by the death of Dr. Morgan, a member of the Council of the Society, and one of its most active and energetic workers. The appalling suddenness with which that fatality fell on the profession was in itself enough to startle and dismay even the most thoughtless. Meeting death as we do in so many varied forms, it becomes no doubt divested of much of its solemnity and its impressions of horror; but when it strikes with such fatal rapidity one of ourselves, does it not make us pause in the race of life and ask the momentous question—*Who next?* "Two men shall be in the field, one shall be taken and the other left." I shall not detain you with any prolonged *éloge* on the life and character of him who has been taken from us; they are well known to you all. As a public man he was progressive, bold in his conceptions, prompt in action, and possessed of high powers of administration. As a debater at our meetings he was clear, eloquent, and incisive. He originated many important and instructive discussions in this room. His powers as a teacher were equalled by few, surpassed by none. In private life he was all that is good; his cheerful and sunny nature, his joyous disposition disarmed his enemies and endeared him to his friends. His last mo-

ments were characterised by cool unflinching courage as calmly and heroically contemplating his approaching dissolution. He gave those directions and met the necessities which his untimely death was about to occasion. He was sustained by the simple faith of a Christian man, giving one more proof of that which I have endeavoured to impress on the profession and the public, that the educated and philosophic surgeon need not be an atheist. Cut down as a flower, when about to reap the golden harvest of the best of his life spent in the labours of his profession, John Morgan will long live cherished in the memory of his colleagues, his pupils, and his friends. In conclusion, gentlemen, permit me to thank you for the courtesy and consideration which has been extended to me when occupying this chair. You have rendered my duties light and pleasing, and I shall ever look back on my year of office as your president with the most grateful and happy recollections. Farewell.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

THE concluding meeting of the session was held on Friday, April 7th, 1876, the President, Mr. E. HAMILTON, in the chair.

FRACTURE OF THE BASE OF THE SKULL.

Mr. CROLY exhibited a specimen of fracture of the base of the skull, and he thought it of so much interest as to be worthy of bringing under the notice of the Society. On Monday week last the little girl from whom the specimen was removed was knocked down by a horse drawing a heavily-loaded cart. She was admitted into hospital at half-past one o'clock on the same day, with mixed symptoms of concussion and compression of the brain. The symptom that attracted his attention most on seeing her was very smart hæmorrhage from the right ear, in addition to which there was very copious hæmorrhage from the left nostril, and on examining the face closely it was found that there was sub-conjunctival ecchymosis of the left eye. There was vomiting of blood, and that vomiting he regarded as partly due to the concussion and to the blood from the roof of the nose, which was swallowed. The strange point about this case was that the girl recovered from the symptoms of compression which afterwards set in. She recovered her consciousness, and became so natural in every way that he was in great hopes she would have lived. After she recovered herself sufficiently he noticed that she had facial palsy at the right side. Although she had hæmorrhage from the right ear, facial palsy, hæmorrhage from the left nostril, ecchymosis of the left eye, and sub-conjunctival effusion, from these symptoms he diagnosed the fracture as extending over a portion of the right temporal bone, the left side of the ethmoid bone, and the left orbital plate of the frontal. The girl continued to improve until the Friday following, and at about four o'clock on the morning of Saturday she got a sudden fit of screaming. He was sent for, and on arrival found the girl suffering from all the symptoms of inflammation of the brain. Everything possible was done to relieve those symptoms, but without avail, and she died on the Sunday morning following, after having been six days in hospital. He made a post-mortem examination, and the first thing he desired to show was the condition of the brain which he exhibited. The vessels of the brain were very much congested. The brain itself was very vascular on cutting into it, but on examining the membranes at the base of the brain, he found a quantity of green coloured pus with lymph effused—the result of inflammatory action. There was no clot of blood found at any part, but on examining the skull for the fracture, he found that it passed through the occipital bone, through the lateral sinuses at the right side, through the petrous portion of the temporal bone—explaining the hæmorrhage at the ear and the facial palsy—the body of the sphenoid, the left side of the ethmoid, the left orbital plate of the frontal bone, and down to the nose. They therefore had the fracture extending from behind the mastoid process at the right side to the left nasal bone—explaining all the symptoms exactly as they occurred during life. The skull was extremely thin—indeed, he had never examined so thin a skull in a child of the age of the patient. The occipital bone was as thin as the orbital plate of the frontal bone.

DISEASE OF THE KNEE-JOINT.

Mr. W. I. WHEELER said the specimen which he exhibited was taken from the knee of a patient who was admitted under his care into the City of Dublin Hospital. The patient was a young man 19 years of age, and was resected on Friday last. On admission the knee was slightly flexed, and, as compared with the other joint, there was considerable enlargement. At the centre of the patella the leg was an inch and a quarter larger than the other. There was considerable pain on pressing the patella, but no thickening. On pressing the head of the tibia there was considerable pain—more than at the femur. He performed the operation by the "H" incision, and on opening the joint some pus escaped. The anterior crucial ligament was entirely ulcerated through, and the posterior crucial ligament slightly ulcerated. The cartilaginous surface was considerably eroded, but on section it was found to be healthy. Before making a section of the tibia they could observe three perforations; one passed down into the bone for nearly three-quarters of an inch. The semilunar cartilages were entirely eroded, with the exception of portions of the internal one, and presented appearances of granular degeneration. On making a section of the tibia the abscess was seen to pass down to the extent of three-quarters of an inch, and on gouging that portion away the rest of the tibia was found to be entirely healthy. About half-an-hour before coming to the meeting he saw the patient, and he was progressing as favourably as could be expected. On an examination of the patella, the external facet was found perfectly healthy, the lower and external ones eroded and partly carious.

Mr. CROLY then exhibited the bladder and urethra of a man who died a couple of days since at the City of Dublin Hossital. The man was admitted under Mr. Croly's care with organic stricture of the urethra at the termination of the spongy portion. The stricture was an extremely tight one, and he could only get a very small whalebone bougie through it. While he was treating the case by the dilatation method the patient had a most acute attack of hæmoptysis, and died in a few days, and Mr. Croly removed the urethra and bladder. The bladder was very small, and was in a state of chronic inflammation. A few days before his death he complained of pain in the perinæum, and Mr. Croly found a large abscess in the region of the perinæum, which, however, did not prevent his passing water, and from the man's extremely low condition he (Mr. Croly) did not interfere with it. The abscess corresponded with the membranous portion of the urethra, and was formed by it. The urethra was dilated and the right kidney considerably enlarged; the openings of the ureters were also very large. The point of great interest in the case was the extensive disease about the stricture, so that in dealing with the case they had not only stricture of the urethra to deal with, but the very large pouch formed—in fact, the disorganised condition of the urethra.

Professor STOKES then read his paper on

MEDIAN LITHOTOMY,

which will be found on page 334.

The PRESIDENT said he had had two cases of median lithotomy, both for the extraction of catheters, and both of which were successful.

Professor STOKES—I am sorry I did not know that, or I would have alluded to them.

The PRESIDENT, in continuation, said there was an interesting point in connection with the subject of the paper that anatomists might speak of, and that was the question as to whether or not the posterior layer of the triangular ligament would be wounded in the operation. He thought it was impossible to divide the prostate gland without wounding it if the incision be carried too far cut; *that*, he thought, was the great danger. The pelvic fascia passed to the side of the prostate, and as long as it remained intact it formed a complete barrier between the cellular membrane of the pelvis and the cellular membrane of the perinæum. The capsule of the prostate gland should and must be divided in lithotomy. He could not see how it could be avoided, provided that the division was not carried out to the extreme point of the margin. In that, he thought, consisted the great safety of limited incisions.

Dr. BARTON would wish to know whether the favourable statistics of the median operation—whether the operations in

most of those cases were performed by Allerton's method of dilatation or with the incision which he advocated. Mr. Allerton, in recommending dilatation, if he (Dr. Barton) remembered rightly, did so on the ground of safety, and it would be important to know, before concluding upon the question of incision with regard to the favourable statistics of the cases of Mr. Cadge, Mr. Stokes, and others—exactly how they were in this particular part of the operation—in the second stage, and dilating of the prostate.

Mr. CORLEY said there was no doubt that if the operation was performed in the way that Mr. Allerton recommended one could scarcely help meeting the top of the prostate. As well as he (Mr. Corley) remembered, Mr. Allerton told them to feel the back of the knife through the rectum as it passed, however superficially. If they continued to feel, and kept on closely with their finger, they must necessarily "nick" the top of the prostate. He remembered doing so himself, and he could feel, on putting his hand into the bladder, the two tips of the divided prostate. He was glad to hear so high an authority as the President state that the capsule must be cut in the lateral operation. He (Mr. Corley) could not conceive how an opening sufficiently large could be made without cutting part of the prostate. He thought any one who had dissected the perinæum would know that the posterior layer of the triangular ligament remained intact, and formed the capsule. He thought too much stress had been laid on the operation of dividing the capsule of the prostate. He did not think there was the same liability to infiltration of urine that people thought.

Mr. H. G. CROLY said the question brought forward by Professor Stokes was one that could be narrowed into a very small compass. In the first place, they could not perform any operation on a child except the one—at least, he did not think any surgeon would like to perform median lithotomy on a young child. It was possible, but he thought cutting for stone depended very much on the mode in which a man held his knife. He thought the cases for median lithotomy were very small hard stones that could not be crushed, or foreign bodies, such as catheters. He happened to have had 7 or 8 cases of stone, and he could not call to mind a single case in which he could have performed median lithotomy. He thought the selection of the cases was as important as the selection of the incision. With regard to hæmorrhage in lithotomy, he had seen Mr. Tufnell cut 7 or 8 cases, and he never saw one stone operation in which hæmorrhage occurred. He was quite aware that it did occur in lithotomy, but when it occurred in children, it was attributed either to an anomalous distribution of the arteries or the incautious use of the knife. With regard to the opening of the capsule of the prostate, he did not think they could perform any lithotomy operation without cutting the capsule of the prostate, and he thought the free division of the prostate and its capsule, tended to prevent the infiltration of urine, and it was a well-known fact, since the time of Liston, that they ought to cut stones out of the bladder, and not *tear* them. As to median lithotomy superseding the lateral operation, he thought that was out of the question altogether. He thought they must perform median lithotomy in the cases of catheters and small stones, and that they still must adopt the lateral operation in the majority of cases.

Mr. F. T. PORTER thought an operation that required a considerable amount of dilating force was much worse than a severe incision. They all knew that India was the place where lithotomy was more successful than in any other part of the world, and he understood that it was the lateral operation that was performed there with such success. With regard to the statistics Mr. Stokes had referred to, he had stated that the climate of Bologna was quite different from the climate of Ireland. He (Mr. Porter) thought if the same number of operations were performed here or in England they would not be as successful.

Professor STOKES in reply said he must re-echo what Mr. Corley had said in reference to his satisfaction at hearing the President state that he did not believe that the operation of lateral lithotomy could be performed without wounding the capsule. It was also satisfactory to find that Mr. Croly considered that not only was it necessary to do so, but also that it tended to prevent rather than to promote the chances of urinary infiltration. In reference to Dr. Barton's question as to whether the cases he (Mr. Stokes) had alluded to were treated solely by dilatation or by incision, he might mention that they were done entirely by dilatation—in fact, as he mentioned in his communication. Sir Henry Thompson and Mr. Allerton both suggested the desirability in certain cases of converting the operation into medio-lateral operation; but they did not state, nor did any of the other writers on the subject—Mr. Teale, Signor Rizzoli—that they did that by making an incision into the prostate. In reference to Mr. Croly's observation as to the operation being so very inapplicable to young subjects, he might mention that Mr. Teale—an authority whom Mr. Croly was often fond of quoting himself—gave cases where he had performed the operation in very young children, and also those of the ages of four, eight, and nine years, in Signor Rizzoli's work. He (Mr. Stokes) might mention that of the forty-one cases of calculi that they had operated on by the median plan, thirty-one were in patients between the ages of ten and fifteen years, so that as far as the statement of the operation not being applicable to young persons went, the experience of the surgeons he had mentioned appeared to be that it was specially applicable to them. Another remark Mr. Croly had made with reference to the operation superseding the lateral one, he (Mr. Stokes) did not think that he made any remark in his communication which would tend to show that he thought it should supersede that operation. He merely meant to say that the median operation deserved greater consideration than it had hitherto enjoyed at the hands of surgeons. With reference to Mr. Porter's remarks connected with India and Italy, he (Mr. Stokes) had never himself visited the tropics, and he was not aware of the nature of the operation performed in that distant region, but at the same time he was aware that they were very successful. Concerding Mr. Porter's observations with reference to the climate of Bologna, he (Mr. Stokes) wished they had a little more of it here in this country. The operations there were successful, but he had no doubt that if the cases had been operated on here they would have been equally so.

Dr. F. T. PORTER read his paper on

SPINAL INJURY,

upon which there was no discussion. The paper will appear in our next issue.

The PRESIDENT then read his address at the close of the session.

By permission of the meeting,

Mr. ROSS, of the firm of Ross and Co., Ellis's Quay, exhibited an invalid's chair of recent design. The new chair, the frame of which is of iron of light construction, possesses all the advantages of the Merlin, with the additional merit of being rendered so portable as easily to be carried when travelling. By removing the arm rests the chair can be folded up into an exceedingly small space, and in an instant can be reopened and rendered fit for use. It stands on casters, and projecting from the arms of the chair are two handles, one on each, and on these being turned the invalid is enabled to propel himself in any direction desired. The chair, which has a foot-rest attached, is richly upholstered in crimson velvet. In answer to several inquiries from members,

Mr. Ross stated that the price of the chair was fifteen guineas.

The Society then adjourned until next session.

THE annual meeting of the General Medical Council will not be held at so early a period as we had hoped, but it is earlier than usual, consequently a step in the right direction. Wednesday, May 24th, is the date of meeting.

THE Council of the British Medical Association appear to be still in a fix about the place of meeting for 1876. The profession in Brighton is offended with the Association, and refuses its patronage. Sheffield next steps in to offer a welcome; but the profession of that town and neighbourhood showed such a lack of interest and sympathy, that only between twenty and thirty responded to the invitation to be present at the meeting recently held in that town. What the Council will do under existing circumstances is at present unknown.

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WEDNESDAY, APRIL 26, 1876.

RECENT REPORTS ON CHOLERA.—CONDITIONS OF ITS TRANSMISSIBILITY.—No. II.

Now with regard to the conditions of the transmissibility of cholera, the International Sanitary Conference recently held at Vienna came to the unanimous conclusion.—That cholera is transmissible by man coming from an infected locality, that man is not considered as the specific cause apart from the influence of locality, and that he is regarded as the propagator of the disease when he comes from a place where the germ of the disease already exists. They also unanimously concluded that cholera can be transmitted by personal effects coming from an infected place, that the disease may be propagated by drinks, particularly by water, that the surrounding air is the principal vehicle of the generative agent of cholera, but that in the immense majority of cases the restriction of the malady by the atmosphere is restricted to the close vicinity of the focus of infection. Now for all practical purposes this knowledge is very complete, but still there are many points respecting which more exact information is desirable. In the first place there is a great deal of doubt as to the precise manner in which the cholera poison is transported from the diseased to the healthy. Pettenkofer, who has quite recently written a monograph on "Cholera: How to Prevent and Resist It," which has been ably translated by Dr. Whiteside Hime, would imply that the cholera patient does not, as is generally supposed, himself generate any of the poison by which the healthy are infected, but that he is merely the *carrier* of the cholera-germs from an infected locality. As we have already mentioned, he says that in those cases of supposed contagion the patient had conveyed with him from the cholera-district so much of the cholera-poison that there was enough to infect the other persons who were attacked. And when a person contracts the disease by coming into contact with the wearing-apparel of the diseased, it is not, he says, "because they have belonged to a cholera-patient, but because they have come from a cholera-district." We do not, however, see that these views are borne out by the various reports on cholera that have been published from time to time. Were these views perfectly correct, we should expect to be constantly hearing of persons, themselves proof against cholera or any other contagion, coming from infected districts and spreading the disease far and wide. But such is not the case; on the contrary, although a healthy person may act as a mere carrier of the poison, it almost invariably happens that the individual or individuals who have started an epidemic of cholera have been attacked, and often fatally attacked, with the disease before it was communicated to other people. If, moreover, the cholera poison is not generated *de novo* from a cholera patient, how can we account for those cases (many of which may be found in the American Reports) in which the contagion was traced to drinking water that had been contaminated with cholera evacuations. And, lastly, if the generative principle of cholera is not constantly renewed by emanations from the patient himself, we could scarcely account for the rapidity with which the disease becomes diffused over areas of large extent, and we should certainly expect, if the above views were correct, that there would not be much difficulty in stamping out the disease on its first appearance in any particular locality. For example, if an infected person coming into a healthy district acted as a carrier only of the cholera poison from the infected district, and that by means of his clothes or any other articles belonging to him, it follows that it would be comparatively an easy matter to prevent the disease spreading any further, as all we should have to do in such a case would be to destroy at once everything belonging to him.

Then, again, as to the part played by the evacuations of the patient in the propagation of the cholera we have still much to learn. Pettenkofer believes that the excretions of cholera patients have very little to do with the spread of the disease. "It is not impossible," he says, "nor even improbable, that the excretions in themselves are quite harmless, and that a house, *e.g.*, becomes a cholera-den, not because it has a privy into which the excretions of a cholera patient have been conveyed from without, but in a very different and hitherto quite unrecognised manner.' We are sorry that very little light is thrown upon this important question by the Report on Cholera by Mr. Netten Radcliffe, which is an elaborate but very general account of the transportation of the disease from one place to another; but on turning to the American Reports, we have more precise information on the subject. So far from sharing the doubts entertained by Pettenkofer, the American physicians, in their Report to Congress, insist upon the truth of the proposition "that the active agents in the distribution of the cholera poison are the dejections of persons suffering from the disease in any of its stages, and that in these dejections there exists an organic matter which, at a certain stage of decomposition, is capable of reproducing the disease in the human organism to which it has gained access." This statement, which will remind our readers of the similar views entertained by our own countryman, Dr. William Budd, receives strong corroboration, not only from numerous experiments that have been performed on the lower animals, but also from many cases described in the American Reports. For instance

Dr. Macnamara cites a case in which a small quantity of the dejecta of a cholera patient was known to have been accidentally washed into a vessel containing water. The mixture, after having been exposed to the heat of the sun, was swallowed by nineteen men, five of whom were afterwards seized with cholera. Cholera was not present at the time, nor had it visited the locality at which these cases occurred for several years. Again, at the village of Addieville, Illinois, some cases were clearly traced to a cholera patient having deposited his dejections in a barn to which the people afterwards infected had been in the habit of resorting for the same purpose.

Another important question upon which much light has been recently thrown is with respect to the influence of all kinds of filth and bad drainage upon the propagation and fatality of the disease. In his brief but able introduction to Mr. Radcliffe's Report, Mr. Simon very justly insists upon our classsing cholera as a filth-disease, and upon the fact that "conditions of filth, and especially filthy conditions of water supply, are the main facilitating conditions for the dissemination of the disease;" and another of the propositions formulated by the American reporters is "that the virulence of the cholera-contagion is influenced by the hygienic condition of the population, and not by any geological formation upon which they may reside." The truth of this view is well shown in the American Reports, in which all the reporters appear to have paid particular attention to the physical features, the hygienic conditions, and the water supply of the various localities in which outbreaks of the disease occurred. We can scarcely turn over a page without having evidence that it was in the most filthy places, and amongst the most filthy individuals that cases of cholera were most numerous and most fatal. "Alleys reeking with filth, privies unemptied for years, and running over with the foul accumulations, all kinds of garbage thrown into the streets, drains from cesspools and washhouses emptying themselves into rivulets whose waters run in close proximity to springs of drinking-water, the ground around the infected premises reeking with the wash from cesspools, filthy state of the dwellings, and bed-clothes and floors repulsive from the cholera-excreta from the stomach and bowels of their former occupants, low, sunken, damp and marshy localities—such are some of the conditions which appear to have assisted the propagation and fatality of cholera in a large majority of the many infected districts of the United States.

It remains to make a few remarks respecting the influence of locality upon the disease, or, as Pettenkofer calls it, "*the local and temporal disposition*" of the place. It was the opinion of the Cholera-Commission of Bavaria in 1854 that epidemic cholera only occurred in places situated on porous ground permeable to air and water, and in which water could be found at a moderate depth; and that places situated on impermeable soil (rock, &c.) were not visited by the disease, or only in isolated cases. And according to the views of Pettenkofer, the nature of the soil and state of the ground-water constitute one of the conditions without which an epidemic of cholera cannot occur. According to these views the cholera-germs, after remaining for some time in a damp soil, become ripe, acquire a poisonous character, and rising with the ground-air, float about in the atmosphere, through the medium of which the inhabitants are infected. Within the bodies of the infected the germs undergo a further development, and become enormously multiplied; but when they are expelled by the dejections they are not in a state to produce epidemic cholera *until after they have lain in a suitable soil for some time.* The supporters of this theory admit that a small quantity of "full-ripe seed" may infect a few persons directly through the medium of dirty linen, impure water &c., but they deny that these infected persons can originate an epidemic unless the local and temporal conditions be favourable; if unfavourable, "the place will escape in spite of the importation." According to these views, therefore, a *sine quâ non* of a cholera-epidemic is a damp soil impregnated with organic matter, a situation in which the soil is exposed to the action of the air as well as to moisture. And inasmuch as a porous ground acts like a filter which retains organic matter among its pores, it follows that porous soils are more liable to be contaminated with organic impurities derived from various sources than a soil of a more impermeable nature. Now the views of so able an investigator as Dr. von Pettenkofer are entitled to the greatest respect, and it was in deference to the opinions of that physician and his German *confrères* that the original wording of one of the propositions of the Vienna Conference was altered in the manner it now stands. The original phrase objected to was, "L'homme atteint de choléra est par lui-même le principal agent propagateur de cette maladie." The objection taken by Prof. von Pettenkofer was particularly to the words "par lui-même," and consequently to meet the views of the German delegation, the Conference unanimously adopted the expression which we have already quoted, viz.—"that man is not considered as the specific cause (*i.e.* of the transmissibility of cholera) apart from the influence of locality, &c." At the same time the gravest doubts may be entertained as to the absolute truth of these views. It is true that a soil which has become contaminated with organic or sewage matter is more favourable to the development of cholera than a soil which is free from such impurities. It is likewise true that the air of a house or district may be infected by emanations from a soil the ground waters and ground air of which have become in various ways impregnated with the cholera poison. The outbreak of the disease in Adair County, Kentucky, demonstrates in a remarkable manner the truth of the latter proposition. But that an epidemic of cholera cannot occur unless the soil has in the first place acted as a sort of nursery to the germs of the disease is certainly a proposition which very few will endorse. Cholera has prevailed so severely all over the world, that we believe with Dr. Edward Goodeve that it is not likely that the soil exerts much influence, and much less that it is an essential factor of the disease. As shown by Macnamara the large majority of the inhabitants of the world live upon alluvial soils; they are crowded together in cities, towns, and villages, and the lower classes when thus congregated especially suffer from diseases consequent on or aggravated by faulty hygienic conditions; and undoubtedly a careful examination of these Reports, coupled with what we know of the history of former epidemics, as well as a consideration of the rapidity with which one or two cases have over and over again led to extensive outbreaks of the disease (and taking, moreover, into consideration the success which

has in numerous instances attended strict hygienic precautions), leave no room for doubt that there are any other essential conditions of the transmissibility of cholera than those we have already noticed, and justify us in assuming that the existence of a cholera epidemic depends far more upon human intercourse and upon bad hygienic conditions than upon the nature or condition of the soil.

PROGRESS OF SANITATION AMONG THE INDUSTRIAL CLASSES.

Notwithstanding the efforts that the Government has been making from time to time to improve the sanitary condition of the industrial classes, we are being continually reminded of how much still remains to be done before we hear the last of even those more flagrant instances of sanitary neglect which the Government inspectors are frequently bringing to light. Some months ago we had occasion to call attention to the deplorable state of some portion of the working classes in the Black Country, and to the very hard, degrading and brutalising work that was thrust upon many of the women in the colliery districts; and now the recent reports of her Majesty's inspectors of factories again show under what pains and penalties, and under what insanitary conditions, many of our industries are carried on. That part of the report which is most interesting in a hygienic point of view has reference to the influence of certain employments upon the health of the people engaged in them, to the general *physique* of the manufacturing population, and to the hard work that is often enforced upon children of tender years. With respect to unhealthy occupations, Mr. Alexander Redgrave calls attention to certain facts which afford an additional illustration of those removable causes of disease which Dr. Richardson has so ably discussed in his recent work on "Industrial Pathology." Mr. Redgrave informs us how prevalent still is lead-poisoning among the work-people who are engaged in the white-lead works of this metropolis. He states that no general rules are imposed upon the manufacturer himself, that a great deal depends upon the precautions which the manufacturer may think proper to take, and that consequently much suffering still prevails among this class of workpeople. Moreover, the rapidity with which lead-poisoning is sometimes developed is well illustrated by a case which came under Mr. Redgrave's notice, and in which a woman was fatally attacked with colic after working at the factory only a few weeks. Attention is also drawn to the need of more stringent regulations in those trades in which mercury is used—to the cruel results arising from the cutting and preparing of mill-stones—and to the miseries endured by the workpeople engaged in the "flax wet spinning mills" of Dundee. With respect to the mill-stone cutting, the reporter says that men engaged in that occupation are to be seen in every stage of suffering, many of them representing the "shrunken, hectic invalid, whose frail body is actually wrecked by that cruel cough, and as to whom it is said, 'Oh, he won't last above two months.'" And with regard to the Dundee mills, it appears that in many of these places the temperature is above 80 degrees, the rooms are full of steam, and the floors are wet and dirty; while the clothes of the women and girls (who are the hands chiefly engaged) become very damp from condensed steam and the spray thrown off by the spindles. Nor must we omit to notice the scutch mills in Ireland, of which there are no fewer than 1380, and many of which appear to be very unwholesome and ill-ventilated establishments. The air in these places is full of the dust and spiculæ driven off from the flax, and the workpeople are consequently tormented with cough, thirst, spitting of blood, and other symptoms of phthisis. Ophthalmia is also a disease very prevalent among them, evidently arising from the irritation of the dust.

Although, however, much remains to be done in the way of improving the sanitary condition of our factories, the prospects are in many respects very encouraging. The compulsory adoption of precautionary measures, the improved methods of manufacturing certain articles, and even, as we shall presently see, the interests of the employers themselves, all combine to lessen the evils resulting from unhealthy occupations. Already in those establishments where full precautions are taken, ill-health and disease are reduced, says Mr. Redgrave, to a minimum. With respect to the trades in which mercury is used, we are informed that there is a new mode of silvering glass, which is innocuous, and which will probably supersede the old and more dangerous processes. In the case of a paper mill, a very ingenious method has been found out, by which the enormous amount of fine dust generated in these mills is speedily got rid of. Formerly this dust, which was allowed to pass through the windows into the open air, was a great nuisance to those living close to the mills, and a great source of mischief to the workpeople themselves; but now, by means of a couple of powerful exhausting fans, the dust is driven into an air-tight room, which is especially devoted to its reception, and which is emptied every fortnight. And then, with regard to the "flax wet spinning mills," we are told that one manufacturer has not only succeeded in remedying the evils above-mentioned, but has done so with pecuniary advantage to himself. By purifying the air for his workpeople he has at the same time improved the working of his machinery, which, being no longer clogged with the surrounding dust and moisture, works more freely and with much less wear and tear.

Mr. Redgrave also points out the evils resulting from the non-enforcement of the Agricultural Children's Act We cannot notice the educational part of the question, but we may draw attention to the fact that the competition now going on in some country districts between labour and education is not, as has been very justly observed, "merely a competition between 'school' and 'no school.' It is in some cases between school and street vice; in others between school and excessive toil, inflicting at a tender age irreparable physical injury." In these reports several incidents are related of the callousness with which hard work is thrust upon children of tender years. In reference to these, Mr. Redgrave often asked, "Do you love your child?" and was always answered in the affirmative, with the addition that, "My father made me work when I was seven or eight, and I mean to make my child work."

With respect to the general *physique* of our factory population, recent investigations are not very satisfactory.

Last October Mr. Baker, one of the factory inspectors, issued a circular to collect evidence as to the truth or not of a statement that had been made by Mr. Ferguson before a recent commission, to the effect that "there is a steady deterioration going on in the *physique* of the factory population." Most of the answers which Mr. Baker received certainly confirm the opinion of Mr. Ferguson. For instance, the report from Bury was, "that the children in factories are, as a class, and compared with children in other employments, of diminished stature and inferior *physique*." The report from Preston was that "a considerable proportion of children presented to me for examination are not only stunted in growth, but generally deficient in physical strength and development." And many of the other answers received were in much the same strain. As Mr. Baker's circular was issued to the "certifying surgeons," whose business it is to ascertain the health and bodily condition of the candidates for factory employment, we can place great reliance upon their reports. At the same time it must be remembered that the deterioration complained of is owing not so much to the sanitary condition of the factories as to various other circumstances contingent upon factory life. What these other circumstances are we have pointed out on a former occasion. A few months ago, when commenting on the Registsar-General's Quarterly Return, we directed attention to the frightful mortality among the children born in manufacturing districts. But these statistical returns take no account of the perhaps more unfortunate survivors, who, having been born with an hereditary tendency to disease, and exposed during their infancy and childhood to the more potent causes of acquired disease, naturally grow up with an enfeebled constitution, and presenting all those marks of physical deterioration described in the local reports above mentioned. Consequently we are not surprised to find in these reports fresh evidence of the deplorable and insanitary conditions at work in the factory districts. From their birth the children "are badly fed, early deprived of breast milk, and a pap consisting of bread and milk substituted for it." "The offspring are reared with the bottle and drugged by the mother." "Many of the boys smoke and chew tobacco." "Women work in the factory almost up to the very day of their confinement, and return again to work almost immediately after their delivery." Nevertheless, on the whole the prospect is becoming every day more favourable, and perhaps the great publicity now given to every social scandal and the great light thrown upon every blot upon our social system tend to exaggerate the present hygienic condition of the industrial classes as compared with what it was formerly. And we have no doubt that every year we shall hear less and less of those sensational stories with which these reports have been hitherto so freely sprinkled.

Notes on Current Topics.

Election of Medical Examiners at the Queen's University.

A MEETING of the Senate of the Queen's University was held at its office, Dublin Castle, on the 15th instant, at which the following members were present :—

His Grace the Duke of Leinster, Chancellor, in the Chair.

Sir Dominic Corrigan, Bart, M.D., Vice-Chancellor; Sir Richard Griffith, Bart, LL.D; Professor Moffett, LL.D; David Ross, M.A., LL.B.; the President Queen's College, Cork; Professor Renfern, M.D.; Professor Maxwell Simpson, M.D., F.R.S.; Sir Robert Kane, LL.D., F.R.S.; Rev. Robinson Scott, D.D.; Andrew M. Porter, Q.C.; John Thomas Banks, M.D.; G. Johnstone Stoney, M.A., F.R.S., Secretary to the University.

Dr. H. Charlton Bastian, F.R.S., was appointed Examiner in Medicine; Dr. William Stokes, Surgery; Dr. J. Guinness Beatty, Midwifery; Professor Pye, M.D., Materia Medica; and Dr. William Stoker, Examiner in Medical Jurisprudence, in the Queen's University of Ireland.

The foregoing announcement has created in Ireland a very profound feeling of dissatisfaction, and even of anger, amongst the medical profession. That the Senate should pass over their own graduates and professors, and the whole of the medical teachers in Ireland, to seek in London for an histologist to examine in medicine in Ireland, is felt to be little less than an insult to Irish physicians. We are sufficiently liberal to admit that the alienage of a candidate should not exclude him from such offices in Ireland if he possessed manifestly a special knowledge of his subject or a peculiar capability for examining, such as could not be found elsewhere. We, moreover, do not doubt Dr. Charlton Bastian's competency as an examiner; it would indeed be less than his reputation deserves if we did so, for were he less distinguished he might easily reach the level of an Examiner in the Queen's University; and we believe that in physiology and histology no more capable examiner for a London licensing body could be had. We recognise also the propriety of electing a person perfectly independent of the Queen's University, and of looking beyond the professors, teachers, or graduates of the University for examiners. The feeling of the medical profession in Dublin is that the Senate have greatly erred in seeking for a London examiner when material in all respects of equal quality and possessing superior claims on other grounds was to be had in abundance at home. English physicians would reasonably feel aggrieved if the whole of the teachers and practitioners in London were set aside in favour of a Dublin doctor, and they will understand that the election has given much annoyance, and has been construed as an insinuation that competent examiners are not to be had in Ireland. We sympathise with this feeling, but feel no surprise at the action of the Senate, who are noted amongst administrative bodies for a *gauche* way of doing things, and for a vacuity of common sense and discretion. If it were needed to make the Queen's University still less popular than it is, the Senate is just the body to effect that object, and they could hardly have adopted a more effective method than the appointment of a London histologist to an examinership in medicine. *Quem Deus vult perdere, &c.*

State of Diseased Cattle in Dublin.

THE report of Dr. Cameron, City Analyst, for the quarter ended March 31st, furnishes some startling statistics respecting the sale of diseased meat in Dublin. During the quarter the enormous quantity of 28 tons 3 cwts. of

diseased meat and otherwise unsound food were confiscated. Since Dr. Cameron established a systematic inspection of meat, &c., six years ago, 2,250,000 pounds weight of unsound and consequently deleterious food have been destroyed. One hundred persons were fined, some of them £20 each ; and thirty persons were imprisoned for various periods on being convicted of attempting to sell this poisonous food.

The late Mr. Campbell de Morgan.

In our last we announced the sudden death of this celebrated surgeon, whose loss is so deeply deplored by all who had the pleasure of his acquaintance. At the last meeting of the Pathological Society of London, the President, Mr. George Pollock referred to the heavy loss recently sustained by the Society in the death of Mr. de Morgan, who was one of the Society's Vice-Presidents. He said that everyone who had been connected with the deceased, whether privately or professionally, appreciated the excellent qualities shown by him as a surgeon, a man of science, and a gentleman. Personally he had known Mr. de Morgan for many years and had enjoyed many opportunities of admiring his excellence as a man of honour and integrity. There were very few who had laboured so much to maintain the honour of the profession. A resolution of condolence was then unanimously passed by the Society, conveying to the family of Mr. Campbell de Morgan their sense of the great loss which the Society and the profession have sustained by his death.

Royal Microscopical Society.

The President of this Society, H. C. Sorby F.R.S., gave a *soirée* to the Fellows and their friends on Friday evening last at King's College. The rooms were filled with objects of interest, articles of *vertu* and beautiful flowers, among which the ladies occupied a conspicuous place. The guests, among whom we noticed the President of the Royal Society, Dr. Carpenter, and a number of men eminent in this department of science, were highly gratified with many interesting objects exhibited, the most conspicuous among which were those exhibited by Mr. Sorby himself.

The Hastings Water Supply.

The Town Council, the Inspectors of Nuisances, and some of the inhabitants of Hastings, are still quarrelling about their water supply. Week after week the local papers contain complaints and contradictions, and the Council seems driven in a corner with its multitude of Councillors. Last week's *Hastings News* contains a letter from a physician resident in the town, stating the water is not only deficient in quantity, but contains living organisms to a serious extent, the writer having found a number of water-fleas in a tumbler of water drawn from the main supply a day or two previously. With such a reputation at stake, Hastings, as represented by those in authority, cannot afford to neglect these continual warnings and newspaper squabblings, or the profession may be driven to send their patients to other health resorts where such an important question as the water supply is better managed.

Longevity of Brain-workers.

Dr. George Beard, of New York, whose researches on diseases of the brain, and in electro-therapeutics, are well known and widely appreciated, assigns as a cause of the exceptional longevity of great brain-workers—1. That great men usually come from healthy, long-lived ancestors. 2. That a good constitution usually accompanies a good brain. 3. That great men who are permanently successful have a correspondingly greater will than common, and force of will is a potent element in determining longevity. The one requisite of great success is "*grit.*" 4. Great men work more easily than ordinary men. 5. Great brain-workers have not all been rich, nor all been poor. The majority have been most of the time surrounded with at least moderate comforts.

A Monthly Fasting.

Lieutenant Ertel, convicted of selling Austrian official documents to a foreign Embassy, has just been condemned to dismissal from the service, loss of nobility, and ten years' imprisonment, *with one day's fasting every month.* We have no doubt but that the latter part of the sentence is intended to add to the severity of the punishment, and perhaps it will have the desired effect, in so far as it may for a time deprive the prisoner of that pleasure which usually attends upon the gratification of our appetites. With regard, however, to the health of the lieutenant, we look upon this part of the sentence rather as a boon than otherwise, inasmuch as one day's fasting in a month is calculated to do more good than harm to a man whose close confinement is to last for years, who during all that time will only be able to enjoy a very limited amount of exercise in the open air, and to whom is now allotted that monotonous life which is common to all prisoners. What a capital thing it would be if medical men now and then prescribed a periodical fasting for their patients—for those patients, for instance, whose dyspeptic torments have been brought on by their own gormandising propensities, whose appetites are so often palled with the pleasures of the table, and whose stomachs nevertheless vainly sigh for that rest which their owners never allow them to have.

The Drama v. Intemperance.

Apropos of the leading article we recently had on the above subject, we are glad to see that Mr. Gladstone also thinks the question of amusements in their relation to intemperance is one deserving of public attention. In answer to a request that he would attend the next conference on Amusements *v.* Drink, Mr. Gladstone writes as follows to the Editor of the *Journal of Amusement* :—

Sir,—I have read Mr. Irving's address with great interest, and I think it does him great honour. That it does not exhaust the subject is no reproach to it. That subject is, in my view, to the full as important as I take it to be also difficult. I shall at all times be ready to give it the best thought I can bestow.

I remain, &c.,

W. E. Gladstone.

Hawarden Castle, April 17, 1876.

Our readers will remember that the article referred to was suggested by Mr. Irving's address, and although, as we stated at the time, that address did not view the subject in all its bearings, we could not but admit that Mr.

Irving's remarks "were well calculated to arouse the attention of thoughtful minds, and to soften down the prejudices which even now obtain among a certain class of the community."

The Birth-rate of Dublin.

In the Dublin district the births registered during the quarter amounted to 2,429, being equal to an annual ratio of 31 in every 1,000 of the population.

In the suburbs of Dublin the births registered amounted to 458, or only 27 per 1,000.

There was registered in London during the same period an annual birth-rate of 38 in every 1,000, in Glasgow 40 per 1,000, and in Edinburgh 33 in every 1,000.

Non-Academic M.D.'s.

A medical contemporary, writing of the recent Visitation at the Queen's College, Galway, says :—"This year 91 students had entered, being an increase of 17 over the year preceding. It was not stated, however, how many of these had matriculated merely for the sake of becoming medical students, as the Queen's University does not require from its candidates for medical degrees a single course in arts, or any test of general education save entrance."

The Reverend Professor Haughton, in a letter to another contemporary, says :—"As a Fellow of the Irish College of Physicians, I protest against the principle involved in this controversy, viz., that the title of physician is inferior to that of graduate, so far as professional merit is concerned. *If the University graduate in medicine be also a graduate in arts, he may fairly take precedence of a physician ; but if he be a graduate in medicine only, he is entitled to no precedence.*

The Plague in Mesopotamia.

According to the *Levant Herald* rather gloomy advices are still received from Mesopotamia. Hillah and Bagdad are still the chief centres of the sickness. In the former town, from the 13th to the 19th ult. there occurred 45 attacks and 25 deaths. At Bagdad, on the 19th ult., nine persons were attacked, and eight died ; on the 20th, eleven cases were reported, and of these four proved fatal. Dr. Millingen, of the Turkish Sanitary Service, has been sent from Syria to the seat of the epidemic, in company with two other doctors of the service. At Bagdad, a permanent sanitary commission has been instituted, one of the members of which is the physician of the English Consulate-General. It has been decided to reinforce the Medical staff at Bagdad by two additional surgeons, one from Constantinople, and the other from the sanitary station of Adalia, in Caramania.

Street Accidents.

Mr. Cross (10th inst.), in reply to Sir P. O'Brien, said that he had given instructions to the police authorities to make full investigation into the relation existing between the employment of covered vans and street accidents. He could give no information respecting the year 1875, as the returns had not been finally made up, but those for 1874 showed that out of 124 persons who were killed in the streets, 28 were killed by vans, 24 by light carts, 18 by waggons and drays, 15 by omnibuses, 14 by cabs and heavy carts, and none by covered vans. Again, out of 2,568 persons maimed, 1,716 were maimed by light carts, 624 by cabs, 375 by vans, 320 by broughams and carriages, 100 by waggons, and only 22 by covered vans. He had given instructions to the police to issue placards warning the drivers of light carts especially—for the risk came in an especial degree from them—to be more cautious in the way they drove about the streets. At the same time he was bound to say that a great amount of carelessness existed, not simply amongst the drivers, but amongst the foot passengers crossing the streets.

Professional Courtesies.

A Dr. Samuel H. Campbell, of Portrush, enjoys the notoriety of having last week sued at law a medical brother, an Indian officer, for an attendance on his wife. The prosecutor alleged that he paid forty visits, for which he charged 5*s.* each, and this number the defendant declared to be "preposterous." The chairman, after expressing his surprise—no doubt he meant disgust—at the spectacle of one medical man suing another for an attendance on his wife, reserved his decision.

Whether the law may or may not give Dr. Campbell his five shillings a visit is little matter. The *lex non scripta*, which every respectable member of the profession holds to be more binding than the statute, declares his demand, under any circumstances, infinitely more discreditable to him than to the defendant. The institution which enrols Dr. Campbell amongst its distinguished *alumni* is the University of Glasgow ; and we doubt not it will feel honoured in possessing him when its graduates read the newspaper report of his prosecution of a medical brother for the care of a sick wife.

As a twin case to this we quote a paragraph from the *Rotherham Advertiser*, which states that the workhouse medical officer of a neighbouring district having applied to his guardians for an increase of salary, his pittance being apparently a paltry sum of £20 (twopence per visit), a rival practitioner volunteered to take the office without an advance of salary.

Perhaps the prosecutor of Dr. Doake might avail himself of this information and put in a bidding for the office without any salary at all.

Adulteration Prosecutions in Dublin.

The report of the sanitary inspector of the Public Health Committee, Dublin, for 1875, shows that thirty-two prosecutions were successful for adulteration of milk, coffee, mustard, &c., resulting in fines to the amount of £112, with £57 costs.

Thirty-two prosecutions in a city having a population of 246,326 persons is just one prosecution to every 8000 persons, or nearly one to each parish in the city. Surely the Public Health Committee cannot now be charged with languor or want of vigilance, for they actually detect sophistication in about half an ounce out of each hundred tons of adulterated food and drugs sold in the city of Dublin. What a blessing is representative government, especially when the balance is held by such lynx-eyed, implacable, and incorruptible judges as the Public Health Committee of the Dublin Corporation !

The Sanitary Condition of India.

Our readers have been from time to time kept *au courant* by our correspondent in India with the medical and sanitary affairs of that country. On Friday evening a paper was read before the Society of Arts by Capt. Dalton, C.B., confirming in many particulars the views which have appeared in our columns. He remarked that consequent on the efforts of the Royal Commission on the Sanitary State of the Indian Army, the British troops had been provided with barracks of unsurpassed accommodation, with the most approved food, and with agreeable occupations. As yet, however, there had only been established sanitary oases for British troops in the midst of insanitary deserts. The sanitary improvements of the Indian army had brought into notice the grievously defective sanitary state of the native towns and villages in close proximity to the cantonments. The surface of the ground in and around the villages and towns was covered with filth of every kind. The water supply was derived from streams, wells, and tanks. The streams were used as receptacles for excrement, the tanks for ablution and bathing; and wells were found to contain impurity derived from the foul subsoil and fouler adjacent surface. The sanitary reports on India all concurred in showing that the neglect of sanitary laws had been universal over the whole country. At the root of the whole question of the sanitary improvement of India lay the question of an accurate registration of births and deaths, and a correct census of the population. Without correct information regarding the number there could be no basis for conclusion as to the health or prosperity of a people, and the determination of a death-rate was essential for showing the points where the efforts of the sanitary reformer were most required. The returns of deaths, based on the system of registration introduced about 1864, were quite worthless; and the returns of births were also imperfect. Registration in rural circles was very incomplete. It was said that any attempt to introduce a system of compulsory registration of births and deaths in the Punjab would, under present circumstances, be unpopular, and in the absence of trustworthy agency for the enforcement of the law, lead to much corruption. The people, however, were becoming alive to the advantages of registration. A vast number of births and deaths were still concealed, or never reported, in all parts of India; and indeed infanticide of female children prevailed very largely. That crime could only be put down by enforcing the accurate registratation of all domestic events in suspected families, and frequent inspection of female infants. Vaccination had now been introduced by the Indian Government, and each year produced better results in reducing the number of deaths from small-pox. The most prominent feature in the returns of deaths was the wide-spread prevalence of fever, and out of 2,705,637 deaths registered in 1874, 1,644,342 were from fever. Evidence showed that the high fever death-rate was due to stagnating water in the soil. In conclusion he observed that the task which the Government of India had set itself to perform was gigantic; and although the sanitary progress which had been made in the country during the last ten years had no parallel in the history of the world, yet each step of forward progress only showed more clearly the vast amount of work which remained to be done.

Conspiring to Murder.

A case of a most singular character involving questions of great importance to the profession and the public occupied the attention of the magistrate at Bow Street on Friday last.

A medical student and a young married woman were charged with conspiring to murder some person at present unknown, when the following extraordinary evidence was produced.

An advertisement was inserted in the *Daily Telegraph* February 18th 1876, addressed "To medical men in need of money, or students well up in chemistry or anatomy. A gentleman engaged in an interesting experiment is willing to give liberal remuneration for professional assistance. Q. W., Post-office, Junction-road, Kentish-town, N.W."

The male prisoner appears to have replied to the advertisement offering his services, and to have received two guineas for his advice, and subsequently to have written a second letter, which not having been called for, was sent in the ordinary course to the dead letter office, where its contents were read and the matter placed in the hands of the police. The police traced the writer, who handed to the officer the following letter from the female prisoner. We give both letters in full as read, abstaining from any comments upon the case, as it is still under examination.

59, Euston-road, N.W., Wednesday.

My dear Sir,—It occurs to me I may not have very clearly explained my suggested *modus operandi*. One thinks of many things pertinent after closing the letter for post. Referring to your note of the 20th, I must say there is risk of discovery, with whatever mode of death. For the registrar requires notice of "cause of death" from medical attendant—should this not be forthcoming, an inquest, and in all cases of sudden death an inquest. If a person die under unnatural or suspiciuus conditions, and the matter hushed up, and no inquest—this implies the distinct connivance of friends. But you desire to have your friend or friends ignorant of any premeditated design, and no doctor called in attendance. Under these circumstances there must ensue a coroner,s inquiry. My plan is this. Sudden death allowed, or apparently suspicious death acknowledged, still a favourable verdict may be returned which in no way can invalidate a will made antecedent to death—probably many weeks. The peculiarity of my suggestion is that although the actual cause of death is found out, and that a narcotic, yet the verdict will be the most lenient, viz.—"by misadventure," or as it is phrased sometimes more specifically, "The deceased was in the habit of taken chloral, and died from an overdose incautiously administered by himself." I can arrange details to "square" with this, and submit them to you at our meeting or on paper. If you like, chloral might be administered to a dog or cat, or you might try yourself an ordinary dose, and be thereby cognisant of the bona fides of the agent. Upon mature consideration, I know of no more feasible method. The cases of the poisoners Prichard and Palmer, both doctors, were ingenious, yet they were detected. They lived before these chloral times. As an anatomist and medical jurist, I altogether frown on any attempt to excite arterial rupture, &c., and am willing to adduce reasons. I write this letter at 52, Brady Street, Bethnal-green, E., where I am since yesterday, doing full duty for Surgeon Mainwaring. We have a surgery here, and I have access to the drugs, bottles, and labels, &c. I return to Euston-road to-night, and will have a supply of the drug. If you adopt my theory, we might arrange to meet, and then take leave of the subject. You can select your own fit time. I would desire this for several reasons:—(a) To get rid of the affair; have it off my mind, which is natural and human. (b) I am expected to be summoned to Liverpool any of these days to meet my bro'-in-law, returning in a sailing vessel from San Francisco. (c.) A cousin of mine en route for Hamburg is coming to 59 Euston-

road, to stay a few days, and if I be not in Liverpool next Tuesday, I want to be at his service.—Expecting a reply, believe me, Sir, in confidence, yours, W. K. V.

February 20, 1876.

Dear Sir,—I make no question you could be of service of to me. The question is, will you? The solatium I offer is £100. The conditions these:—I am tired of my life. I could do a great deal of good to a person I am interested in by leaving the world just now, and one way or another I am resolved to do so, but if possible I should prefer not to wound the feelings of the person who will gain most by my death, by allowing it to be supposed voluntary. Besides, the most merciful verdict of a coroner's jury would be sufficient to invalidate my will. Now, although I have some acquaintance with medicine and chemistry, I know of no drug or combination of drugs which would do this for me without risk of discovery. It is possible you may. It is not absolutely essential that the supposed means should be painless, or even very quick in their results. If some artery could be hurt with any plausible appearance of accident, assistance summoned too late, &c. I am willing to allow time for experiments, have no objection to a personal interview. I will give any assurance of bona fides that may be thought necessary. I only request that this communication be considered strictly private.—Yours faithfully, M. Q.

Address to these initials at the P.O., Junction-road, Kentish-town, N.W.

The West Riding Asylum.

On Tuesday week, a dinner was given at Wakefield, and testimonials presented, to Dr. J. Crichton Browne, who, on being appointed one of the Lord Chancellor's Visitors in Lunacy, has resigned the office of Medical Director of the West Riding Pauper Lunatic Asylum. Lord Houghton was in the chair, and Mr. W. Spencer Stanhope, M.P., and Dr. Heaton, J.P., made the presentations. The testimonials consisted of a coffee tray, claret jug, and cabinet of plate, subscribed for by a body of friends, and of an épergne the cost of which had been defrayed by the medical profession in the West Riding. Mr. Stanhope said it was well known that under the superintendence of Dr. Crichton Browne the West Riding Asylum had risen to position which was second to none in this country. Lord Houghton said he was sure he expressed the undivided feeling of the magistracy and gentry of the county in saying that they much regretted the departure of Dr. Browne from among them. From the time of his first coming Dr. Browne had gone on winning the esteem of Yorkshiremen. He had done it by two processes—one by the faithful exercise of an innate intelligence, and the other by a moral charm, which had never made him assert any undue superiority, and which had made him at once the companion and teacher of all around him. He did not think that even in that great community to which Dr. Browne was going he would remain either unknown or unappreciated. Dr. Browne, in responding, showed that in the history of lunacy it was a remarkable fact that it was the introduction of the scientific conception which had led to the modern and humane treatment of the insane. The lunatic asylums of this country were placed under the management of what he regarded as the very best governing body—a committee of county justices. But the fact still remained that all progress in our asylums had grown out of the scientific conception of lunacy. During the ten years in which he had presided over the West Riding Asylum he had constantly held that in view; and, aided by an able and willing band of colleagues, he had endeavoured to make that institution a scientific centre and school of medicine. He might appeal to the number of patients who had passed through the asylum, restored from insanity to the light of reason, to prove that, in the pursuit of the laws of nature, the laws of kindness had not been forgotten. Dr. Browne is succeeded at the asylum by Dr. H. C. Major.

Pharmacy in Ireland.

The Council of the Irish Pharmaceutical Society has had a meeting last week, when Professor Tichborne introduced the subject of holding evening meetings in connection with the society, remarking that the only advantages of membership were the privilege of voting for members of council, and being eligible for membership of the council. After some discussion, instead of the original motion, he proposed the following:—

"That the council approves of the principle of holding evening meetings in connection with the society for the reading and discussion of papers connected with pharmacy."

The motion was carried unanimously. A number of resolutions conversant with unimportant details in the management of the society were passed. An interesting notice of motion had been placed on the books by Dr. Whittaker, of Belfast, in the following terms:—

"That steps be taken to bring before the notice of the Chief Secretary for Ireland the advisability of having the Pharmacy Act (Ireland) amended, so as to give power to the council of the Pharmaceutical Society to register as druggists all at present in the business, and to confirm them in the rights they at present enjoy: also to make arrangements for the future as regards the qualification of those who may wish to keep open shop for the sale of poisons and poisonous drugs, without the privilege of compounding the prescriptions of members of the medical profession, &c."

As Dr. Whittaker was not present the motion was postponed. The examination for the licence of the Pharmaceutical Society of Ireland was held on the 5th inst. when 21 candidates offered themselves, of whom seven were "plucked." The next examination will be held on this day week.

How Fever is Spread.

Public attention has been directed to the danger of incautiously spreading fevers and other infectious diseases among the middle and upper classes through the medium of cabs and other public vehicles. An instance of this came before the Canterbury magistrates on Saturday last, when a schoolmaster was heavily fined for sending two boys home from school by railway, they having at the time scarlet fever rash upon them. Another difficulty now presents itself, namely, the isolation of patients. In the case of scarlet fever, for instance, it is pointed out that a long quarantine of about six weeks is absolutely necessary. A letter which appeared in a morning contemporary directs attention to the Fever Hospital, where private rooms can be had for both males and females. These rooms are very lofty, well ventilated, and fitted up in every way for fever requirements. Here is complete isolation, while the patient has the great advantage of the attendance of the visiting physicians, resident medical

officer, and the care of trained nurses. Every requisite in cases of fever is afforded him, and he is kept in the hospital until all traces of infection have disappeared. The charge, including everything, is only £3 3s. per week. It can hardly be denied that this possibility of isolation is an immense boon to the friends and neighbours of the patient, to say nothing of its importance as a means of checking the spread of fever and preventing epidemics. Besides these private rooms are many large wards. Into these are admitted domestic servants, *employés*, and others; the fee for the whole time the patient is in the hospital being only £2 2s. (about one-third of the sum spent on him during his illness), besides a large number of non-pauper poor, to whom no charge whatever is made. This is a very great tax on the resources of this badly-supported institution, and to meet the expenditure thus caused some of its funds have annually to be sold out. It is feared that if more funds are not forthcoming the usefulness of the hospital (which is almost entirely supported by voluntary contributions) will be eventually seriously impaired, and this we venture to submit would be a most serious loss to London. London with all its wealth can surely afford to support such a valuable institution as this, which has done and still does such immense service, not only by preventing the spread of epidemics by its system of isolation, but also by relieving the sufferings and hastening the recovery of those attacked by fever.

Irish Union Drug Contracts.

We find the following in an Irish provincial paper :—

"All the tenders having been examined, the tender of Messrs. A. B. and Co. was accepted, it having been made much lower than B. C. and Co., the only other which was received."

This is the old story. The bucolics who act as Poor-law guardians, and whom the law sagely makes the judges of drugs and their cost, escape from the muddle by accepting the lowest tender. Those who are initiated in such matters are aware that such tender may not improbably be, not only the worst, but also the dearest, and thus the paupers may be starved of their physic, and the ratepayers at the same time mulcted of their money through the agency of the present law. The continuance of the present iniquitous system of Irish drug contracts is the greatest blot upon the executive character of the Local Government Board. We earnestly recommend it to the attention of the new Medical Commissioner.

Salicylic Acid in Acute Rheumatism.

Salicylic acid appears to be gradually rising in the estimation of the profession in America as well as Europe. Professors Traube and Stricker have recently reported most favourable results in several cases of acute rheumatism, and Drs. Putnam and Warren have tried the drug in the United States with equally satisfactory results. The latter reports a case in the last number of the *Boston Medical Journal*, the patient being a young man about twenty years of age, a breaksman on the railway. Having treated him with the usual remedies, all of which failed, except in giving relief for a short period, the pain returning with increased virulence, Dr. Warren was induced to try salicylic acid. He found his patient with the pulse at 120; very nervous and fretful; skin hot and dry; tongue coated; urine high-coloured. Salicylic acid was given, seven grains in wafers every two or three hours, with no other treatment whatever. This treatment was commenced sometime in the forenoon. After the first few doses marked improvement was noticed, and, after the ninth dose, sixty-three grains in all, the patient was decidedly better. The skin became moist, the tongue nearly clean, the pulse 80. The inflammation had gone from the foot and knees; the patient's spirits were good; there was no appearance of inflammation in other parts of the body, as before, and he remarked that he felt well enough to get up and go to work. The same treatment was followed, and the patient rapidly recovered.

The Public Health of Ireland.

The Irish Registrar-General has just issued his report of the health of Dublin and the principal towns of Ireland for the quarter ending on the 1st of April.

Deaths.—The deaths registered in the Dublin district amounted to 2,695, afforded an annual ratio of 34 in every 1,000. The average number in the first quarter of the previous ten years was 2,498.

The ratio of deaths north of the Liffey was 37, and south of the river 36 in every 1,000. In the suburbs of Rathmines, Donnybrook, Blackrock, and Kingstown the annual death-rate was 27 in every 1,000.

The deaths registered in Belfast represent an annual ratio of 28 in every 1,000, in Cork 34, in Limerick 38, in Londonderry 21, in Waterford 25, in Galway 26, and in Sligo 21.

The ratio of deaths registered in London was 25, in Glasgow 30, and in Edinburgh 25 in every 1,000.

The ratio of deaths in Dublin from zymotic diseases was 16.3 per cent. of all the deaths, and 5.6 in every 1,000 This number is 14 over that for the preceding quarter, and 117 in excess of the number registered in the first quarter of last year. The deaths from the seven principal diseases of this class represent a rate of 4 per 1,000.

The increase in the mortality from zymotic diseases is owing to the prevalence of whooping-cough, from which disease 112 deaths, or 4.2 per cent. of the total deaths from all causes resulted.

Fever caused 64 deaths—viz., typhus 13, typhoid or enteric 35, and simple continued fever 16. The deaths from fever are 4 less than in the preceding quarter, and 13 under the number in the March quarter of 1875.

64 deaths resulted from scarlet fever, 42 from measles, 25 from croup, 3 from diphtheria, 5 from influenza, 33 from diarrhœa, &c.

192 deaths, or 7.1 per cent. of the total, were ascribed to convulsions.

Bronchitis caused 597 deaths, or 22.2 per cent. of the total. This mortality, although large, is less than that from the same cause in the first quarter of last year, when 686 deaths from bronchitis were registered. 83 deaths were referred to pneumonia, 9 to pleurisy, 6 to asthma, and 61 to lung disease unspecified.

Apoplexy was assigned as the cause of death in 21 instances, paralysis in 49, inflammation of the brain and its

membranes in 16, epilepsy in 9, insanity in 5, chorea in 1, and brain disease unspecified in 27.

Heart disease proved fatal in 108 instances, aneurism in 7, pericarditis in 2, liver disease in 24, hepatitis and jaundice each in 3, Bright's disease in 9, cystitis in 4, ischuria in 2, and kidney disease unspecified in 25.

293 deaths resulted from phthisis, 41 from mesenteric disease, 66 from hydrocephalus, 10 from scrofula, and 22 from cancer.

Provincial Towns.—The deaths from the seven principal zymotic diseases in Belfast, which numbered 196 in the preceding quarter, and 343 in the March quarter of 1875, fell to 94 last quarter—viz., scarlet fever 28 (against 62 in the preceding quarter), whooping-cough 20, diarrhœa 19, fever 16, diphtheria 8, and measles 3. These deaths represent an annual death-rate of 2.1 per 1,000. There were no deaths from small-pox in this or any other of the towns included in this return.

96 deaths, equal to an annual rate of 4.2 per 1,000, were caused by the principal zymotic diseases in Cork. Of these deaths 30 were from measles, 23 from fever, 17 from whooping-cough, 13 from diarrhœa, 12 from scarlet fever, and 1 from diphtheria.

In Limerick there were 51 deaths from the seven zymotic diseases, of which number as many as 33 were from whooping-cough; 10 were from diarrhœa, 6 from fever, and 2 from scarlet fever, the total affording an annual rate of 4.6 per 1,000.

18 deaths from scarlet fever (against 41 in the preceding quarter), 5 from measles, 3 each from whooping-cough and diarrhœa, 2 from diphtheria, and 1 from fever, were registered in Londonderry, the annual rate represented thereby being 4.1 per 1,000.

A LARGER proportion of candidates than usual passed the examination for the M.R.C.S. Eng. last week; out of 59 all were successful but 13.

MESSRS. JAMES HOUGH, of Cambridge, John Leigh, of Pontypridd, and William Pollard, of Torquay, have been elected Fellows of the Royal College of Surgeons of England.

SMALL-POX is still very prevalent in Manchester and Salford; thirteen more fatal cases occurred last week, raising the total of the three months to one hundred and thirty-two.

THE Professors of the School of the Dublin College of Surgeons have instituted two exhibitions—a Junior of £15, and a Senior of £25—to be competed for at the end of each winter session.

BOTH the birth and death rates were much under the average last week in London, a matter which does not often occur in such noticeable proportions. The birth-rate was 265, and the death-rate 160 under the average of the last 10 years.

Two hundred and fifty-six deaths were recorded in the large public institutions of London last week, being 18 per cent. of the total deaths; of these only two occurred in lunatic asylums, showing the excellence of their medical supervision.

FROM an answer given to Colonel Leigh by Viscount Sandon in the House of Commons last month, it appears that some legislation in respect to regulating the sale of patent medicines is at present being considered by the Privy Council.

DR. H. CHARLTON BASTIAN, F.R.S., has been appointed Examiner in Medicine; Dr. William Stokes, Surgery; Dr. J. Guinness Beatty, Midwifery; Professor Pye, M.D., Materia Medica; and Dr. William Stoker, Examiner in Medical Jurisprudence, in the Queen's University of Ireland.

GEORGE F. DUFFEY, Esq., M.D., 30, Fitzwilliam Place, Fellow of the King and Queen's College of Physicians, Ireland, and Lecturer in Materia Medica in the Carmichael School of Medicine, has been appointed Physician to Mercer's Hospital, Dublin. Dr. Duffey was the editor of the *Irish Hospital Gazette*, and is Secretary of the Medical Society of Dublin.

MUCH anxiety has been caused in Dublin during the last two months by reports as to the high local death rate, which was generally attributed to the severe weather causing pulmonary diseases. Dr. Cameron, the city analyst, has now published a paper in which he shows that the death rate of Dublin proper, with its population of 246,000, is, when public institutions are excluded, little over 1 9 per 1000.

THIS fastidious nineteenth century, says the *Chemist and Druggist*, seems never to tire itself with the invention of new luxuries. We read that a society of rat-eaters has been formed at Gembloux, in Belgium; the members meet once a week, and the proceedings are wound up by a grand banquet, in which preparations of that delicious animal hold a prominent position. But we have yet to record the climax, or shall we say the *cimex*. From homœopathic literature we learn that Dr. Wahle, of Rome, and Dr. Berridge, of London, have been making "provings" with triturations and dilutions of our intimate friend the bed-bug, as a remedy in cases of intermittent fever.

AT the last meeting of the Council of the Medical Defence Association a handbill, *said to have been issued by a member of the Council of the British Medical Association who practises homœopathy in the East End*, was submitted to the Council, but it was decided that the matter was one which scarcely came within the province of the Defence Association, and the Secretary was requested to send a copy of the handbill to the Secretary of the Council of the British Medical Association.

We ask the attention of the members of the British Medical Association to the words which we have italicised, and await an explanation. We can hardly conceive it possible that any person who has received the honour of a seat on the Council of the Association will be found to answer to such a description. If it be so, the sooner the Association expurgates its Council the better.

LEGISLATION FOR THE HELPLESS.

(THE BLIND.)

Some few weeks since we took occasion to direct attention to the several legislative enactments passed in favour of the afflicted classes of the community at the same time we pointed out that those charged with their administration had taken no care to comply with the beneficial provisions of these Acts. We now propose to inquire what has been effected by charitable efforts for that afflicted class—the Blind. Up to the present time the several institutions for the blind have been inaugurated and maintained by private charity, and entirely apart from State aid; in many instances before legislation commenced. It is quite evident that existing legislation has received no attention from managers of charities, or they would not allow their institutions to be filled by such of the afflicted for whom ample legal provision has been made. It is tolerably certain also that subscribers cannot be aware of the fact that nearly two-thirds of the donations poured into the coffers of charitably supported institutions merely goes towards relieving guardians of the poor from an obligation laid upon them by the Legislature. It cannot be doubted then that in attempting to deal with the ever increasing numbers of the afflicted classes, benevolent persons are attempting a task wholly beyond the powers of voluntary efforts, and to the extent of their failure, they are actually injuring the cause to which their benevolence is directed. The Legislature has positively determined that henceforth there shall be no legal exclusion of the blind from any of the benefits of education. Why, then, should charity stand in the way, and why should only a small percentage of blind children be receiving the benefits of which they stand more in need than those blessed with sight? It is acknowledged that the education of the blind is more expensive; nevertheless, no institution has thought of applying for the Government grants, freely offered, and which could be had for the asking.

A systematic course of education is essential for the blind, and from a long intercourse with them we may say, without fear of contradiction, that it is chiefly to the system of education pursued in this country that the blind attribute the sufferings which almost invariably attend their steps through life, and unless the benevolent supporters of existing institutions can be induced to see that isolation and a denial of most of the rights of social beings are fundamental errors in their present superficial and fragmentary mode of education, the best interests of the blind, whose intelligence is in nowise inferior to the average of human beings, must be utterly sacrificed.

Our Continental neighbours deserve credit for the success which has attended efforts made some years ago to improve the condition of the blind. In 1836 the Belgian Chamber of Deputies determined to collect together the blind, deaf and dumb, and educate them at the cost of the State. In this country, although legislation in favour of these classes commenced four years earlier, in 1832, nothing whatever was done until the year 1868, when the Metropolitan Poor Act came into force. Soon after some attempt was made to improve the neglected condition of the idiot and insane in workhouses, but nothing was done for the blind. Under this Act the Asylums Board was established, and it is quite within the powers of the Local Government Board to hand over all the blind and deaf and dumb, children and adults to this Board, and in the case of the children belonging to these classes, it is particularly provided that they do not receive relief as paupers. There is also the Act of 1870, known as the "General Education Act," a comprehensive Act, passed for the purpose of securing the general education of children, including all classes of the afflicted. The School Board may establish industrial schools, or send these blind children to existing industrial schools, and pay the cost of their education out of a common fund. A somewhat unsuccessful effort has been made by the School Board of London to bring blind children into their schools.

The Act is, however, capable of further extension, or could be rendered more serviceable to the afflicted poor by the Act 30, 31 Vic., 1867, whereby the guardians can, if they think proper, provide for the maintenance and education of any child or adult pauper, being blind or deaf and dumb, in any hospital or institution established for the reception of persons suffering from such infirmities. Legislative enactments are, however, disregarded, for there are at the present moment 493 blind immured in metropolitan workhouses, and there they must remain under the most neglected and forsaken conditions. These should at least be removed to some separate institution, where they would have suitable care and treatment under proper supervision.

Not one of the institutions professedly established to educate the blind fulfils its object. On the contrary, the system of voting and canvassing so generally adopted, with all its attendant evils, effectually mars the efforts of the benevolent, and paralyses the laudable intentions of the Legislature, by treating all candidates for admission as paupers.

(To be continued.)

Correspondence.

RICHMOND WATER SUPPLY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your paper of the 5th inst., remarking upon the water supply of Richmond, you state that the Southwark and Vauxhall Water Company have for several years supplied unfiltered water to the town, and that the Vice-Chancellor Malins, in giving judgment on the recent motion for an injunction, said,: "It was not to be supposed that because Richmond had tolerated water abounding in living organisms for ten years that they should be for ever debarred and stopped from saying that they would rest quiet no longer."

Both these statements are untrue, and without foundation, and it is greatly to be regretted that you should have allowed such serious misrepresentations to appear in your columns.

We have to request that you will insert this letter in your next issue.

Your obedient servants,

Bircham & Co.

60 Threadneedle Street, London, 14th April, 1876.

[We do not profess to have confined ourselves to the exact words of the Vice-Chancellor, but in justification it must be stated that during the inquiry which took place at Richmond last autumn before the Local Government Board Commissioner, one of the chief complaints against the Southwark and Vauxhall Water Company was that for a considerable period the Company used a double set of pipes, one of which supplied the town with unfiltered water. This was stated as a fact, and fully accounted for the presence of the live fish which were taken from the cisterns of the inhabitants. That the water of the Company does still abound in living organisms is seen on reference to the monthly reports of Professor Frankland.—Ed. M. P. & C.]

Obituary.

SIR W. WILDE.

The profession in Ireland, which has been so unfortunate within the last decade as to lose three of its most distinguished members, who were the ornaments of the last half century, has sustained a further loss in the death of Sir William Wilde, who succumbed to an attack of acute bronchitis on this day week. Sir William Wilde was essentially a self-made man. He brought to the practice of his profession neither influence nor fortune, but depended for the success which he achieved upon the brilliancy of his intellectual qualities as much or more than upon his professional opportunities. He was the son of Dr. Thomas Wilde, a general practitioner in the town of Castlerea,

where he was born in the year 1815, and spent his schoolboy-days at the Banagher Royal School, and afterwards at the Bishop's School at Elphin. His first entry into medicine was as the apprentice of Abraham Colles, and as Resident at Steeven's Hospital, and afterwards as dresser, or rather Clinical Clerk, to Dr. Evory Kennedy. His connection with Steeven's Hospital, and the qualities which he had there developed, bore to young Wilde substantial fruit; for after he had received his qualification as Surgeon from the College of Surgeons in 1837, he was recommended by Marsh and Graves to the attendance on an invalid in a health expedition to the Mediterranean. This voyage laid the seeds of literary efforts on his part with which his earliest professional name is associated, which made evident his peculiar qualities as a *littérateur*, and at once established him as a man of versatility of intellect and originality of thought. His voyage to the south of Europe gave him an opportunity of seeing Madeira, the north of Africa, and the Archipelago, and of publishing on his return home most interesting "narratives" of his expedition, which was read in literary circles and thought highly of as the maiden effort of an aspiring author. But all this was not strictly *ad rem* as regards the medical future of his life, and it became necessary for him on his return home to seek a special education on the Continent, and, selecting Vienna for his home, he applied himself to study. The opportunities which he there enjoyed of seeing the inner life of the Austrian capital were not lost upon Wilde, for he was a man upon whom the chance of seeing and hearing was never thrown away, and his experience in Vienna bore its fruit in his *brochure* on the literary, medical, and scientific institutions of Austria, which made known for the first time his special interest and capacity for statistics, a quality which brought him in after life much of his public repute. Sir William Wilde's first effort as an ophthalmic and aural surgeon was in the year 1841, when he established his relation to the sick poor by an Eye and Ear Dispensary in South Frederick Lane. From this uncongenial locality he moved his institution to Mark Street in, 1844, and again in 1850 to the present site of St. Mark's Hospital, in Lincoln Place, which since that day has been better known as Wilde's Hospital, and has been familiar for its surgical character to both the public and the profession in Ireland. Thence grew his personal celebrity in his own speciality, which brought him not only the confidence of the community, but a lucrative return for his labours, and which he has enjoyed until the day of his death.

We have said that Sir William Wilde's public reputation rested as much upon his versatility of genius as his talents as a surgeon, and his qualities as a statictician obtained for him at a comparatively early age the recognition of the Government of the day. The censuses of Ireland of 1851, 1861, and 1871 in their medical aspects were confided to his care, and that confidence was amply repaid by the energy and talent which their production manifested. The task of classification and tabulation of the diseases of Ireland of that day was rendered the more interesting and the more difficult in consequence of the fever epidemics which immediately preceded 1851, and it was universally admitted that the questions which thus arose were treated with great ability and comprehensiveness, and that the statistics at his command were presented by Sir William Wilde to the public in a very valuable form. The success which his ability thus achieved gained for him a rare honour, when he received knighthood from the Sword of the Earl of Carlisle, and the last census fully justified by the careful compilation of its medical department the high opinion of Wilde's qualities which the Government thus evinced.

We are prohibited by the demands on our space from detailing Sir William Wilde's contributions to literature and to his profession, which are already familiar to all our Irish readers, and which, one and all, indicated an original turn of mind and a peculiarity of expression quite in keeping with their author's character. Many of these works were devoted to archæology, of which science he was a devoted student, and the Royal Irish Academy bears record of his industry and intelligence in the pursuit of antiquarian research, being indebted to him for those descriptive catalogues of the valuable historic contents of its museum.

Sir William Wilde may be truthfully said to have been a remarkable man—remarkable for his originality, his versatility, and his eccentricity. He had no quality in common with the common-place money-grubbing doctor; cared less for the accumulation of fees than for the enlargement of the bounds of science; was nothing of a diplomatist and less of a sycophant; but much of a lover of science. These honours which he enjoyed he won by none of the "booing and booing" which Sir Pertinax Macsycoplant advises as the royal road to distinction, but, on the contrary, by brilliant personal qualities, which perhaps shone with the greater lustre from being placed in contrast with an eccentric *brusquerie* of manner.

As a surgeon, an antiquarian, a public man, and a social genius, Wilde will dwell in the memories of the profession.

Medical News.

Royal College of Surgeons of England.—The following gentlemen were admitted Members of the College at meetings of the Court of Examiners on the 18th and 19th inst.:—

Atkinson, Richard, Carlisle.
Barrs, Alfred G., M.D., Leicester.
Batterbury, Richard L., M.B., Haverstock Hill.
Best, George Payne, Brompton.
Bowen, Edward, Southsea.
Bradley, Robert, Shepherd's Bush.
Bradshaw, James D., Bowdon, Cheshire.
Bruce, Robert, L.S.A., Old Street.
Bull, James W., Chislehurst.
Burnham, George H., M.B,, Peterborough, Canada.
Cane, Howard, Queen Square.
Carter, Howard B., Watling Street.
Chavasse, Thomas F., Birmingham.
Clarke, Robert H., Tavistock, Devon.
Davies, Francis J., Newport, Monmouthshire.
Eccles, Arthur S., Plymouth.
Ellis, Joseph W., L.S.A., Willingham, Cambs.
Fisher, Thomas, L.S.A., St. Michael's-on-Wye.
Foster, Henry, York.
Frankish, William J., Kirmington, Lincoln.
Fraser, Donald B., M.D., Ontario, Canada.
Griffith, David C. B., Surbiton.
Hodson, Robert D., Bath.
Honeywill, Silas, Lee, Kent.
Hunt, Joseph W., Mildmay Park.
Hyne, Frederick A., L.S.A., South Square, Gray's Inn.
Judson, Thomas R., Forest Hill.
Kay-Shuttleworth, Lionel E., Cromwell Road.
Mackay, James J., Fermoy, co. Cork.
Merriman, John W. C., Kensington Square.
Murphy, Henry Howard, L.R.C.P., Brompton.
Parker, Arthur F., Clifton, Bristol.
Pearse, Joshua S., L.R.C.P., Plymouth.
Pinnell, Thomas M., St. John's Wood Terrace.
Scott, John H., M.B., Edinburgh.
Sloman, Herbert, L.R.C.P., Farnham, Surrey.
Southam, Frederick A., Manchester.
Taylor, James, L.S.A., Bristol.
Thompson, Arthur H., Gomersal, Yorkshire.
Tiraad, Nestor J. C., Curzon Street.
Tuke, George M., Sittingbourne, Kent.
Verrall, Thomas J., Brighton.
Walker, George, Wimbledon.
Warren, Charles E. H., Edinburgh.
Wilkins, Robert B., Newport, Isle of Wight.
Wilson, Arthur Huelin, L.R.C.P., St. George's Hosp.

Vital Statistics.—From the Registrar-General's return we learn that during last week 5,053 births and 3,639 deaths were registered in London, and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 26 deaths annually in every 1000 persons living. The annual death-rate was 21 per 1000 in Edinburgh, 22 in

London, 20 in Glasgow, and 23 in Dublin. Showing in each of these large cities a considerable diminution of the death rate. The annual rates of mortality during the same period in the other large towns were—Norwich 19, Hull 18, Leicester 21, Portsmouth 16, Newcastle-upon-Tyne 26, Birmingham 23, Brighton 16, Leeds 25, Wolverhampton 24, Bradford 27, Sheffield 25, Plymouth 20, Bristol 23, Oldham 29, Manchester 32, Salford 28, Nottingham 31, Sunderland 24, and Liverpool 28. The annual death-rate from the seven principal zymotic diseases averaged 3·4 per 1000 in these towns, and ranged from 0·0 and 1·5 in Norwich and Hull, to 6·0 and 6·5 in Liverpool and Brlstol. Measles and whooping-cough show fatal prevalence in Liverpool, and the deaths referred to scarlet fever were again excessive in Bristol. Thirteen more fatal cases of small-pox were recorded in Manchester and Salford. In London, the 1,434 deaths included 4 from small-pox, 44 from measles, 35 from scarlet fever, 6 from diphtheria, 83 from whooping-cough, 18 from different forms of fever, and 16 from diarrhœa; thus to the seven principal diseases of the zymotic class 206 deaths were referred, against 234 and 225 in the two preceding weeks. The 18 deaths referred to fever were no less than 20 below the corrected average; one was certified as typhus, 13 as enteric or typhoid, and 4 as simple continued fever. The deaths referred to diseases of the respiratory organs, which in the two previous weeks had been 415 and 385, further declined last week to 317, of which 192 resulted from bronchitis and 97 from pneumonia.

Cambridge University Reform.—A memorial, signed by a number of professors, fellows, &c., has been forwarded to the Premier, urging the following reforms in reference to Cambridge University:—No fellowship should be tenable for life, except when the original tenure is extended in consideration of services rendered to education, learning, or sciences actively and directly in connection with the university or the colleges. A permanent professional career should be as far as possible secured to resident educators and students, whether married or not. Provision should be made for the association of the colleges, or some of them, for educational purposes, so as to secure more efficient teaching, and to allow to the teachers more leisure for private study. The pecuniary and other relations subsisting between the university and the colleges should be revised, and, if necessary, a representative board of university finance should be organised.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Dr. Gongosa.—We believe there are very few medical journals published in Spain; we know of one only—*El Pabellon Medico*—a weekly illustrated journal of considerable merit, both in appearance and contents. We presume you will have no difficulty in getting this journal during your stay in this country; the publishing office is in Madrid.

Dr. H. C. M. will please accept our best thanks.

An Interested One.—As yet we have received no definite intelligence. We will communicate with you by letter at the proper time.

A Student.—You will find "Griffiths' Notes on the Pharmacopœia" and "Scoresby-Jackson's Materia Medica" answer your requirements for the examination.

Dr. Dickinson is thanked for his letter.

A Tax on Medicine.—We understand that our American *confrères* are about to have imposed upon them a personal tax of twenty-five dollars a year for the privilege of practising medicine in certain districts. The reason for this—to our way of thinking—unwarrantable proceeding is not stated.

Dr. Andrew Clark, who was in frequent attendance upon the late Lord Lyttleton prior to his melancholy suicide, wrote yesterday to the *Standard* to correct a misinterpretation of the evidence he gave at the inquest, to which that paper had given publicity. Dr. Clark, for the sake of truth, and of the family of the deceased nobleman, naturally objected to the misconstruction placed upon his words; and having met Lord Lyttleton upon one or two occasions, we are able to add our testimony to that of Dr. Clark, that "a healthier, happier, busier, or more useful life than Lord Lyttleton's could not be. In his method, in his capacity for work, in his management of business, in his discussion of all the stirring questions of the time, in the exercise of his rare scholarship, in his keen sense of humour, there was neither any lack of his accustomed versatility and power nor any vestige of those attacks which at long intervals and for short seasons only had darkened the general sunshine of his lordship's life."

Letters from Dr. Luther and "An Unendowed Surgeon" are unavoidably held over till our next.

Mr. Walter Rivington will read a paper this evening, at the Hunterian Society, "On a Case of Partial Rupture of the Popliteal Artery and Complete Rupture of the Popliteal Vein, treated successfully by Primary Amputation of the Thigh."

Clinical Society of London.—The following is the programme for Friday evening, at 8½ p.m.:—Mr. Spencer Watson, "On Two Cases of Glaucoma treated by Subconjunctival Sclerotomy" (the Patients will be exhibited).—Dr. Buzzard: "A Railway Case: Cerebro-spinal Concussion with Glycosuria."—Dr. Greenhow: "A Case of Patent Ductus Arteriosus, attended by a Thrill and Murmur; Death from Phthisis."

Communications, Enclosures, &c., have been received from—Dr. W. H. Day, London. Dr. Herbert Major, West Riding Lunatic Asylum. Dr. Carpenter, Croydon. Dr. Gongosa. An Interested One. A Student. Dr. H. C. M. Dr. Davidson, Chester Lunatic Asylum. Dr. Myrtle, Harrogate. Mr. Waren Tay, London. Dr. Wilson, Glasgow. Mr. Redmayne, Manchester. Mr. J. L. Milton, London. Mr. R. Summers, Haverfordwest. Dr. Fort, Paris. Mr. W. Berry, Holmfirth, Yorks. Mr. Topham, London. Dr. Abrath, Sunderland. Dr. Balmanno Squire, London. Mr. Bircham, London. Dr. Langley, London. Dr. James, Kensington. Dr. G. M. Dickinson, Paulton, Rugby. The Registrar-General. Dr. Gillespie, Montebello. Mr. Brennen, Royal College of Surgeons of Ireland. Mr. Dobbin, Brompton Consumption Hospital. Mr. Hunting, Durham. Dr. Hughlings Jackson, London. Mr. Porter, Dublin. Dr. Martin, Portlaw. Dr. Mitchell, London. Dr. Edwardes, Richmond, &c., &c.

VACANCIES.

Birmingham.—Resident Assistant Workhouse Medical Officer. Salary, £150 per annum. Applications to be addressed "The Guardians of the Poor of Birmingham.

Wolverhampton General Hospital.—House-Surgeon. Salary, £100, with board, &c. Also an Assistant House Surgeon. Board and lodgings, but no salary. Applications to the Chairman of the Medical Committee.

West Riding Asylum, Wakefield.—Clinical Clerk. Board and lodging, but no salary. Applications to Dr. Herbert Major.

Liverpool Southern Hospital.—A Third House Surgeon. Salary, 60 guineas, with board, &c. Testimonials to the Chairman of the Medical Board.

Liverpool Dispensaries.—Resident Assistant House Surgeon. Salary, £108. Applications to the Secretary.

Leicester Infirmary.—House-Surgeon and Apothecary. Salary commencing at £120, with board, &c. Testimonials, &c., to the Secretary.

Tiverton Union District.—Medical Officer. Salary, £35. There is also attached to the office a fee of £100 per annum, which is paid by the owner of a neighbouring mill for attendance on the work-people. Address the Clerk of the Union.

Guisborough Union.—Medical Officer of Health. Salary, £400. Applications to the Clerk.

Northampton General Infirmary.—Dispenser. Salary, £125. Applications to the Secretary.

APPOINTMENTS.

Barton, J. K., L.R.C.P.I., M.R.C.S.E., Ophthalmic House-Surgeon to St Bartholomew's Hospital.

Bradley, S. M., F.R.C.S., a Surgeon to the Royal Infirmary, Manchester.

Browne, D. J., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer to the Workhouse and Fever Hospital of the Londonderry Union.

Chambers, T. S., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Raynham District of the Walsingham Union, Norfolk.

Collyns, R. T. P., Resident Medical Officer to Atkinson Morley's Hospital, Wimbledon.

Currie, A. S., M.B., M.R.C.S.E., Resident Medical Officer to the Birmingham and Midland Free Hospital for Sick Children.

Births.

Gillespie.—On the 11th inst., at 3 Montebello Terrace, Bray, the wife of M. J. Gillespie, M.D., B.A., of a son.

Marriages.

Denton—Paradise.—On the 18th inst., at St. Mary's Parish Church, Stamford, Thomas J. Denton, M.D., of Steeple Claydon, Bucks, to Florence Elvena, daughter of John Paradise, J.P., of Stamford.

Fairbank—Sympson.—On the 20th inst., at St. Mary Magdalene's, Lincoln, F. Royston Fairbank, M.D., of Doncaster, to Dora, second daughter of the late T. C. Sympson, Surgeon, of Lincoln, and sister to T. Sympson, F.R.C.S.

Haward - Nicholls.—On the 20th inst., at St. John's Church, Moulsham, Chelmsford, Essex, John Warrington Haward, F.R.C.S., of Montagu Street, London, W., to Amy Cecilia, eldest daughter of James Nicholls, F.R.C.S., of Chelmsford, Essex.

Deaths.

Bateman.—On the 17th April, at East Bridgeford, Notts, Charles Bateman, M.R.C.S.E., &c., aged 45.

Carte.—On the 19th April, at Portland Place, Brighton, John Elliott Carte, C.B., Inspector-General of Hospitals.

Garty.—On the 18th April, at Clyde Terrace, Stockwell Road, Francis Boyle Garty, M.R.C.S.E., aged 59.

IRELAND.—On the 16th April, at Weymouth, John James Ireland, M.R.C.S.E., aged 72.

MACKAY.—On the 12th April, Allan Douglas MacKay, M.B., of Stoney Stratford, aged 45.

MAHOMED.—On the 20th April, at 54 Norfolk Square, Hyde Park, W., Ellen, the wife of F. A. Mahomed, M.D.

RYMER.—On the 11th April, at St. Lawrence, near Ramsgate, James Rymer, M.R.C.S.E., aged 86.

TAYLOR.—On the 8th April, at Whitworth, James Eastwood Taylor, M.R.C.S.E., aged 53.

WILTON.—On the 11th April, at Bishopwearmouth, Sunderland, John Wilton, M.D., aged 80.

WINTER.—On the 9th April, at Westbury, William Thomas Winter, M.R.C.S.E., aged 37.

GENERAL NURSING INSTITUTE for TRAINED HOSPITAL NURSES.
5 Henrietta Street, Covent Garden, W.C.
A. EBSWORTH, F.R.C.S., Director.

MEDICAL DEFENCE ASSOCIATION.—This Association of Registered Medical Practitioners is fully organised and in active operation.—Further particulars as to the objects of the Association, together with copies of the rules, may be obtained of the Hon. Secretary, Mr. George Brown, M.R.C.S., 12 Celebrooke Row, London, N.

ST. BARTHOLOMEW'S HOSPITAL and COLLEGE.—The SUMMER SESSION will commence on MONDAY, May 1.

The Clinical Practice of the Hospital comprises a service of 710 beds, inclusive of 30 beds for convalescents at Highgate.

Students can reside within the Hospital walls, subject to the College Regulations.

For all particulars concerning either the Hospital or College, application may be made, personally or by letter, to the Resident Warden of the College, or at the Museum or Library. A handbook will be forwarded on application.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—The SUMMER SESSION commences on MONDAY, MAY 1st. The Hospital contains 350 beds. Clinical Lectures are delivered by the Physicians and Surgeons every week. In addition to the usual Courses of Lectures given by the appointed Teachers, Lectures are also given on Comparative Anatomy, and on Dental and Aural Surgery. The William Brown Exhibition of £100 per annum will be competed for at the end of this Session. Further information may be obtained from the Treasurer or Dean of the School, at the Hospital.

THE LONDON HOSPITAL and MEDICAL COLLEGE.—The SUMMER SESSION will commence on MONDAY, May 1st. The occupation of the new wing will raise the total of beds to 800. Entrance Science Scolarships, Scholarships in the subjects of Preliminary Education in Anatomy, Medicine, Surgery, &c., amounting in the aggregate to £330 annually, are offered for competition. Numerous resident and outdoor appointments are open to students. Further information can be obtained on application to the Beadle of the London Hospital Medical College, Turner Street, E. Greatly increased facilities are now afforded by adjacent railways and tramways for rapid transit from the neighbourhood of the Hospital to other parts of London and the suburbs. Lodgings can obe btained in healthy localities in the immediate vicinity of the Hospital at a very reasonable charge.

UNIVERSITY COLLEGE, LONDON.—FACULTY OF MEDICINE.—The SUMMER SESSION will begin on MONDAY, May 1st. Prospectuses containing full information respecting the Classes in the College, Clinical Instruction at the Hospital, Scholarships, Exhibitions, &c., may be obtained at the Office of the College, Gower Street, W.C.

H. C. BASTIAN, M.D., F.R.S., Dean of the Faculty.
HARRY BROWN, Assistant Secretary to the Council.

CHARING CROSS HOSPITAL and MEDICAL SCHOOL.
SUMMER SESSION, 1876.

LECTURES and CLINICAL INSTRUCTION in the Wards will commence on MONDAY, MAY 1st.

Gentlemen can enter to any Course of Lectures or to Hospital Practice only.

The Hospital, on the completion of the new buildings, will have a service of 236 beds for Clinical Teaching, including those of the adjoining Royal Westminster Ophthalmic Hospital, to which Matriculated Students are free.

TWO ENTRANCE SCHOLARSHIPS of £30 and £20 respectively are awarded annually in October, for which Candidates are required to give notice of their intention to compete on or before Saturday, September 16th.

The LLEWELLYN SCHOLARSHIP of £25, and the GOLDING SCHOLARSHIP of £15, open to Matriculated Students who have completed their second and first academical years respectively.

Students are eligible for the Appointments of Medical and Surgical Registrar (salary £40 each) and to the Offices of Resident Medical, Surgical, and Obstetrical Officer, and for Clinical Clerkships and Assistant Demonstratorships of Anatomy, without additional fee.

The Fees for the entire Course of Lectures and Hospital Practice required by the Examining Boards amount to £80 8s. The Composition Fee for Dental Surgery is £42 2s.

A Prospectus containing every information will be forwarded on application.

The Librarian attends daily at the Office of the School, Chandos Street, Charing Cross, between the hours of 10 and 4

FRANCIS HIRD, Dean.

GLASGOW.

ANDERSON'S UNIVERSITY.—MIDWIFERY CLASS.

Dr. J. G. WILSON, Consulting Physician to the Glasgow Maternity Hospital, &c., will commence his course of Lectures on Midwifery on Tuesday, the 2nd May, at 3 P.M.

Further particulars may be obtained at Anderson's University.

UNIVERSITY of LONDON.—PRELIMINARY SCIENTIFIC M.B. EXAMINATION.—Instruction is given at GUY'S HOSPITAL in all the subjects required for this Examination, by Lectures and Special Classes during the ensuing Summer Session.

For further information, apply to Mr. I. Stocker, Medical Secretary, or the Dean, Dr. F. Taylor.

Guy's Hospital, S.E.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, BROMPTON.

Two Courses of Clinical Demonstrations will be given in this Hospital during the months of May and June, 1876.

"On Variations in Cardiac Rhythm." By E. SYMES THOMPSON, M.D., F.R.C.P. On Mondays, at 3 o'clock, beginning May 8th.

"On Clinical Types of Heart Disease." By I. BURNEY YEO, M.D. This Course will consist of about Ten Demonstrations, and will be given every Wednesday, at 3 o'clock, beginning May 3rd.

Fee for Hospital Practice (including all Clinical Courses), for Three months, 3 Guineas; Six months, 5 Guineas; Perpetual, 10 Guineas. Fee for a single Course, 2 Guineas.

PHILIP ROSE, Hon. Sec.
HENRY DOBBIN, Sec.

CLINICAL ASSISTANTS and OPHTHALMIC DRESSERSHIPS, 1876-7.

NOTICE.—Gentlemen who have entered to the practice of the ROYAL LONDON OPHTHALMIC HOSPITAL, and who are desirous of undertaking the duties of Clinical Assistant for one year, from the 1st of May next, are requested to forward their names in writing to the Honorary Secretary of the Medical Council, or to the Secretary of this Hospital, previous to the 22nd of April next. The Appointment is held for one year, but the officer is re-eligible on the recommendation of the Medical Council. Those gentlemen who, on the expiration of their term of office on the 30th of April next desire to be reappointed, will be good enough likewise to signify their intention as above. Anyone applying must undertake, if appointed, to perform the duties for one year certain.

Ophthalmic Dresserships have also been instituted for the performance strictly of the minor duties of the out-patient department. Anyone applying for these Appointments must undertake, if appointed, to hold them for six months.—Apply as above.

April 1st, 1876. ROBERT J. NEWSTEAD, Secretary.

LONDON HOMŒOPATHIC HOSPITAL and MEDICAL SCHOOL.

The following lectures are arranged for the coming months

These lectures were instituted by the British Homœopathic Society and are to be delivered on each succeeding Thursday, at the Hospital in Great Ormond Street, Russell Square, W.C., at 5 P.M.

Dr. Drury on the Exanthematous Diseases of Children and on Whooping Cough, commencing on Thursday, April 27th.

Dr. Drysdale two lectures on the Theory of the Homœopathic Principle, on May 25th and June 1st.

Dr. James Jones two lectures on Ulcers of the Lower Extremities, and on the Homœopathic Treatment of some other Surgical Cases, commencing on Thursday, June 8th.

The Medical Officers of the Hospital have arranged to give Clinical instruction, tickets for admission for which will be granted on application to the Honorary Secretary.

Medical men are invited to attend these courses of lectures. Medical students will receive cards of admission on application to

WILLIAM BAYES, M.D.,
Honorary Secretary to the Lectures' Committee.
4 Granville Place, PortmanSquare, W.

BRISTOL MEDICAL SCHOOL

The SUMMER SESSION will commence on MONDAY, May 1.

Prospectuses may be obtained on application to
GEORGE F. BURDER, M.D., Hon. Sec.
Medical School, Old Park, Bristol,
April, 1876.

OWENS COLLEGE (MANCHESTER ROYAL) SCHOOL of MEDICINE.
SUMMER SESSION.

Midwifery and Diseases of Women and Children—Dr. Thorburn.
Materia Medica and Therapeutics { Mr. Somers. / Dr. Leech.
Morbid Histology—Dr. Dreschfield.
Ophthalmology—Mr. Windsor.
Practical Chemistry—Prof. H. E. Roscoe, F.R.S.
Botany—Prof. W. C. Williamson, F.R.S.
Forensic Medicine and Hygiene—Dr. Arthur Ransome.

The Session will commence on the 1st MAY.

Prospectuses will be forwarded on application.

J. HOLME NICHOLSON, Registrar.

ROYAL COLLEGE of SURGEONS in IRELAND.

NOTICE is hereby given that on TUESDAY, the 2nd day of MAY next, at the hour of 2 o'clock, p.m., the President, Vice President, and Council will proceed, according to the provisions of the Supplemental Charter, to elect from among the Fellows of the College, Eight Examiners, to Examine Candidates for Fellowship and Letters Testimonial. Three Examiners to Examine Candidates for the Diploma in Midwifery; and Three Examiners to Examine Students as to their proficiency in General Education.

Candidates are requested to lodge their applications with the Registrar, at the College, on or before Friday, the 28th of April.

By Order,
JOHN BRENNEN,
April 22nd,, 1876. Registrar.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 3, 1876.

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THE PATHOLOGY AND RELATIONS OF ALBUMINURIA. (*a*)

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LECTURE I.

I propose to bring under consideration some of the larger facts which are connected with the several forms of renal disease characterised by an albuminous state of the urine, marking their pathological distinctions, tracing their points of mutual relationship, and touching upon their associations with organic changes external to the kidney, or more or less widely distributed through the economy.

The organic conditions of persistent albuminuria may be broadly divided into three :—

First, *nephritis, tubal or diffuse*, the product of simple inflammation of the secreting structures. This, though essentially tubal, may, if intense or long-continued, involve the interstitial tissue in the inflammatory process, and supply the granular kidney with one mode of origin.

Secondly, the *granular kidney*, or the *kidney of chronic interstitial hypertrophy*, usually beginning as an independent change, but possibly a sequel of the more acute disorder.

Thirdly, the *lardaceous kidney*, a condition in which this gland participates only in an infiltration common to many organs and tissues of a material different from any of the normal constituents of the body.

The first begins with changes local to the kidney, but often ends in results general to the arterial system ; the second is so constantly associated with arterial changes that it is disputed whether the renal and the arterial are cause and effect or are simultaneous results of circumstances antecedent to both ; the third begins, without question, systemically, producing renal disease as only one of a series of secondary organic changes. Each of these conditions has its points of contact with the others. Nephritis at first tubal may end intertubally, and thus, however rarely, the large smooth kidney become small and granular. The granular kidney, or the kidney of interstitial fibrosis, though usually of independent origin, may take its rise in either of the other forms of change. And the lardaceous state, to complete the complicated relationship, may set up renal inflammation, whether of the tubes or of the interstitial tissue.

I will touch in brief and general terms upon the origin, nature, and connections of each disorder.

Tubal or diffuse nephritis—for tubal nephritis so often begins diffusely, or becomes diffuse, that no more definite separation can be made between them than between slight and severe—is a catarrhal exasperation of the secreting function, due to some excessive or unsuited stimulus. Mere tubal catarrh, with attendant obstruction and congestion, is happily in a large majority of cases, the only organic change ; but when the process is intense or persistent, it is apt to cause in the interstitial tissue a delicate hypernucleation which, in its early stages, may easily escape notice, but may lead in the end to fibroid thickening. The smooth, swollen kidney, white or red, as blood or epithelium predominate, may acquire in the end a granular inequality of surface, should the interstitial tissue become involved and time be given for consequent changes. It may be laid down as an axiom in renal pathology that granulation invariably implies fibrosis. No mere tubal condition, whether of distention or collapse, breaks the superficial level.

Thus, according to date and intensity, the following outline may be drawn of the phases of renal inflammation :—

1. *The congested kidney.*—The blood-dripping kidney or acute congestive nephritis.

2. *The large white kidney.*—Swollen and pale, either absolutely smooth or but sparsely dimpled ; dependent upon nephritis mainly, and from the first tubal, but which may have come to involve the intertubal tissue. Superficial

(*a*) Abstract of the Croonian Lectures.

depressions, if they exist, are a sign that it has become thus complicated.

3. *The contracting kidney of nephritis.*—Granulating and fibrotic like the granular kidney of latent origin ; not often thus ensuing upon acute inflammation, but to be recognised as a rare and late result.

The intimate mechanism of these changes may be briefly reverted to. The first noticeable changes are an excessive production of epithelium and an excessive influx of blood; the epithelium cemented into cohesion by the fibrine which escapes from the overloaded vessels. The congestive type is well marked, and often rapidly fatal. It may be attended with swelling so great and so sudden that the capsule of the kidney may actually burst and bleeding take place into the areolar tissue of the loins. In this intensely congestive form scattered spots of nucleation may be found, perhaps not uniformly, but sometimes abundantly, in the interstitial tissues both of cones and cortex. And in the slower form, which is marked by the large white kidney, similar germs of interstitial fibrosis may be detected in severe or protracted cases. Morbid change to be simple must generally be recent ; not that all recent disease is necessarily simple. When nephritis is protracted, and even sometimes when of recent origin, the nuclei of the interstitial tissue swell and multiply; they become numerous and conspicuous in each of the once pellucid bars by which the secreting elements are separated, and may even occupy so much of the section as to exclude nearly everything else from view. This helps to give its extravagant bulk to the white kidney of old date, and to render return to health impossible. I have not dwelt upon the tubal changes which are essential to the disease, and are the main cause of its symptoms. The epithelial accumulation and its frequent fatty change under the inflammatory process are well known. The catarrhal change is first to come and may be first to go. The nucleation may outlast the catarrh and remain when the tubes have for the most part recovered themselves, as the only prominent change. Usually the two persist together, and with tubal distinction and intertubal nucleation, much increase of bulk, and a still smooth surface, the large white kidney finds its close.

More rarely, time is given for the nuclei to develope into fibre, the fibre to contract, and the surface to granulate. In answer to the question, how long it takes the once smooth kidney of nephritis to become granular ? I may refer to the case of a boy who died at the age of eleven with this state of kidney, as the result, apparently, of scarlatina three years before ; with a girl who died of the same disorder at the age of twenty-one, it was traced with equal probability to scarlatina eleven years before ; and probably in most cases in which the course of nephritis can be counted by years more or less interstitial fibrosis, and its result in superficial granulation, can be detected.

Passing from the kidney itself to the changes consequent upon its disturbance in other organs and tissues, affections of the inflammatory sort, chiefly such as concern the respiratory organs, are the most frequent and the most fatal in childhood ; while the dropsical and uræmic results of the disease are the most mischievous in later life. In the next place, it is of interest to inquire whether any secondary arterial or cardiac affection can be recognised in connection with this inflammatory form of renal disease, since the answer may throw light upon the disputed origin of the cardio-vascular changes which are so common with the granular kidney.

I have examined somewhat carefully into the state of the arteries and of the kidneys in as many well-marked cases of inflammatory disease as recent opportunities have allowed. The results are displayed in a table [which gave the particulars of five cases of acute renal dropsy, all in young and previously healthy subjects ; four were children varying in age from six to thirteen, the fifth a girl of nineteen ; the duration of the disorder varied from ten weeks to as many months]. In all, the arterioles were thickened and the heart hypertrophied. In each case the arterioles were carefully compared with those of health and of the same time of life, prepared in precisely the same manner, many different methods being used. As to the result, there was no doubt the thickening involved both muscular and fibroid coats, though neither to the extent found with the granular kidney. [Diagrams, made with the camera lucida, showing the exact relative thicknesses of the morbid as compared with healthy arteries, were exhibited]. Degenerative changes, especially in the nuclei, were noticed in some of the cases. A conclusion of great importance is forced upon us by the facts : that under the influence of renal disease of inflammatory origin in previously healthy subjects the arteries undergo changes similar in kind to those which accompany the granular kidney, however small in degree. But while these changes certainly ensue upon disease at first local to the kidneys, it is not so easy to assert that they occur independently of renal fibrosis, since some degree of incipient fibrosis or nucleation is generally to be found in the kidney where the disease has lasted long enough to set up the cardio-vascular change. But considering the youth and previous health of subjects, and the inflammatory nature of the attack in each instance, it is quite clear that both the fibrosis and the arterial thickening were results of the local glandular disturbance, not parts of a general deterioration.

With these arterial and cardiac changes are to be noted an increase of arterial tension as appreciated with the sphygmograph, and occasionally its retinal results in hæmorrhages and white spots.

Thus, to conclude a crucial part of a debated question—vascular tension, cardiac hypertrophy, arterial thickening, and retinal hæmorrhage, all are to be found with, and are presumably caused by, disease beginning locally to the kidney as the result of inflammation.

To pass now to the more chronic disease, which is recognised by the granular kidney, and caused by creeping fibrosis, we have to describe a condition which begins with and belongs essentially to the connective and vascular structures. The change begins in a disproportioned growth, somewhat of a rank luxuriance, in the fibroid tissue with which the arterial channels are uniformly fringed. Hypertrophy of this part leads to atrophy of the rest, creeping along the arterial lines with slow and hesitating steps, involving the organ not all at once, but by little and little; the disease makes itself felt so gradually that its date is usually indeterminable, and in other respects, too, it affords a precise contrast to the more acute disorder.

The organic derangement is declared pathologically by the superficial loss of level, to which the term granulation is applied. This condition is only produced by a drawing-in of the surface at certain points by a contractile growth, the distribution of which is determined by that of the blood-vessels around which it begins. The essence of the disease as it first takes substance and shape is a multiplication of nuclei, with subsequent fibrillation in the interstitial tissue. Spreading inwards along the arteries, surrounding concentrically the Malpighian bodies, imbedding, compressing, and strangulating the tubes in its path, while others for a time escape only to yield to its later encroachment, the growth overruns the gland after the manner of the invader who likened his scheme to the eating of an artichoke leaf by leaf. The new growth is different in its rich nucleation from the original fibrous tissue of the organ. It occurs sometimes in great masses and developes capillary bloodvessels within itself. [These particulars were demonstrated from diagrams.]

To touch upon the changes which ensue in the gland upon its occupation by this growing and contracting material, they are due in part to its bulky presence, and in part to its constricting action ; the former are best seen in the rare granular kidney of childhood, the latter in the more chronic form which belongs to advancing life. The tubes are variously distorted parcelled by the fibroid tissue into insular groups, cut up into cysts and compressed to impenetrable threads. The epithelium suffers little ; late in the disease it is variously distorted by pressure.

Besides the slow and gradual accession which is the rule

of the disease, it is to be distinctly recognised that the disorder may be an immediate though slowly declared sequence of acute nephritis. The general interstitial nucleation which may be left by the inflammatory process may grow into fibre, and the fibre contract until at last the granular kidney results. This origin, however, of the granular kidney is exceedingly rare.

Passing to the cardio-vascular changes which accompany the granular kidney, hypertrophy of the heart, though not invariably present with it, is so frequently so as to be a most valuable clinical diagnostic of the renal condition. With regard to the arteries, these broad modifications are to be recognised as contributing in different proportions to their change—first, a thickening with alteration of texture of the muscular coat; secondly, a thickening of the fibrous coat; thirdly, a degeneration which chiefly affects the muscular coat, but may in the end supersede every other morbid process, and replace all distinction of coat by a mere confusion of granules and fat. [These changes were illustrated by diagrams, and explained in further detail.] The thickening of the outer coat is not to be attributed to the action of the reagents, since it can be displayed with any. The hypertrophy of the fibrous coat is a real pathological change, and that of the muscular not less so. It seems that the muscular hypertrophy often appears earlier than the fibroid. The ultimate degenerative changes, which chiefly belong to the muscular, are the chief agents in causing the brittleness of vessel to which the hæmorrhagic proclivities of the disease are so largely due.

As with the kidney of nephritis, but more markedly with the disease now under consideration, these changes in the circulating system are attended with an increase of arterial tension, a concurrence which has recently been fully treated of in this room by Dr. Sibson.

ON SPINAL INJURY. (a)

By Frank Thorpe Porter, L.K.Q.C.P.I., &c.,
Demonstrator in Anatomy, Ledwich School of Medicine.

The subject of Spinal Injury is at all times pregnant with interest, whether it be viewed in its surgical bearing on the one hand, or its relation to questions concerning the physiology of the nervous system on the other.

The publication of the notes of this case, which I have the honour to detail to the Society, was first suggested to me by the perusal of Dr. Barton's highly instructive paper on "Spinal Injury," inasmuch as his case and mine present some interesting points of contrast.

The patient, a married woman, æt. 50 years, came under my notice on the 22nd of November last, and gave me the following history of her case: That on the evening of the 20th of November she was leading a child up a short flight of stairs, on reaching the top of which she fell backwards, the small of her back coming with great violence against the first step below. She had sustained a fall of 15 feet. She was very much stunned, and for some time was unconscious. On coming to herself she found that she was unable to get up without assistance, and on attempting to walk was unable to *move* the *legs*, in which at the same time she *had lost all sensation*. She was attacked with a looseness in the bowels, which came on suddenly, but which ceased as the effects of the shock passed away.

I made a most minute digital examination of the spinal column, but was unable to detect any displacement; pressure on the lumbar portion of the spinal column caused, however, a most excruciating degree of pain; pressure in the right hypochondriac region produced severe pain also. There was a large ecchymosed patch extending over the back of the sacrum and sacro-iliac joints. The patient was unable to turn in the bed or to sit up; efforts to turn her caused considerable pain. There was no vomiting at any time, but hiccough was present to a remarkable degree. The urine was retained, and had to be drawn off daily; but the patient *could force* the stream *through* the *catheter*, clearly showing that there was considerable control over the abdominal muscles. When first called in, the urine was strongly acid, and highly charged with lithates, there being at first no trace of any other abnormal constituent. There was at no time any relaxation of the sphincter ani, and with the exception of loss of appetite, there was nothing abnormal in connection with the digestive system.

There was nothing striking about the pulse, except its being intermittent. The temperature was normal, except in the leg, which was very cold.

The treatment consisted of the exhibition of mercury in small doses (hyd. c. creta, gr. ii. omne hora tertia). The mercurial treatment was continued for four days, at which time the gums looked tender. Iodide of potassium or bark mixture was then administered, and at the same time tr. iodine was applied along the spine.

At the end of the 10th day, when the acute symptoms had more or less subsided, I prescribed small doses of the liq. strychniæ; the exhibition of the strychnine was followed by a *complete return* of the sensation in both legs and by a temporary return of strength generally. I, however, did not persevere in the remedy for a longer period than a few days.

At the end of the second week the urine underwent a change—it became alkaline and albuminous; this condition was only manifested on e, although I tested the urine every day. This state of the urine set in after it had been retained for some hours. This temporary alkaline and albuminous condition was followed by the appearance in abundance of the acid phosphates—the result no doubt of the metamorphosis of nervous tissue. Writers on spinal diseases consider the acid state of the urine to be favourable towards recovery; but I must dissent from such opinion when acid phosphates are eliminated.

Towards the commencement of the third week the patient lost ground, became weak, and was placed on bark and a plentiful allowance of stimulants, including champagne. A large bed-sore formed over the sacrum, owing in a great measure to the neglect on the part of the patient's friends in not providing an air-cushion or water-bed. The bed-sore was accompanied by furred tongue, low delirium, insomnia, and general symptoms of septicæmia, and death ensued three weeks and five days after receipt of injury.

I was not allowed a post-mortem. I made, however, an inspection of the body. The body generally was very much attenuated, the abdominal walls being so thin that I could pass my hands with facility along the front of the vertebral column, which felt almost subcutaneous, but not in the least displaced.

I then made a minute examination of the bed-sore, and could in one spot, between 3rd and 4th piece of the sacrum, which was greatly exfoliated from the effects of the bed-sore, pass my finger into the spinal canal. I imagine I felt the corda equina, which felt softened. I had previously examined this part after the occurrence of the accident, but could detect no fracture, so that I am induced to attribute the opening into the spinal canal solely to the destructive energy of the bed-sore.

I looked on the case to be one of sprain or rupture of the motor columns of the cord with temporary pressure (from effusion perhaps) on the sensitive columns, ultimately giving rise to softening of the cord. I did not consider the case as one of fracture or dislocation for many reasons, especially the absence of that degree of displacement which would accompany fracture or dislocation capable of causing such a degree of paralysis.

I speak of the sensitive and motor columns, but I am not prepared to say which columns are motor and which are sensitive. Sir Benjamin Brodie considered that the anterior columns were motor in their functions; but

(a) Read before the Surgical Society of Ireland on April 7, 1876.

other physiologists of note, including my friend Dr. Mapother, hold an opposite opinion. I am not prepared to say which is right, but the question furnishes a wide field for discussion at the hands of a society like the Surgical Society of Ireland, which can lay claim to be one of the most suitable arenas for an interchange of views between the toiling practitioner and those more philosophical brethren to whom opportunity and taste have alike afforded facilities for the investigation of the more purely scientific problems. The points of interest in the case are to my mind—1, the complete absence of any relaxation of the sphincter ani, notwithstanding Mr. Erichsen's opinion to the contrary that relaxation of the sphincter is always a sequence of injury to lumbar or lower dorsal regions of the cord; 2, the complete return of sensation in the legs; 3, the ability of the patient to force the stream of urine through the catheter; 4, the sudden appearance for a few hours of albumen in the urine, followed by its equally sudden disappearance; 5, the persistent acid state of the urine, although writers on spinal injuries and diseases consider the alkaline condition to predominate in all, or nearly all, cases.

In conclusion, I would wish to elicit discussion on the following points: The diagnosis between fracture and other injuries of the spine; the value of the state of the urine as an index of the relative gravity of nervous lesion; and lastly, the value of mercury and strychnia, as also the time most suitable for the proper administration of the latter remedy.

I am indebted for the opportunity afforded me of observing this case to my friend Dr. McEntee, the resident physician at Grand Canal Street Dispensary, who called me into consultation, and who handed the case over to me.

A CASE OF COMPLICATED LABOUR, IN WHICH COLLAPSE FROM POST-PARTUM HÆMORRHAGE WAS TREATED SUCCESSFULLY BY THE SUBCUTANEOUS INJECTION OF ETHER. (a)

By A. V. Macan, M.B.,
Assistant-Physician to the Rotunda Hospital, and Obstetric Surgeon to the City of Dublin Hospital.

The patient, who was pregnant for the 11th time, had had good health till within nine weeks of her confinement. She then began to complain of a gnawing pain in the lumbar and hypogastric regions. The abdomen was much larger than in any of her former pregnancies, which was caused by hydrops amnii. The amount of urine passed was much below the normal quantity. The labour was very tedious, from uterine inertia. The membranes were therefore ruptured, when an immense quantity of liq. amnii escaped. The fœtus belonged to the class of anencephalous monsters, the diagnosis resting chiefly on the unusual shape of the mastoid processes, and the violent movement of the fœtus when the finger came in contact with the exposed portion of the medulla oblongata. It was born without artificial assistance, but its birth was followed by post-partum hæmorrhage and retention of the placenta. This necessitated the manual removal of the placenta, which was accompanied with but slight additional loss of blood. The woman, however, got gradually worse, exhibiting all the symptoms consequent on severe loss of blood. I therefore determined to try the effect of the subcutaneous injection of ether, as recommended by Professor v. Hecker, of Munich (vide *Irish Hospital Gazette* for June, 1875). As some blood was still escaping *per vaginam*, I thought it necessary to combine it with the injection of the perchloride of iron into the uterus. Soon after 45 min. of ether had been injected well into the cellular tissue of the abdominal walls reaction suddenly set in. The change was so sudden and unusual that no doubt could be entertained that it was due to the ether. The woman's convalescence was rapid and uninterrupted, she being able to leave her bed on the twelfth day.

The chief point to be attended to in making the injection is to pass the syringe well down into the subcutaneous cellular tissue, otherwise troublesome abscesses may form at the seat of the injection. The quantity to be injected depends entirely on the pulse. Professor v. Hecker frequently injects from ʒij. to ʒiv. at short intervals. The effect is very transient, so that the injection may have to be repeated. Its use need not be confined to collapse from post-partum hæmorrhage. I have also tried it in accidental hæmorrhage, rupture of the uterus, and puerperal fever, in all cases with more or less effect. Dr. Atthill, the present Master of the hospital, has used it with good effect in a case of placenta prævia, and it has been used by Dr. Bennett and Dr. Croly for collapse in cases of strangulated hernia. Professor Winckel, of Dresden, has used it in a case of pulmonary embolism following delivery, where it completely relieved the intense paroxysms of dyspnœa.

I think that further experience alone will enable us to settle the exact value of this mode of treatment, which is at all events worthy of serious consideration.

(a) Read before the Dublin Obstetrical Society, March 11th, 1876.

STRANGULATED HERNIA—OPERATION—CURE.

By J. J. M'Keogh,
Medical Attendant to Workhouse, Kilmacthomas, Co. Waterford.

J. R., æt. 28, labourer, was seized on the 7th March last, at seven a.m., with a large oblique strangulated scrotal hernia on right side. His own statement is: "On the morning in question, on rising from bed, he forgot to put on his truss, and having gone a very short distance from the house, he felt a pain in the lower part of abdomen; he then returned for truss as quickly as he could, and found on reaching the house that his bowels had come down, forming a very large hard tumour; his sufferings were so intense that he begged of his employer to shoot him to put him out of pain." He says he was first seized with this two years previously, and on some three or four occasions reduced it himself, but that the descent was only partial. I saw him on the followlng morning in the infirmary, and having put him under the influence of chloroform, I endeavoured by taxis to reduce it, but failed. I then punctured tumour in six different parts with a grooved needle, thinking if bowel contained flatus I would thus let it off, and so by diminishing the volume of hernia I could reduce it. In this I also failed. He then had a purgative enema and cold applied locally. This, too, was ineffectual. Dr. Walker, of Bunmahon, saw him in consultation with me on the third day, and directed gr. i. of opium to be given every second hour, hoping that when he got under the influence of the opium it might undergo a spontaneous reduction, or if not, could be reduced by taxis. This likewise was inoperative. On the fifth day again I had the benefit of Dr. Walker's opinion. Patient was sinking; vomiting had continued from the first, but on this day was much worse, for on two occasions he vomited large quantities of black fluid. We now thought it advisable to have the Drs. Martins' advice, of Portlaw. They were sent for, and came same evening. Having examined patient, it was agreed to, as a *dernier ressort*, to operate at once.

Patient left his bed and placed himself on the table. He then had chloroform and ether administered to him. When complete anæsthesia was produced, I then proceeded to operate after the usual manner, but when I had been about half way in the operation, he fell into a state of profound collapse, which became very alarming for six to eight minutes, during which I had to suspend the operation. When he was sufficiently brought to I resumed, and having come down on the sack, it was my intention to divide the stricture externally to it; but having made a careful examination, I could not find it (the stricture), so I was

then obliged to open the sac. Now after exploring the parts with the finger, I at last found the stricture, deeply situate, strong and tense. I divided it in the usual way, and returned bowel and omentum (contents of sac first, omentum, and next bowel). After this the sickness and vomiting immediately ceased. The wound was now closed in the ordinary manner. There was very little hæmorrhage, only two small arterial branches requiring torsion. The opium by the mouth was now discontinued, and instead one-third grain of morphia was injected three times daily into skin of abdomen. I chose the latter on the suggestion of M. Vibert. He was directed to have ice in the mouth *ad lib.*, and a large warm turpentine stupe over abdomen, and to be repeated. There was no peritonitis at any time. On the following day vomiting and hiccough returned, and proved rebellious to all treatment, so that his strength had to be maintained by enemata of beef tea, frequently repeated in the twenty-four hours. On the night of the 16th there was a spontaneous action of the bowels. After this the vomiting and hiccough ceased, and he could bear food on his stomach. Hypodermic injections were now discontinued. From this forward he progressed rapidly. The wound was dressed throughout in as strict accordance as I could with Professor Lister's antiseptic plan; for in this infirmary I must say surgical appliances of every sort are of the poorest description. I consider Professor Lister's plan invaluable in the treatment of wounds.

I desire to convey my best thanks to the Drs. Martin and Walker for the very efficient aid they afforded me during the operation.

OBSTETRIC OPERATIONS.

By T. M. Dolan, L.R.C.P.Ed., L.R.C.S.,
Medical Officer Halifax Union Infirmary, Physician to the Halifax Fever Hospital, Yorkshire.

The variations in number of operations, deaths, &c., occurring in different midwifery practices, as recorded from time to time in our medical journals, are very singular, and offer food for consideration as to the causes of the wide discrepancy between one practitioner's experience and another's. Some accoucheurs rarely or ever use the forceps, others have never had a death, and would almost induce us to think the process of child-bearing was unattended by danger to life.

An inquiry into the cause of this variation must be interesting to all obstetricians. But can it be solved? Must we assume greater skill, manipulative power, patience, &c., on the part of some accoucheurs? Or does the chaste Lucina bless some favoured practitioners of her art? The difference in number of operations, deaths observed in the records of modern correspondents, singularly coincide with the variations observed in the practice of some of our eminent obstetricians, past and present. The following tables, taken from Churchill's excellent monograph, illustrate very forcibly the truth of my remarks:—

Table A.—Forceps Cases.

	Total.	Forceps.
Dr. J. Clark	10,387	14
„ Collins	16,414	24
„ Ramsbottom ...	68,435	112
„ Sinclair & „ Johnston ...	13,748	200
„ Hall Davis ...	13,783	15
„ Madame Boivin ...	20,517	96
„ Pigeotte de Troyes	1,362	2
„ Harper	6,053	302

Here are statistics sufficiently striking.

Compare Hall Davis, Sinclair and Johnston, and Harper's total number of cases and their relative use of instruments with the others on the list, and the question will suggest itself whether the former practitioners had a worse class of patients; or can the custom of using the forceps explain the difference?

Table B.—Craniotomy Cases.

	Total.	Craniotomy Performed.
Dr. Clark	10,387	49
„ Collins	16,414	79
„ Ramsbottom ...	68,485	85
„ Sinclair & „ Johnston ...	13,748	130
„ Hall Davis ...	13,783	15
„ Madame Boivin ...	20,517	16
„ Moshner & Kursa	12,329	4
„ Riecke	219,303	53

We must still observe the striking diversity in percentage of number of cases amongst almost the same practitioners. Assuming that these statistics are correct, we must presume that equal skill was possessed by all these eminent accoucheurs, and that a reasonable time was allowed for Nature to assist in the efforts of parturition, and that in every case craniotomy was absolutely essential. Have race and climatic influences an important part to play in the solution of this problem, or must we put down the diversity to the chapter of accidents?

My own experience in practice since 1866 enables me to furnish the following statistics, and may prove interesting to anyone engaged in the comparison of the percentage of operations and mortality in England:—

Number of Recorded Cases.

Halifax Poorhouse	63
Private Practice	1,370
Forceps	40
Craniotomy	5
Placenta Prævia	5
Twins	13
Deaths	9

I have found that my deaths occurred in the simplest cases, and that invariably patients considered bad made a good recovery.

The subject of puerperal fever must be interesting to all accoucheurs, as its occurrence in practice is such a serious matter to the young practitioner, and as there is such diversity of opinion as to the proper method of procedure. It opens, of course, the grave question whether midwifery practice should be abandoned, and for how long.

Unfortunately, in 1868, I had a typical instance of the disease, and of the difficulty to be experienced by a young practitioner when such an unfortunate circumstance happens to him.

My patient, a primipara, succumbed on the 10th day from that disease.

Two old practitioners, Drs. John Garlick and Peacock, were attending with me, and of the nature of the case I believe there can be no doubt.

The former insisted very strongly on the necessity of my giving up midwifery practice. I refrained for some time from attending such cases, but one night three cases occurred in my practice. A brother practitioner kindly went to one, but for the other two I could not obtain a substitute, so that, *nolens volens*, I was compelled to go. In both my cases the children were born, and I had to remove the placenta.

I watched necessarily with considerable anxiety their convalescence, and am happy to state both recovered without a bad symptom.

Of course I took all precautions as to clothes, hands, &c.

I then resumed practice, without any bad results to any of my patients. The result, as bearing on the question of the communicability of the infection, is negative, but does, I consider, perhaps strengthen the assertions of Dr. M. Duncan, as expressed in his sensible letter to the Secretary of the Obstetrical Society of London.

The annual dinner in aid of the the funds of the French Hospital in London will be given at Willis's Rooms next Saturday evening, at which his Excellency the Marquis d'Harcourt, the French Ambassador, will preside.

Transactions of Societies.

DUBLIN OBSTETRICAL SOCIETY.

THE fifth meeting of the session was held on Saturday, March 11th, the President, Dr. LOMBE ATTHILL, in the chair.

Dr. CHURCHILL, jun., read for his father a communication on six cases of retained ovum, in which ergot of rye had been administered with success, and the patients had all recovered. The author agreed with Dr. McClintock's views as to the difficulty of diagnosis in these cases. In all the cases described in Dr. Churchill's communication there was an absence of the ordinary symptoms of pregnancy, but the circumstances were highly misleading. If the uterus contained nothing, but was enlarged from other causes, the ergot and sound could do no harm, and would not interfere with any other treatment that might be found necessary. When the fœtus was dead some months before expulsion, he had not known any fœtor to emanate from the discharges.

The PRESIDENT said the subject that had been brought before the Society by their absent ex-President, Dr. Churchill, was an extremely interesting and important one for discussion. He (the President) had had a very interesting case of the kind under his observation, in which the ovum was retained for eleven months, and in that case the prominent symptom was the total suppression of menstruation. After being pregnant some eight or ten weeks she met with a slight accident, and had an attack of hæmorrhage, followed by severe pain. Subsequently the discharge ceased, and for the succeeding nine months there was no return whatever of the menstrual discharge, or any sanguineous discharge whatsoever, but her general health continued good. She was kept in hospital, and the examination which was made seemed sufficient to excite uterine action, and in the course of twenty-four hours she expelled a mole. He had also a case in which a lady, after five months' pregnancy, retained a dead fœtus for more than three months. Dr. Churchill appeared unable to decide the exact duration of pregnancy in the cases he had described, but it might continue for a considerable time. In every case the retention ended in the death of the fœtus, and the fœtus and the rest of the products of conception were retained in utero for a very little time, giving rise to various symptoms, each case differing from the other.

Dr. MCCLINTOCK said the cases were very perplexing in practice, and caused a great deal of anxiety to the patient and her friends, and the negative course that the medical man was often obliged to pursue was rather trying and difficult. The whole question would narrow itself into this (where there was a suspicion of the woman being pregnant), and the solution of which would clear up all difficulties with regard to treatment—Was the woman carrying a living embyro or not? If she was pregnant, but the embyro lifeless, they might pursue any treatment: but that was a most difficult question to decide, and in the absence of positive information from the patient herself as to her being pregnant, of course a very cautious line of treatment must be pursued. Dr. Churchill seemed to have been very fortunate in the treatment of his cases, that he was enabled to accomplish the expulsion of the ovum by the use of the sound, and the administration of ergot of rye, for cases were occasionally met with where such mild measures as these were quite insufficient to effect the emptying of the uterus, and, of course, until that be done, and any remains of the ovum removed, the woman was liable to hæmorrhage. He believed, however, that cases would be occasionally met with where those measures would completely fail. The use of plugging very often had a beneficial effect in bringing about expulsive action in the uterus. A man would, however, hesitate before employing the plug as long as there was any possibility of preserving the ovum if there was not ground to think it was living, for it was almost certainly followed by expulsive action of the uterus.

Dr. KIDD said a case of the kind had lately come under his observation which illustrated the difficulty which Dr. McClintock had spoken of as to the position in which the medical man was placed, for he believed he was very frequently likely to be considered as not knowing what he was about—in fact, in some instances, not to understand the case at all. Some time ago a lady came to Dublin who had been in India, occupying a very prominent position there, and soon after coming to Dublin she had some hæmorrhage from the uterus. He was sent for, and gave it as his opinion that she was threatened with a miscarriage. However, she would not believe she was pregnant at all, and after undergoing a very careful examination, he reiterated his opinion that she was threatened with miscarriage, and that she was pregnant. She had, however, passed the period when quickening would have occurred. She had had several children; more than five months had passed since her previous menstruation, and the uterus, she said, had ceased to grow, for she maintained it was a tumour. He could not hear any sound in the tumour, and the breasts did not exhibit the plain indications of pregnancy. When he examined the uterus he was quite able to ascertain that the tumour was a uterine one. Then the os uteri had the peculiar soft pulpy feel that the os uteri had in cases of pregnancy, but as far as his experience went, it never had in cases of uterine tumour. That lady had repeated attacks of hæmorrhage, and he watched the case for some time. One day, however, the lady's discontent arrived at such a pitch that she sent for Dr. McClintock, but he refused to see her when he learned that he (Dr. Kidd) had charge of the case. She then went to London, and consulted one of the most eminent obstetricians there, but he (Dr. Kidd) believed the gentleman was led away by the statements of the lady, for he sent her to Croydsbach to get rid of the tumour, which, however, proved to be a four months' fœtus. There was no doubt that all these cases were involved in great difficulty, and that their diagnosis was exceedingly obscure. He believed that the diagnosis of these cases must depend in the first place upon the history. They had the history of the symptoms of early pregnancy, then these symptoms ceased, the breasts diminished, the tumour ceased to grow, and the symptoms of pregnancy gradually disappear, and then they had hæmorrhage, or serosanguineous discharges taking place. When they had cysts they found the tumour did not correspond with the period of pregnancy, as calculated by the patient, and yet they found that the os uteri presented that peculiar pulpy appearance which was, he thought, very characteristic of pregnancy, and at best, he believed, they must express a very qualified opinion with regard to it. The right thing for them to do in the first instance, at all events, was, he believed, to treat the patient as if she were pregnant, until there was indisputable evidence that the child was dead. They should not adopt any measures for ensuring its expulsion.

Dr. DENHAM said he thought that their attention ought to to be directed to the importance of preserving the life of the mother. He thought in cases of retained ovum in which there had been repeated hæmorrhages it was scarcely worth their trouble to preserve the ovum. In two of the six cases mentioned ergot seemed to have had a magic effect, and to have brought about immediate relief. His experience of the use of ergot was by no means commensurate with those facts. He had used it again and again without really much effect. If they came to the conclusion that active measures must be taken, he had no hesition in saying that they should apply the sound, which he thought was better than the exhibition of ergot.

The PRESIDENT would like to confirm what had been said by Dr. Denham with regard to the inefficiency of ergot in such cases as those of retained ovum. He believed in its effect in arresting hæmorrhage, but it did not necessarily expel the ovum, and he believed it had no effect in doing so.

Dr. MACAN then read his paper on

A CASE OF COMPLICATED LABOUR,

which will be found on page 358.

In the discussion,

The PRESIDENT said that the diagnosis in the cases of monsters gave rise to the greatest perplexity in the minds of the medical attendant. It was highly creditable to Dr. Macan that he should have so clearly diagnosed the case in the early stage. He had pointed out the very prominent symptoms of the hydrop. amnii, and the hydrocephalous monster. Recently he (the President) was asked to visit a case of placenta prævia. On his arrival he found the patient pulseless—in fact, she appeared to be moribund. The vagina had been well plugged, but the quantity of blood the patient had lost was very large. She had got out of bed very early in the night to pass water, when she got an attack of the hæmorrhage. The chamber was filled to two-thirds of its extent, and the bed was saturated. She had been given brandy freely—but unfortunately, she vomited freely in fact, it was vomited nearly as rapidly as it was taken. He decided on trying the effect of ether, and injected two

syringe-fulls—between forty and fifty minims. In a very short time he was able to leave the patient, and the next morning he delivered her of a dead fœtus. That patient had recovered without any bad symptom. In one case that Dr. Kidd saw some years since the patient's life was very nearly lost, and stimulants given by the mouth were useless. In ether they had a stimulant which he believed could be given safely and efficiently, and which the condition of the stomach rendered it impossible to be given in any but the one way. Within ten minutes after giving the subcutaneous injection they could smell the ether off the patient's breath. The paper of Dr. Macan was a most important one.

Mr. WILSON thought the Dublin school of surgery was deeply indebted to Dr. Macan for having brought the question so practically before them to-night. It seemed to him (Mr. Wilson) that they ought not to allow the question to lapse for want of discussion, because it was one of vital importance to the community. It was quite a novel method of treatment, and as all subcutaneous methods of treatment were, he thought, entitled to important consideration, he hoped that it would be very extensively published throughout Ireland that this plan of treatment had rescued a woman from death, and had been adopted by the Irish school of surgery.

Dr. MCCLINTOCK bore his testimony to the value and interest of the communication made by Dr. Macan, and hoped he would from time to time communicate to the Society any results that he might consider worthy of being brought under their notice. It was impossible to say anything about it except that it formed a most valuable acquisition to their *armamentarium*, and to possess many advantages over transfusion in being free from danger, and the operation easy of performance, whereas they all knew that transfusion occupied a good deal of time, and cost much trouble. He would wish to know from Dr. Macan, for information, whether ether had been employed in cases of poisoning by chloroform, for it appeared to him (Dr. McClintock) that this valuable restorative or stimulant might be very valuable under such circumstances?

Dr. MACAN, in reply, said that he could give no opinion on the subject. He was not aware whether it had been used in such cases.

The Society shortly afterwards adjourned.

MEDICAL MICROSCOPICAL SOCIETY.

AT the last monthly meeting of the Medical Microscopical Society, Dr. BATHURST WOODMAN read a paper

ON THE SYSTEMATIC STUDY OF HISTOLOGY.

One great object being to commend to medical students and practitioners a more systematic study of the microscope; in other words, not to confine their studies to the dead-house or the dissecting-room, or to the medical uses of the instrument, but to examine botanical specimens, anatomical and pathological specimens, and in fact, anything and everything that came in their way. Three or four fresh objects prepared each day would amount to nearly a thousand a year. The next point was an earnest recommendation to make a sketch or drawing (no matter how rough) of every object seen, either by the camera lucida or otherwise, and to preserve these drawings. Thirdly, to study micrometry. A cheap micrometer made by ruling lines on paper was shown by Dr. Woodman, whose fourth recommendation was, Work economically. Some cheap forms of apparatus were also recommended. The use of low powers as a means of training the eye, not to supersede, but to precede, high powers, and the regular or systematic use of a few reagents. Dr. Woodman concluded by strongly urging the formation of a library in connection with the Medical Microscopical Society, for reference, and perhaps loan. Towards this he would be happy to contribute a small sum, or some books, as a nucleus. The desirability of such a library is almost self-evident, since books on histology are for the most part either expensive, if recent, or comparatively scarce and inaccessible.

The PRESIDENT regretted the too little general use of the microscope, and that medical students had but little previous knowledge of natural history; and then—as in botany—high systematic work was often commenced at once, and the smaller but equally important plants neglected. Measuring and drawing he thought could not be too much insisted upon, and he fervently wished that instrument makers would provide a micrometer in lieu of much of the unnecessary apparatus usually placed in microscope cases.

THE LEGISLATION WHICH IS REQUIRED TO MEET THE CASE OF THE "HABITUAL DRUNKARD."

A PAPER upon this subject was read at the Social Science Association at a recent meeting by Dr. Alfred Carpenter, of Croydon, of which we present an abstract for the consideration of our readers.

The author said that three questions present themselves for discussion—1st. Is further legislation required or the control and management of the habitual drunkard; are not the powers already in operation sufficient for the purpose? 2nd. Are those powers capable of being used for his reformation? 3rd. If not, and new legislation is required, what direction should it take? and in considering these questions said that, according to his experience as a magistrate, acting in a thickly peopled district of greater London, they were inoperative as preventive measures, and had not the least pretence to be considered curative. He had seen the same persons charged with being drunk and disorderly, or drunk and incapable, as the case may be, and fined or sent to prison over and over again. After seven or fourteen days' imprisonment, they are discharged; in many instances, determined more than ever to be drunk as soon as they can.

He referred to the report of the Select Committee upon "Habitual Drunkards" which sat in 1872 for proof that small fines and short imprisonments were useless. The short time only increases the desire and sends him still further down the abyss from which, at present, there is no possibility of escape. The fact that a person has been sent to prison two or three times takes away from him all dread of detention. Whilst there he is relieved of the dyspepsia under which he always, more or less, labours; he does not care for food, he has plenty of water, and by the time he comes out his relish is restored, and he goes at the drink again like a giant refreshed, without the least particle of an idea regarding reformation or amendment of life. The maudlin sentiment which is occasionally met with in the early stages of recovery from a debauch is, in ninty-nine cases out of a hundred, evanescent, and has no time, under present arrangements, to become an integral part of a man's—still less a woman's—mental condition, and the last state of the victim is worse than the first.

The report of the Select Committee states distinctly that "there is an entire concurrence of all the witnesses in the absolute inadequacy of existing laws to check drunkenness, whether casual or constant."

The opinion of the Committee was most decided that "fresh legislation upon the subject was necessary, and that the law should be made more simple, uniform, and stringent."

It was proved before the Committee that drunkenness is the prolific parent of crime, disease, and poverty. That in some gaols as many as 75 per cent. of the criminals attributed their condition directly to drink; that at least 20 per cent. of the insanity recorded in Great Britain was produced by the same cause; and that more than one-half of the idiots which excite our compassion are the offsprings of drunken parents. It was shown as a natural consequence of these facts that increase of pauperism is inevitable, and that the children of drunkards are placed in positions of the greatest peril, with almost a certainty that they will be worse than their fathers.

The author then complained that Parliament ignored these facts, and allowed things to remain as they were, and said there is no legal remedy whatever for it; the only punishment capable of being inflicted is exposure, and this, because of its inoperative effect upon the victim, and its injurious action on the innocent relatives, every friend of the unhappy creature always tries to prevent. Still the course of the drunkard is downward, and only becomes

generally known when ruin stares the whole family in the face, or a suicide, or a homicidal act, has given evidence sufficient to prove that for a time at least the victim is insane.

He then pointed out that changes had been made in the law to meet the dangers incurred by railway travellers, and the carriage of explosive compounds, that garrotting has been put down by the lash, but that a disease which is only curable in its early stages, and which is more or less a skeleton in the cupboard of nearly every large family in the kingdom, is permitted to go on unchecked, and to send every year its tens of thousands into eternity, and leave as many others without hope, either in this world or the world to come, because it is supposed that an alteration in the law (which I shall show presently to be no alteration at all, but a rearrangement) might interfere with personal liberty: as if personal liberty were not interfered with, and had not been interfered with, in a hundred different ways, and in all ages, without the least serious injury to the commonwealth, when the exigencies of the State required it.

He then referred to the deputation which waited upon Mr. Cross in July last, which was headed by Sir Thomas Watson, and quoted Sir Thomas's speech in support of the necessity for a revision of the law.

Mr. Cross in reply stated that there were "great practical difficulties" in the way of an alteration, but did not detail them. The author then stated that communications had been opened with the Home Office by the Committee of the British Medical Association, whom he represented, and in reply Mr. Cross stated that the Government were not prepared to introduce any bill upon the subject this session, but that they would support any bill introduced by a private member. The author deprecated this course, and contended that the subject was important enough to demand that the measure should be a Governmont one. He then reverted to the difficulties which appeared to have appalled the Home Secretary. One objector asks, Do you propose to lock up every drunkard? if so you will require enormous establishments. The definition contained in Mr. Dalrymple's Bill disposes of this objection—"the person must be habitually incapable, injurious to himself or others, and unable to manage his affairs." The mere fact that a garrotter could be subjected to the lash did more to prevent garrotting than was effected by the actual infliction of the lash itself on the culprit. The knowledge that the habitual drunkard can be deprived of his personal liberty will assist in preventing many from rushing headlong down the path of destruction before they have entirely lost their power of self-control. It is to the class of drunkards who have lost that power to whom we wish to apply the proper remedy. The diagnosis of such cases is as well known to medical men as is the difference, which we now know to exist, between typhus and typhoid fever. The loss of self-control, the determination to have drink at all hazards and any cost, the changed mental state, the restlessness, the depression, the loss of all sense of duty, of truth, of honour and affection, are more or less present in every case, and tell the tale, when pointed out, but too clearly even to the uninitiated.

He then dealt with probability of cure within a reasonable time, and showed by the experience gained in other countries that there were good grounds for his argument, and after referring to the agitation which had been carried on in London, Birmingham, and elsewhere, read the resolution which had been moved by the President of the British Medical Association at the Edinburgh meeting:

"That excessive intemperance is in many cases a special form of insanity which requires special treatment, with a view, first, to the recovery of those affected, and second, to the protection and advantage of them and of society. That in the present state of the law such treatment is not attainable, and that it is desirable that legal provision should be made to render it attainable."

This resolution was supported by a gentleman from America, who detailed his experiences there, and was carried by acclamation in one of the largest meetings of the profession ever held in the United Kingdom.

The writer then urged that the question was not medical so much as public, that medical evidence should only be supplementary to the general, and given after it had been proved that the individual in question was addicted to drinking, that the fear of incarceration by designing relatives, which Charles Reade had done so much to promote, was a bugbear, and need have no real foundation if it was arranged that proceedings should always be taken before the local authority. He pointed out that the process need not add to public burthens, because if power to detain were given, such institutions as he advocated would be self-supporting. Let power be given to detain, and commercial enterprise will do the rest.

The last great difficulty is the "liberty of the subject." It is said that a man may gamble or waste his means with impunity if he so determines: why, say they, may he not drink away his inheritance? The answer is that the "drunkard's waste leads to a disease which may engender crime," and we have already adopted the rule that "we have a duty, as fellow-citizens, to care for one who cannot care for himself," and a duty neglected is sure to bring retribution on those who are parties to the neglect. Surely it is time to face that duty, and not to leave it longer unperformed.

He then said that further legislation was necessary, the powers now capable of being employed being totally useless for the reformation of the habitual drunkard.

We have to consider the subject under the head of—

(1.) Drink as a vice.

(2.) Drink as a disease which has been induced by indulgence in vice.

(3.) Drink as a disease inherited from those parents who did indulge in the vice.

He expressed an opinion that the disease ought to be prevented, like every other of its kind, but that as public opinion was not yet ripe for such a movement, they must be content with power to cure the disease after its establishment. The way was pointed out as only likely to be certainly successful if taken in hand at an early period.

The establishment of *Industrial Reformatories for Inebriates* has become a necessity. Dr. Carpenter hoped to see them take their place side by side with our Reformatories for crime and Industrial Schools for the children of criminals, and the destitute and wandering Arabs of our streets. Any one unacquainted with the subject, and reading the remarks of writers who are opposed to fresh legislation, would certainly conclude (as large numbers of people have done) that some vital change was contemplated in our statutes, some deadly attack upon the so-called liberty of the subject which must be steadfastly repelled. A reviewer says that the proposals contained in Mr. Dalrymple's Bill are so absurd that they do not demand serious attention. The writer concludes a powerful philippic against the Bill by asserting that if Parliament were to pass such a Bill the Court of Queen's Bench (now High Court of Judicature) would set it aside. "Happily," says the writer, "the judges of that court have both the power and the will to keep a check upon foolish legislation." He commended this conclusion to the attention of members of Parliament; it tells us pretty plainly that Parliament is not paramount after all, although the writer has missed the spot where power really lies. What if the threat which the prophet used against the people of Israel be realised in our own land, "that the prophets should prophesy falsely"—what if the "people should believe a lie?" their judgment be warped by the effects of neglected duty, and a Parliament be elected which should be imbued with the defective judgment which naturally belongs to the children of the inebriate.

It may be fairly asked how we should determine when the time for punishment has passed and the time for curative treatment arrived, bearing in mind the fact that the habitual drunkard has to be considered in two phases, namely, as giving way to a vice and as the subject of a

disease. If we are to take up the reformatory side of the question alone, there will not be much difficulty. The first part of the definition of habitual drunkards as contained in Mr. Dalrymple's Bill will suffice.

"A person shall be deemed an habitual drunkard who, in consequence of the habitual intemperate drinking of intoxicating liquor, is dangerous to himself or to others, or is incapable of managing his affairs."

It may be asked whether the definition does not imply that the person is a proper subject for a lunatic asylum. Truly it is an insanity, but it is not an insanity which can be properly treated in a lunatic asylum, it is a partial insanity which the law does not recognise as fit for lunatic asylum treatment. The proprietors of lunatic asylums are as glad to get rid of such patients as ever the patients are to discharge themselves, and the victims are seldom really the better for the short detention which the law now allows; like short gaol imprisonments they are useless for curative treatment. The evidence of all those who are qualified to give an opinion is against detention in ordinary lunatic asylums, as being alike injurious to both the lunatic and the dipsomaniac. The witnesses are all in favour of special houses for their treatment, inasmuch as the victims are not insane in the ordinary interpretation of the term except when under the influence or suffering from the effects of intoxicating drinks.

The writer then showed that the change required in the law was simply power to detain persons for a longer time than was given at present, to do for the drunkard that which was done for boy criminals, send them to reformatories.

A clause in the Licensing Act, 1872, gives power to the police to take proceedings against any one found drunk in places of public resort. Let this power be extended to individuals having a *bonâ fide* interest in the reformation of the victim, either as guardian, next of kin, heir-at-law, or head of the establishment in which he resides. Let the proceedings be always taken in a court of summary jurisdiction, and let them apply to drinking in private as well as public. Let the magistrates have power, if they think fit, to give costs against the pursuer if they are of opinion that it was not a *bonâ fide* case for inquiry, and let the magistrates determine the time during which the patient shall be under treatment, and we have nearly all the alteration of law that is required.

If to this power the clauses contained in the Reformatory Schools Act, 1866, be also combined, namely, those which give authority to the Treasury to contribute, power to justices to sentence, power to compel friends to contribute to the maintenance of the person, power to local authorities to erect local reformatories, power to guardians to contribute to their maintenance out of the rates, with penalties on those who assist inmates to break the rules of the establishment. And if with these are joined the clauses in the Lunacy Acts referring to visitation and control of management by justices, and also the appointment when required of a committee or person to act on behalf of patient during his treatment; we shall have all the machinery that is really required to frame an Habitual Drunkards' Bill, which shall at any rate be permissive, and will show in the course of a few years how far it may be prudent to travel on the road which tends to cure the disease alone. There should also be an arrangement by means of which a person should be able to be received in such an institution on his own petition, and machinery by means of which the visitors could revise the sentence if they thought fit, and very little else will be wanted to complete a permissive measure for dealing with the disease.

It has been argued that it would be very wrong to allow a person to commit himself to a reformatory for inebriates because he might change his mind. Let us bring this to the test of custom, premising that the committing authority would require evidence that the application was *bona fide*; would it be right to allow a man to withdraw from a contract because he had miscalculated his own power, or to give up the purchase of an estate because he found it convenient, or to compel a steamer, in which he had embarked for Australia, to turn back because he had altered his mind? He had determined that his was a proper case for treatment, and the committing authority had verified that opinion by proper inquiry, therefore there would be no reason whatever for allowing the plea of change of mind; those who advocate the *statu quo* on that ground show little knowledge of matter.

A Bill, therefore, containing a definition with half-a-dozen permissive clauses, and a reading of certain clauses from the Reformatory Schools Act, 1866, and some of the provisions contained in the laws relating to lunacy, and the requisite machinery would be forthcoming without any further change in the law.

The paper is an important contribution to the history of the subject, and we commend it to the careful attention of those interested in the future of the habitual drunkard.

LEGISLATION FOR THE HELPLESS.

(THE BLIND.)

No. II.

We very briefly alluded in last week's issue to the legislative enactments of a far-seeing and benevolent kind created by Parliament in favour of the blind and deaf and dumb. This commenced in 1832, when the Act 4 and 5 Wm. IV. cap. 76, was passed expressly to enable guardians to maintain and educate out of the rates all blind and deaf and dumb children up to the age of sixteen, without its being considered as parochial relief given to the parents. Thus a great rate-paid charity school for these afflicted children was created by the State. By subsequent Acts, first the 31 and 32 Vic., cap. 122, sec. 42, passed in 1868, which opened the widest possible field to the guardians, and enabled them to send blind children to either certified or uncertified schools, and it is almost incredible to believe that this power should have remained so long in abeyance.

Next by the Act 30 Vict., cap. 6, commonly called "The Metropolitan Poor Act, 1867," and entitled "An Act for the Establishment in the Metropolis of Asylums for the Sick, Insane, and other Classes of the Poor," additional legislative powers are given as to afflicted children and adults of all classes. Asylums also may be provided for the reception and relief of the sick, insane, infirm, or other classes of the poor chargeable in unions and parishes; but in this Act the term "asylum" means an asylum provided under this Act, and the expenses are to be taken out of the Metropolitan Common *Poor-Fund*. The mode of admission into the asylum shall be such as the Poor-law Board from time to time may order and direct. By sec. 38 the same authority may direct the guardians of unions in the metropolis to provide dispensaries where the sick poor may attend to receive *medicines* and *surgical appliances*, such as may be necessary for the proper surgical treatment of any case. It may be assumed that asylums "for the reception and relief of other class or classes of the poor" includes certainly the blind and other afflicted adults, and possibly also the children of these classes; but it is quite clear that the provisions for maintaining district metropolitan schools includes all children, not excepting any class of the afflicted, and that but for the accident of there being charitable institutions which deal with some of these children, all the indigent afflicted children would have to be dealt with by the managers of the asylums boards, who would have to supply schools with proper teachers and all necessary appliances of every kind. The same Act enables guardians of the poor to provide for the reception, maintenance, and instruction of *any adult* pauper, being blind, or deaf and dumb, in any hospital or institution established for the reception of persons suffering under such infirmities, and may pay the charges incurred in the conveyance of such pauper to and from the same, as well as those incurred in his support and instruction.

Thus it will be seen the guardians have full powers to deal with all poor blind and deaf and dumb adults, by sending them without *restriction as to cost* to any hospital or institution established for their reception. This Act, taken in connection with the "Metropolitan Poor Act, 1867," leaves the guardians of parishes or unions either to deal with any of the charitable institutions that will receive blind adults and instruct them both educationally and industrially, or send them to regularly established asylums.

If the guardians will not undertake this duty, then the Asylums Board may, under conditions to be prescribed by the Local Government Board, in the relief, maintenance, and management of the afflicted classes. Charitable institutions, therefore—the blind, deaf and dumb, &c.—are to a considerable extent doing the work of the Poor-law, whereas they might if they would insist on payments being made by guardians, and thus materially relieve their own charitable funds from much unnecessary outlay, and employ them more usefully in the relief of cases not coming under the provisions of the Poor-law. It is in some sense incumbent upon them so to do, seeing that since the passing of the Metropolitan Poor Act the voluntarily supported charitable institutions have been assessed to and do now contribute out of their funds very largely towards the maintenance of the poor.

By "The Poor-law Amendment Act," of 1844, 7 and 8 Vict., cap. 101, the Local Government Board may combine unions throughout the country and establish schools for all classes of afflicted children. The guardians have also large powers of boarding-out children, so that they may be near the schools, if not inmates. The most comprehensive Act, however, was passed in 1870 for the general education of all children, 33 and 34 Vict., cap. 75, and which requires School Boards to provide for the education of all children, and the guardians may pay the fees, or the School Board remit them. School Boards may also establish out of the Common Fund industrial schools, or send children to existing industrial schools. The experiment of educating the blind at ordinary "sighted" schools has been tried with perfect success both in Belgium and in Scotland. The beneficial results of the development of this system of instruction for the blind cannot be overrated.

It is high time to consider the effect of this mass of legislation, both on the general question of educating and caring for the blind and other afflicted classes, and in the numerous existing institutions which were created at a time when no legislation upon the subject existed. It must be seen that if practical effect were given to this legislation no inconsiderable amount of voluntarily subscribed funds would be set free for the further help of the multitude who are knocking in vain at the doors of the institutions. In fact, if the powers already granted by the Legislature were duly employed, they would render existing charities so far independent that they might safely abandon the voting and canvassing system, and which inflicts greater hardships on the blind than on many other of the afflicted classes.

The social disabilities of the blind attracted the attention of the "Charity Organisation Society," and last year a committee was appointed "to consider what more could be done to promote the welfare of the blind, and especially their industrial training." From this report we learn that in 1871, when the census was taken, there were 2,890 blind in the metropolis, of whom 292 were under 15 years of age, 991 over 15, and 1,607 above this age and under 50. In the United Kingdom there are upwards of 30,000 blind, of whom 10,000, at the very lowest calculation, are capable of being trained and rendered useful members of society. Nevertheless, not 800 of them have either been trained, or are engaged in any kind of profitable pursuit. Where, then, may we ask, are those thousands of blind people, of whose existence the census made us aware. The reply is that, with the exception of those in workhouses, the greater portion of them are thrust out of sight by mistaken charity, and made to dwell in lonely corners of the earth, there concealed from view, and unable to cope with the sighted world. "They exist to suffer, and to die without having lived."

We have shown how inadequately charity has attempted to deal with ever increasing numbers of the blind, and what a small percentage of them receive any of the benefits for which such earnest appeals are constantly made to the public. We have shown, too, that there is no legal exclusion of the blind from any of the benefits of education, and therefore, as their education is more expensive, there is all the more reason for their receiving the same grants as sighted children. It is indeed lamentable to observe in connection with this afflicted class the utter neglect of young children. Hitherto hardly any efforts have been directed towards the instruction of infants. That the general training of the young should be begun as early as possible, almost from very infancy, is obvious. The early education of sighted children is insisted upon by the Legislature, and in the case of the blind should be made compulsory. They should be sent to ordinary elementary schools, where they should remain until they are 15 years of age, or fitted to commence their industrial training, which should be of a thorough character. The experiment of educating the blind at ordinary schools has been tried during the past seven years, both in Belgium and in Scotland, with perfect success. The excellent results of this mode of instruction has been amply illustrated, and therefore should now be generally acted upon, whilst, for both children and adults, additional training institutions and workshops are much needed, and should be at once provided. The latter should be conducted by experienced and competent managers or foremen, chosen, if possible, from amongst the blind, as they must feel a deeper interest in all that concerns their fellow-sufferers. As to the mode of admission to charitable institutions, it is perfectly clear that the voting system is quite inapplicable to the blind; indeed, such a system is little better than an instrument of torture, thoughtlessly devised for the increase of funds at the cost of the most helpless of the afflicted. The only possible mode of admission is by a process of election or special selection, after a careful comparison of the claims of the several candidates.

THE STATE AND EPIDEMIC DISEASES.

A MEETING of the National Association for the Promotion of Social Science was held on Monday, when a paper was read by Dr. Alfred Carpenter, of Croydon, "On the Right of the State to obtain early information of the appearance of epidemic or infectious diseases in a given district—ought the medical man to be the informer." Dr. B. W. Richardson presided on the occasion. In the course of his paper Dr. Carpenter remarked that the right of the State to have the earliest possible information as to the prevalence of infectious diseases in a given district could scarcely be doubted, yet at the present time there was no law by which the information could be gained until fatal cases had occurred, and the registrar of deaths gave the note of warning in his report to his superior officer. The state had a right to establish a proper quarantine whilst the mischief was in a nutshell, and whilst it might be limited to a single house in a district. Ought not a legislative enactment to be passed to compel medical men attending cases of infectious disease to immediately report the same to the medical officer of health of that district? The reports of medical officers of health in all parts of the country teemed with evidence of the desirability of such information being afforded to them at an early date; many of them made the suggestion that medical officers of health should be able to demand the information as a right from the medical attendant in the case. But it should be remembered that a great number of cases of infectious diseases were not even now placed under the care of recognised medical men. Of these cases, therefore, the medical officer of health would get no information. Thus a legislative enactment which applied

only to medical men in such cases would act very injuriously against the interests of sanitary perfection. The repression of disease would only act in the same direction as at present—viz., by making it still more difficult to get at the truth, and harder still to keep a district free from the chance of disease spreading in it by unsuspected channels. In the third place, such a piece of legislation would also be against the interests of the medical profession, by giving a bonus to unqualified practitioners. In the fourth place, a still greater objection was to be found in the fact that it would, to some extent, alter the feeling of mutual trust and confidence which ought to exist between the doctor and the patient. Let it be made incumbent, however, upon the parent or guardian, or the head of an establishment, to give immediate notice to the medical officer of health of the advent of infectious disease in a given house ; and let the medical officer of health have power to apply to the private medical attendant in a given case for such information as he might really require after the knowledge of that case had reached him. In such case the medical attendant furnishing a report should be entitled to a fee for it, and it should be obligatory upon the reporter to make a true answer to his interrogator. A regulation of this kind would provide for the immediate discovery of all infectious diseases, and thus would place upon the medical officer of health the responsibility of advising measures for preventing its further extension. Dr. Adam Scott read a communication from Dr. Egeling, of the Hague, stating that in Holland a double notice was given to the authorities of the existence of epidemic disease—one by the medical man, and the other by the head of the family.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 3, 1876.

THE MEDICAL COUNCIL.

The remonstrance made by us in unison with the *British Medical Journal* against the postponement of the Medical Council meeting until the dog-days would seem to have produced some result, for the assembling of the Council has been fixed for the 24th of May, an earlier date than was anticipated, but still almost too late for any effectual intervention in Parliamentary medical business. We hope that the appreciation of our reasons for suggesting an early meeting thus manifested by the President will lead him to fix the 1877 meeting in February or March at the latest, in order that the Government shall not be betrayed into dangerous medical legislation for want of the guidance which they have a right to expect from the Medical Council.

The Executive Committee met on the 23rd of March to fix a programme for the forthcoming meeting, and were engaged in the first place upon the organisation of the next series of visitations of examinations. This matter had been referred last January to a sub-committee, who have presented a report. The important points in their recommendations are :—1. That the visitations, whenever they may be commenced, shall be concluded within five years. 2. That one-half the visitors shall be members of the Council, and the other half extra-conciliate practitioners. 3. That their fees shall be the same as those paid to the members of the Council for attending the meetings. 4. That their duty shall be "to inquire into and report to the Council as to the efficiency of the examinations conducted by the several licensing bodies as tests of the candidates' fitness to obtain the respective qualifications."

This latter phrase would seem to signify that the visitors will be charged, to ascertain *not* whether the examinations of each individual licensing body are sufficient guarantees of professional competence, but rather whether they are such as to deserve the licence of that particular corporation. It would appear to convey that, if the visitors should find that the examinations of any body are good enough for the standard of education represented by the licence of that body, they will have no business to consider whether those examinations are good enough for the efficient practice of the profession.

The Executive also had before them a long correspondence in reference to a public vaccinator, whose certificate (duly recognised from the London College of Physicians, and obtained from St. George's Hospital) was rejected by the Local Government Board. It would appear that the Medical Council issued recommendations in reference to the teaching of vaccination, in accordance with which St. George's Hospital, amongst others, appointed an instructor in vaccination. He did not, however, apply, as others had done, for the recognition of the Local Government Board, and they therefore rejected his certificate of proficiency. The case is a hard one for the vaccinator, but he has no redress, and must take a fresh course of instruction from a recognised teacher.

A further correspondence in reference to the supply of the Medical Register to all registrars in England was laid before the Executive Committee. A difficulty has been found to exist in supplying registrars with the means of deciding from whom they should or should not receive certificates, and it has been proposed to supply each of them with a copy of the official list ; but the Registrar-General considers that the Treasury would not consent to such an expense as the distribution of 2,194 copies of the Register would entail.

The rest of the sitting was occupied by consideration of the replies of the Colleges to the visitors' reports, and the Committee adjourned until they meet immediately before the Council.

PRESCRIBING CHEMISTS.

The Medical Defence Association announces another raid on the prescribing chemists, and the Council of the Pharmaceutical Society have received a sort of unofficial challenge to the combat in the columns of the *Students' Journal*, which periodical, to a certain extent, represents the policy of the Association. The Council of the Pharmaceutical Society had taken up the cudgels for prescribing druggists, as they did for the adulterators, and had blustered about their solicitor, one of them boasting that he infringed the law every day in the week. In reply to this the *Students' Journal* says :—

"It is suggested that the Defence Association should make a grand *coup*, once for all, by marching straight against the councillor who boldly declared that, according to Baron Bramwell's ruling, he infringes the law every day. This case, the *Chemist and Druggist* says, would be defended with the utmost strength of the Pharmaceutical Society. No doubt the case of the councillor referred to will occupy the attention of the Defence Association in good time, if he continues to infringe the law daily ; meanwhile, if the Pharmaceutical Society is anxious for a trial of strength with the Defence Association, an opportunity will soon present itself, for we understand that proceedings are about to be taken against other prescribing chemists. As to the result we have no fear, the Pharmaceutical Society notwithstanding. If the facts can be proved, conviction must follow ; there can be no doubt as to the law, for cases without number have been decided, in which it has been clearly laid down that chemists have no right to prescribe for patients. They may sell any preparation or compound, and state that it is good for this or that disease, but it must be sold under its own name, be it 'paregoric,' syrup of squills, or lenitive electuary. When a chemist selects his own drugs, and puts up a bottle of mixture for a patient, he goes beyond what he is authorised to do."

We shall see whether the Pharmaceutical Society will, as they have threatened, defend the right of druggists to prescribe. We trust that they will, for in so doing they would help to remove any doubt which a prescribing druggist may still entertain as to his legal position, and would call public attention to the hourly assumption of medical functions by unqualified and incompetent persons. The funds of the Pharmaceutical Society could not be applied to a better purpose, and it will be for the benefit of the cause which the Defence Association has in hand that their David should conquer or fall in an encounter with the Goliath of the drug trade, and thus force upon the attention of the prescribing chemists that they are engaged in an unlawful practice.

DEATH FROM PRIVATION.

It is difficult to believe that death from privation can take place in London, yet from time to time we hear of such cases, and those cases are reported to be amongst deserving poor. Last week, an inquest was held upon a man named Robert Lloyd, a mechanic, who from ill-health had been unable to follow his employment. He earned a few pence a day by holding horses for cabmen, and by this means supported himself for upwards of a year. The money the man earned was insufficient to purchase the nourishment required to support life, and gradually the man became weakened by inanition, dying from failure of the heart's action, on a doorstep in Regent Street, in the daylight and in the presence of a multitude of passengers. A narration of these painful facts suggests carelessness and even cruelty on the part of the witnesses of this scene—yet no one is to blame. There are at the present time many individuals in London, both men and women, gradually undergoing a process of death from starvation. The men have been hard working mechanics in their time, and so far as age is concerned might be so now, but they are suffering from chronic rheumatism or other chronic diseases. Their disease does not completely prevent them from working. On warm days they get to light work, message carrying, holding horses, &c., and by this means earn a few pence or even a few shillings. The women are mostly the wives of men who have deserted them, some, of men who are undergoing a term of imprisonment for various crimes ; many of them have children. By ironing, charring, and other badly paid labour they earn a few shillings a week, and by this means obtain for themselves and their children not one half the amount of nourishment required to maintain health. Without fuel no fire can burn, and though a flickering flame may be visible for a time it must ultimately become extinguished. And thus it is with these poor creatures ; they grow thinner and paler, they do not suffer pangs of hunger, for they are inured to the condition of an empty stomach, but by degrees disease if any exist, gains ground upon them, or the debility of nervous exhaustion from insufficient nourishment, renders the them less and less able to perform the little labour that offers itself to them, and in the midst of their journey to the work they fall and faint. From that faint, recovery is impossible ; no vital force is there even by the aid of strong stimulants to again promote a muscular contraction, and directed by medical evidence a jury decide that death was caused by failure of the heart's action.

Thousands of such deaths occur annually, but if the individual has been seen by the parish surgeon no inquest is necessary and the case is never made public.

Now can such deaths be prevented ? The out-patient physicians and surgeons of our metropolitan hospital, the parish and infirmary surgeons and others see numberless cases which they know will almost surely succumb ultimately to "a failure of the heart's action," yet they are powerless to prevent it. They recognise the inutility of prescribing medicines but have not the means of giving the relief required.

The patients cannot claim and they very rarely get relief from the parish. They often will not ask it, for they see that many of their friends are in better circumstances than themselves, and the idea never passes through their mind that there is any possible way of improving their condition. If there were a special fund at every hospital for supplying food to out-patients at the discretion of the physician or surgeon, doubtless much good would result, but the whole matter requires to be more fully examined into by a committee.

The difficulty that surrounds the question of the proper administration of charity is enormous, but it is not this question we desire to open.

A *widow* a *deserted wife* or a *sick man* cannot support a family, and if nourishment is not forthcoming they must surely die. To discriminate between such cases and imposters would not be difficult, and to obtain an adequate

relief for this deserving section of paupers would be an easy and a pleasant undertaking for the philanthropists, and for the benevolent members of the several boards of guardians.

BIRMINGHAM SANITARY WORK.

THE Officer of Health of Birmingham, Dr. Alfred Hill, by his untiring energy and zeal, has at length succeeded in thoroughly arousing the Corporation into action, and the sanitary improvement of certain deplorable parts of the town is about to commence. The scheme brought forward is on a scale of magnitude never before attempted by any provincial town. It involves the expenditure of about two millions of money upon ninety-three acres of ground now occupied by the worst class of poverty-stricken dwellings. The Government is asked to sanction the outlay, and an inspector has been holding a court of inquiry on behalf of the Local Government Board. In this condemned part of the town of Birmingham the death-rate ranges from 28 to 97 per 1,000, whilst the average of other parts has been reduced to 22. There are on an average not more than four-and-a-half persons to a house and 200 to an acre, which is far less than in many parts of London, Liverpool, and Manchester, and clearly shows that a high death-rate is due quite as much, if not more, to the character and surroundings of the dwellings of the poor as to overcrowding. The determination come to by the Town Council to sweep away at once and for all the whole of the condemned property, streets, and courts, and rebuild and rearrange it on the most approved principles, is, in every way commendable and judicious. Although, as we have said, there is really no great amount of overcrowding, the wretchedly poverty-stricken condition of the property can scarcely be matched in the worst parts of London. The houses are so built that they stand in close proximity to the backs of other houses, or within a few feet of dead-walls, built without windows and insufficient room space, built over and close to privies, middens, and which leak and percolate into the water supply; in short, built under conditions in which light, air, ventilation, common decency, or any pretence to sanitary conditions are absolutely impossible.

Of 3,851 houses included in the area, no fewer than 2,258 are built back to back, and within a few feet of dead walls in front. The cubical contents of the living rooms of the houses in many of the streets contain only 900 cubic feet, or, in other words, they are about ten feet square and nine feet high. With regard to the provision of proper conveniences, to which reference was made in the Artizans' Dwelling Act, there are in the district 1,760 privies—that is to say, one privy to ten of the population, or two privies to five houses. In very many parts of the district they are much worse than is represented by this average. Of those privies there are, under rooms and workshops, at the present time 332; while 152 ashpits, containing refuse of all descriptions, and no end of abominations. The result upon the health of the district in this state of things is only what might be expected, and the death-rate proportionally high—higher indeed than in the worst parts of Whitechapel, where the death-rate reaches its highest point in London, for we learn from Mr. Liddle's report that in certain parts of his district—Aldgate, for instance, the death-rate varies from 38 to 59 per 1,000; and from Dr. Rogers, the Officer of Health for Limehouse, that the death-rate is 48 per 1,000, and here we have examples of a high death-rate due to, and associated with, overcrowding and a neglect of all sanitary precautions; and we find from the reports referred to that most of the houses in these districts are totally unfit for human habitation. The proposed scheme, then, for the improvement of the town of Birmingham is for many reasons of more than local importance, because if carried successfully into effect and without any excessive or immoderate outlay, the example must become contagious and extend to many other large towns, to the great advantage of the artisan classes throughout the United Kingdom. Without some such improvement for the dwellings of the labouring classes, it is in vain to look for their social improvement. As matters now stand, educational and philanthropic efforts are too often found practically useless, and daily experience shows that sanitary reform must go hand in hand with all other efforts for the improvement of the condition of the people.

INEBRIATE ASYLUMS.

WE have, on the occasion of Dr. Dalrymple's agitation of the question in Parliament, entered with warmth into his views in favour of legislative restraint of drunkards. We therefore think it right to give publication to an adverse expression of opinion by a very high authority. In a speech at Rugby recently, Dr. Bucknill said:—He believed drunkenness to be a fruitful cause of disease, but not in itself a disease; and he looked upon inebriate asylums as an unfortunate attempt to coddle drunkenness, and to patch up a wide and social mischief. Last year he was in America, and he visited many of the American inebriate asylums, and came to the conclusion that the gentlemen confined in them were generally rather proud of their position, and felt themselves interesting subjects of inquiry. As far as he could observe, they were under a very lazy and shameful pretence of curing a disease which did not exist by remedies which were not applied. The patients had only to walk outside the walls of the institution to the nearest liquor shop, and get as much liquor as they chose to buy, and they could take liquor into the asylum with them. A friend told him that he went into the inebriate asylum on Ward Island, for New York, and visited the rooms of four of these unfortunate inebriates, every one of whom was enabled to offer him a choice of spirits. He very earnestly hoped that the Rugby Association, and the great one to which it was allied, would set their faces against the view of drunkennees as a disease. Habitual drunkenness is not a disease, though it causes all manner of diseases; but in itself it is a vice, and ought to be treated as a vice. The habitual drunkard is a man who likes to drink whenever he can, and who can drink whenever he likes. Dr. Lees, confirming Dr. Bucknill's view, said he had made himself unpopular in this country and in the United States, by denouncing the dipsomaniac asylums spoken of by Dr. Bucknill as humbugs. He had the confession of a man at the head of one of them, that, after the lapse of fiv

years, 95 per cent. of the patients go back to their former vicious habits.

With the greatest respect for Dr. Bucknill's views, we do not see that his statement tells at all against the establishment of carefully inspected and well-managed inebriate asylums. The account which he and Dr. Lees give may possibly be quite true, and we suspect that, *mutato nomine*, the same facts might be stated with reference to some of the inebriate asylums at home, which are rather *cloacæ* for the disposal of irreclaimable social nuisances than establishments for the cure of dipsomania; but the failure to cure habitual drunkenness in an asylum from which the patient "had only to walk outside the walls to the nearest liquor shop and get as much liquor as they chose to buy, which they could take into the asylum with them," proves nothing.

Whether Dr. Bucknill calls dipsomania a vice or a disease is not very material. If a vice, it is one which, admittedly, is not capable of cure by any moral influences or even by the most powerful exercise of will in the patient; and although it may not be a disease, it produces diseased conditions which feed themselves, and are capable of no treatment but abstinence. Why shall we continue to refuse to exercise the only means capable of combatting this vice or disease? Until Dr. Bucknill can prove that total abstinence fails, and that there is no other remedy, he cannot establish his theorem that drunkards must be left to kill themselves, ruin their families, and occupy our jails, because their condition is a vice and not a disease.

As for the statement of Dr. Lees' informant, we simply don't believe it, if spoken of a well-managed inebriate asylum, nor do we at all sympathise with the policy of the teetotallers whom Dr. Lees represents, and who discourage the proposal to establish inebriate asylums simply because they will have nothing but absolute prohibition of liquor drinking. Like the contagious disease fanatics, they resist all palliatives simply because they cannot have a perfect remedy for the disease of drunkenness, and persons who proceed on such a principle are worthy of no confidence when a cure for a wide-spread and deeply-rooted rational vice has to be thought out.

We publish to-day an abstract of a sensible, practical, and exhaustive address on the subject by Dr. Carpenter. *Rem acu tetigit.* Only two questions—as it seems to us—admit of debate; first, whether, supposing restraint possible, it would cure a sufficient number of drunkards to make it worth while providing for it? and, *next*, whether the reform of drunkards is an object which would repay the community for the expense and social dangers of treating them as lunatics?

Notes on Current Topics.

The Holborn Rookery and Fever Den.

DURING the past week an inquiry has been held before a Commissioner appointed under the Artizans and Labourers' Dwellings Improvement Act, on the condemned area of the Gray's Inn Road rookery of the Holborn district. Dr. Septimus Gibbon, the Medical Officer of Health of the Holborn Union, soon after the passing of the Act, made an official representation to the Metropolitan Board of Works that a vast number of the houses in this part of the parish were unfit for human habitation, that diseases such as low fever and the preventible ailments of children—infants especially—indicating a low state of health among the population, were always prevalent, and that these diseases might reasonably be attributed to the narrowness and closeness of the courts, to want of light and air, ventilation, and proper and decent conveniences, that the evils complained of and the sanitary defects of the area could not be effectually remedied otherwise than by improving them off the face of the earth—that is, by rearrangement, reconstruction, and more breathing space. The area is one of the most densely populated in the metropolis, containing upwards of 600 persons to each acre of ground. There are 239 dilapidated tenements, occupied by 3,661 human beings, the majority of whom were labourers, costermongers, flower-sellers, fruit-sellers, beggars, and women of the worst character. Some were employed in a large factory near, Eley's factory, others were bristle-sorters, brushmakers, and a few printers, and the death-rate among infants is consequently very high—50 per cent. of the children born die under five years of age. Adding the workhouse deaths to those of this district, they amount to 31 per 1,000, while the mortality of the whole of the Holborn district 22·30, and as against that of the whole of the metropolis, 20 per 1,000. A great part of the population is Irish, and among whom fever, bronchitis, and pulmonary affections were very prevalent, and largely due to bad air, want of ventilation, overcrowding, and a disregard of all sanitary conditions—in short, so bad are the houses that some of them are threatening to fall down, and one actually came to the ground a few days since, and, as the Rev. W. Lockhart said of the district, "anything would be better than to leave things as they are." The Rev. E. Richardson, a Roman Catholic priest, said before he came there, in January of last year, "he did not know there were such habitations for human beings in England. In one room, so small that he could touch the walls when his hands were extended, a young woman and a girl sleep, in the same bed; they eat, drink, sleep, and live in the same room." In short, the details he gave of the place were perfectly revolting. We trust, therefore, the scheme for the improvement of this plague spot of the metropolis will be forthwith carried out in no niggardly spirit.

Diseased Animals.

A RETURN has been issued of diseased animals seized or detained at the various ports in Ireland. In 1875 the shipments were:—Cattle, 595,530; sheep, 918,082; and swine, 463,618. The number of animals seized or detained was:—Cattle, 4 for pleuro-pneumonia, for foot and mouth disease of cattle 74; sheep, 54; and swine, 147. There were 100 sheep affected with scab.

Death by Lightning.

YESTERDAY afternoon, at Battisford, near Stowmarket, a man named Knock was struck by lightning and killed instantly; he was running towards a barn at the time for shelter. His forehead was found to be blackened and his hair singed.

Kirkcaldy.

An alarming outbreak of typhus fever has occurred in the mining village of Kingseat, in the west of Fife. For a fortnight fever has been lingering among the inhabitants. but some days ago it increased rapidly, and on Friday last the number of persons attacked was about fifty, the majority of the victims being adults. The epidemic is assigned to impure water supply, samples of which are now being examined.

The South Kensington Exhibition of Scientific Inventions.

The Exhibition of Scientific Inventions, to be thrown open in a few days, extends to the south side of the buildings (known as the Exhibition buildings) around the Horticultural Gardens. It was originally intended to stop at the galleries on the western side, but further space has now been devoted to educational appliances, and in what was the centre of the refreshment rooms, will be shown objects relating to applied mechanics, consisting principally of the collection from the South Kensington Museum, supplemented by articles sent by private collectors. Amongst other curiosities the old "Rocket" has been brought over from the South Kensington Museum; and near it will be Papin's original steam-cylinder, sent from the museum at Cassel. There is also a large collection of Watt's models, brought from different parts of the country. In the next room are the models of Brunel's block machinery, and Symington's first engine and a set of excellent diagrams for teaching applied mechanics, an exhibition of lighthouse apparatus, which will include models sent by the French Government, Trinity House, and the Commissioners of Northern Lighthouses, so that the history of science in relation to lighthouses will be well represented. Passing through the room devoted to Mr. Frank Buckland's piscultural collection, the first room on the east side contains a fine show of magnetic and electrical appliances. One of the curiosities of the room which has been sent among the Post-office collection is the old five-needle telegraph instrument, which has an historical interest in that it was used to stop a murderer who had taken the train at Slough, and was stopped at Paddington when he alighted, this being the first time the electric telegraph had been used to further the ends of justice. The collection of geometrical and mathematical instruments is exceedingly good, and includes Sir W. Thomson's tide-calculating machine. The late Mr. Babbage's calculating machine will also be shown, and Gravasande's apparatus for demonstrating the action of centrifrugal force has been sent from Leyden. During the fortnight commencing the 16th of May, a series of scientific conferences will be held at South Kensington, and several *conversaziones* will probably take place in the building in the course of the season.

Professional Amenities at the Antipodes.

We take the following from the *Melbourne Age* of December 28th: "The result of the recent lithotomy operation by Mr. Beaney has been the engrossing subject amongst the medical men at the hospital lately. The other day Dr. Duncan passed some jocular remark upon the subject to Dr. Webb, who assisted at the operation. Dr. Webb felt annoyed and called Dr. Duncan a liar; that gentleman then slapped him on the face. Dr. Webb, feeling himself aggrieved, has appealed to the committee, but it is probable that the affair will be settled by mutual agreement."

Extraction of a Living Insect from the Ear.

The *Archives Médicales Belges* relate the following case: A little girl three years old put an insect, "*bête à bon Dieu*," into her ear. Sharp cries, agitation, convulsive symptoms ensued; injections of water were made without result. The physician then conceived the idea of asphyxiating the insect by means of chloroform; he dropped four drops of chloroform upon a small piece of cotton which he introduced into the ear. Immediately the child ceased crying and complained no further of any disagreeable sensation; the insect had become asphyxiated; an injection of warm water brought it away dead, and no further trouble ensued.

Dog's Milk for Children.

Dr. P. Luzun (*Bordeaux Médical*, No. 43, and *Gazette Hebdom.*, November 5, 1875) relates the particulars of three cases in which he employed dog's milk. In the first, a girl between six and seven years old, affected with rickets, who was unable to walk. Within twenty-five days she became vigorous and able to walk. He states that dog's milk contains as much again of butter as human milk or that of the cow, and seven or eight times more than that of the donkey. It is also of all milks which are employed, save that of the sow, the richest in casein.

The Value of a Man.

No animal works harder than man, and as a working or domestic animal man may be valued. Dr. Farr has made some curious and interesting calculations as to the value of the agricultural classes. The calculations are not made to correspond to the working years of man, but allowance is made for the infant and child, who though not able to work, are valued prospectively; and so again in old age, when the labour period is passed; and as an animal he consumes more than he produces, his value is considered a minus quantity. The calculations are based upon the Norfolk agricultural classes, in which county the infant labour is worth at the time of birth, £5. When he has survived the first dangers of infancy, and has advanced five years nearer the time at which he will become a productive agent, his price rises to no less than £56, and this again in five years more is something more than doubled. At the age of twenty-five years he has attained his *maximum* value, £246, and he declines afterwards steadily but slowly, down to £138 at fifty-five years of age, and £1 at the age of seventy. After this age he produces little or nothing, but still he consumes, and when he is eighty years old he is valued at minus £41.

Minimum Doses on Dispensing Bottles.

An Australian pharmaceutist indicates on the labels of jars and bottles the maximum pharmacopœial doses, which serve to warn the dispenser, should excessive doses be prescribed.

Nature's Scavengers.

A WRITER in the *Quarterly Journal of Science*, in an interesting article on "Nature's Scavengers," refers among a great many others to our old friend, the sexton beetle. He does not, of course, deny that this is a most efficient sexton, or that its work in that capacity is immensely useful in preserving the air from taint. On the contrary, he is emphatic in its praises, and gives one or two very remarkable facts about it. A single sexten, he says, has been known to bury a mole forty times its own weight, while four of them have been seen burying a crow, which would certainly exceed their united weights in a still higher ratio. Wherever this useful little member of society finds a small dead animal, or a part of one, it deposits its eggs in the decomposing flesh, and then digs away the earth below it and covers it over—a practice, say the old books, beneficial to itself and to the world at large. But, says this writer, this is only one of an extensive family who do not bury putrifying matter in which they deposit their eggs, and if the well-being of the insect and the benefit of the world at large is Nature's intention, why has it been denied to the greater number of Silphidæ? He adduces many facts which, "if fairly weighed, seem to show that the practice of burying filth is not a primordial instinct, but has been acquired in the course of successive generations, and has taken various developments in various groups."

Granular Effervescing Sulphate of Quinetum, and Nitrate of Iron and Quinetum.

MESSRS. YOUNG and POSTANS have introduced two preparations as above named. A teaspoonful of the granules contains two grains of sulphate of quinetum, and five of the citrate of iron and quinetum respectively. As bitter tonics, or as a pleasant means of administering a mild iron and bitter tonic, the preparation will be found extremely useful. A teaspoonful of the sulphate of quinetum dissolved in half a wineglassful of water has a strongly bitter flavour, and so far as one can judge by the immediate effect of a dose, is as invigorating as a corresponding dose of quinine, but as a treatment of disease we cannot expect that invaluable *drug* to be replaced by the questionable salts of quinetum.

Prolonged Baths and their Action.

IN a paper by Dr. Kisch, the value of prolonged baths, which seem to have fallen into disuse, is considered. By *prolonged* baths, the author means those "in which the patients remain for many hours or the whole day." He suggests that a trial should be given them at the various bathing establishments, and then discusses the uses of prolonged baths, both general and local. According to his views, prolonged baths—the temperature of the water being from 37° to 38° C. (98·6° to 100·°4 F.) are a very powerful means of calming excited and irritated nerves, of acting upon and promoting the secretions of the body, and finally of accelerating the healing of open wounds and ulcers. He has found them a powerful anæsthetic in hyperæsthesia and neuralgia; also in cases where the cutis has been removed. He has also found them of great service in promoting absorption and the casting off of the epidermis; they are a powerful agent in accelerating granulation and cicatrization; and finally, in acting upon *nutrition* generally, and causing the removal from the body of effete matter.

Somnambulism.

A SOMNAMBULIST residing at Bury, has recently died from a fractured spine, the result of sleep walking. On the Thursday morning his wife saw him leaving his bedroom, and immediately followed him, but before she could reach him, he stumbled on the top stairs, and fell to the bottom. This man had been a sleep walker for eighteen years. On one occasion he attempted to get through a window, and on another he endeavoured to push a child through a bedroom window into the street, but was fortunately both times prevented from effecting his purpose.

A Food Chart.

MOST of our readers are acquainted with charts of poisons and some other subjects that have been used for several generations, as surgery furniture, just as maps so often adorn the walls of offices. Dr. Locke Johnson, whose name our readers will remember as the author of some interesting articles in our past volumes, has conceived and carried out the idea of grouping the multitudinous facts about foods of all kinds into a table or chart, which may be hung up on the wall, or folded and kept at hand in a cover. The former plan is certainly the more convenient, as it can thus be referred to at any moment, and we can strongly recommend it as a useful adjunct to the library, surgery, dispensary, or reading room, although its rather unwieldy size, three and a-half feet by two and a-half or thereabouts, will be an objection to many. The labour involved in such an undertaking is, of course, great, and we congratulate the author on the completion of his work. In it the composition, alimentary value, rates of digestibility, adulterations, tests, &c., of the foods and beverages in common use can be seen at a glance; it cannot therefore fail to be of great value for reference, while the student will find it gives him, as it were, an abstract of the facts of chemistry and physiology which most concern him. With Dr. Letheby's book "On Food" and Dr. Locke Johnson's "Food Chart," the practitioner's library would be complete in this direction.

New Mode of Division of the Infra-orbital Nerve for Obstinate Neuralgia.

WE learn from *Lyon Médical* that, in a case of obstinate neuralgia, Dr. Letievant operated for its relief by cutting down on the anterior edge of the floor of the orbit, breaking open the superior wall of the infra-orbital canal, raising the nerve, separating it from the artery and excising a piece nearly four lines in length.

HER Majesty has been pleased to appoint to the most distinguished Order of St. Michael and St. George, Valerius Skipton Gouldsbury, M.D. Surgeon to Her Majesty's Forces, and now serving in the Gold Coast colony.

The Medical Society of London.

THE President and Council of the Medical Society of London gave a *conversazione* to the Fellows of the Society and their friends on Monday evening the 1st May. Before the rooms were thrown open, Professor Erasmus Wilson, F.R.S., delivered a very instructive oration on "The Progress of Cutaneous Medicine during the Present Century," and which elicited the hearty applause of his audience. Numerous objects of interest in art and medicine adorned the rooms. The President, Wm. Adams, Esq., exhibited an arrowhead, with a portion of the leg bone of the celebrated Captain Cook attached to it. Professor Tennant, some recently discovered fossil elephant bones found near London. Dr. Leared, old Armenian bronzes, and articles brought from Morocca. Mr. Napier, antique jewellery &c. Dr. Gordon, autographs of celebrated people and selection of coins and ivories. Dr. Jagielski, an original stethoscope by Laennec, &c. Mr. Jabez Hogg, a series of very beautiful specimens, pathological and physiological, prepared for him by Messrs. Cole & Son, of Everton, Liverpool; and Mr. John Browning, micro-spectroscopes and microscopes showing the absorption spectra of various tinctures and metallic substances, &c. Mr. Clover and Messrs. Barth apparatus recently improved for the administration of nitrous oxide and ether. Messrs. Tisley and Spiller, a new form of medical battery. Messrs. Barraud, photographs of eminent medical men, art manufacturers, &c. Altogether the objects exhibited were of varied and instructive interest.

Ziemssen's Cyclopædia.

WE have from time to time noticed the quarterly volumes of this comprehensive work, as they have appeared. There are now five out of the fifteen volumes out, volumes 1, 2, 3, 4, and 10. The one which has made its appearance this week is volume 4, a most important and valuable Treatise on the Diseases of the Respiratory Organs (croup, diseases of the trachea and bronchi, and diseases of the pleura), by Prof. Von Ziemssen, of Munich; Dr. Fraenkel, of Berlin; Prof. Steiner, of Prague; Dr. Riegel of, Cologne; and Dr. Fraentzel of Berlin. Translated by I. Burney Yeo, M.D., of London; A. Brayton Ball, M.D., and George M. Lifferts, M.D., of New J. Solis Cohen, York; M.D., of Philadelphia; and Edward W. Shauffler, M.D., of Kansas City, Mo. The publishers for Great Britain are Messrs. Sampson Low and Co. of London.

Condy's Ozonised Sea Salt.

A CRYSTALLISED salt bearing the above name, and intended to be employed as an agent in the preparation of an artificial or medicinal salt-water bath, has been forwarded to us for examination. So far as we have been able to test its qualities, we may say that it appears to answer its purpose, and will be found a useful addition to the morning bath. As the salt contains a certain proportion of permanganate, and is also alkaline, soap is unnecessary. Its full effects as a detergent are, however, obtained when all the colour vanishes from the bath.

AT the levee held on Friday last by H.R.H. the Duke of Edinburgh, on behalf of Her Majesty, Mr. W. Adams, F.R.C.S., the newly elected President of the Medical Society of London, was presented by Major Cadman.

THE new number of the *Langham Magazine* has an article on the Water Supply of London, which, although it contains nothing actually new, summarises all that is known in an able manner, and presents to those interested in the question the whole subject in a readable form.

THE twentieth anniversary dinner of the Royal Hospital for Incurables has just been held at the London Tavern, under the presidency of Mr. Philip Twells, M.P. At the close of the speeches, the secretary announced the list of subscriptions as amounting to over £1,600.

A CONCERT will take place at the Royal Albert Hall on Saturday next at 8 30 p.m., in aid of the German Hospital at Dalston. The great increase in the number of out-patients forces the authorities of this hospital to enlarge the accommodation and add to their buildings, which will entail an outlay, we are told, of something like £5,000 to £6,000. It is to help to meet this extra expenditure that the above-mentioned concert is to be given. The concert will, by special permission, be given under the patronage of H.I.M. the Empress of Germany, who will arrive in England on a visit to her Majesty the Queen in the course of the present week.

Diagnosis of Diphtheria.

AT a meeting of the Richmond Academy of Medicine, reported in the *Virginia Medical Monthly*, Dr. W. Parker referred to several cases under his care of sore throat in adults attended with whole patches as of false membrane about the tonsils and pharynx not succeeded by ulceration, and in which the patients did not exhibit the debility characteristic of diphtheria, but recovered immediately after the local application of turpentine. A discussion followed, from which it appeared to be the opinion that the cases were of a diphtheritic form. Other cases were cited in which the deposit disappeared in as short a time as twenty-four hours.

It is rather important that practitioners should be able to decide whether a case of sore throat is one of diphtheria or not, and it must be recollected that the appearance of the throat in diphtheria in its earlier stage closely resembles that of acute catarrhal tonsillitis. In the latter disease the secretion becomes thickened and opaque, white or yellow in colour, blocking the mouth of the crypts of the glands, and often spreading over the surface of the gland. This disease, as in the cases described by Dr. Parker, is readily cured by the application of almost any astringent lotion, and is of course not followed by ulceration, or by the characteristic debility of diphtheria. The cases described resemble acute catarrhal tonsillitis rather than diphtheria, and we have known such cases to have been reported of the latter disease in this country as well as in America. No matter how mild the case of diphtheria, the eruption would not disappear in a few hours, nor does the disease ever occur without marked debility.

THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

LAYING OF THE FOUNDATION STONE OF THE NEW BUILDINGS BY THE LORD LIEUTENANT.

On Saturday, April 29th, the foundation stone of the new building was laid in the presence of a large and distinguished assemblage of ladies and gentlemen, at the College, St. Stephen's Green, Dublin. His Grace the Duke of Abercorn, Lord Lieutenant, reached the College at about a quarter to four o'clock, attended by Col. Bernard Chambertain and an aide-de-camp, and accompanied by the Right Hon. the Lord Mayor of Dublin. The vice-regal party were received at the entrance by Edward Hamilton, M.D., President, George H. Kidd, M.D., Vice-President, W. Colles, M.D., Secretary, and the following members of the Council: Messrs. Butcher, Rawdon Macnamara, Porter (Surgeon to the Queen in Ireland), M'Dowell, Ledwich, Walsh, Dr. Mapother, Dr. A. H. Jacob, Dr. P. C. Smyly, Dr. M'Clintock, Dr. Denham, Dr. Barton, Dr. Stokes, Dr. Chaplin, Mr. Tufnell, Mr. W. J. Wheeler, Dr. Cronyn, Dr. Wilson, Dr. J. Stannus Hughes, Secretary of Council, Mr. Brennen, Registrar, Dr. Barker, Curator of the Museum, Dr. W. H. Griffiths, Assistant Librarian. Professors Drs. Mapother, Bevan, Stannus Hughes, Little, Stokes, Wilson, Cameron, Macnamara, Cronyn, Minchin, Wm. Thornley Stoker, and Davy. Examiners: Drs. B. Wills Richardson, Stoker, Barker, O'Grady, M'Donnell, O'Leary, M.P., H. G. Croly, Thomson, H. Croly, Kirkpatrick, Roe, Davys, Malone, and Morton. All the staff of the College wore academical costume. A procession was immediately formed, headed by the mace-bearer carrying the college mace, and proceeded through the building to the piece of vacant land at the rear, where all the necessary preparations had been made for the laying of the stone, and where those who had been invited to witness the ceremony were assembled, the military band in attendance playing the national anthem. It may not be out of place here to observe that the buildings about to be erected are for the purpose of giving a new library, museum, curator's rooms, &c., as the space at present given up to these uses is not at all adequate to the increased amount of books and specimens in the possession of the College. The additions are to be carried out along York Street, in perfect uniformity with the present building, so increasing that cut-stone flank. The new library will be about 68 feet long by 32 feet wide and 18 feet high, with a pathological museum over, having curator's rooms, librarian's rooms, stairs, lift, lavatories, &c. The library, at the extreme end of the museum, will have cases from the face of the walls, and a window between each case, at each side of the building. The library will have a raised dais at the end, communicating with the new foreign library. An ornamental iron gallery will be erected in the museum, which will also be lighted from the roof. The apartments will be heated with hot water. All the proposed alterations of the library, museums, board-room, &c., will be *en suite*, so that one can pass from one room to another without returning the same way. The works, which are being proceeded with, are estimated to cost £5,000. Messrs. Thomas Hall and Sons, of Harcourt Street, are the contractors.

The Lord-Lieutenant having taken the place assigned to him on a raised dias in front of the foundation-stone,

The President of the College taking the mallet in his hand, and prior to presenting it to his Grace, addressing him, said:—

Fifty years have passed away since, with this mallet, your illustrious predecessor, Most Noble the Marquis of Wellesley, laid the foundation of these Museums, which we are this day called on to enlarge. It would be out of my province (even were I adequate to the task) to detail the startling events which have occurred, or to picture the clouds and sunshine which have passed during that epoch over our native land. With one phase of that history we are, however, closely and intimately concerned, and it is that which has brought us here to-day. The remarkable advance which has been made in every department of art, literature, and science within that cycle—wonder-working agencies, as steam and telegraphy—have bridged over the spaces which, for a time, separated the distant families of the human race; and have bound with the golden links of civilisation the nations of the earth into one harmonious unity. In this onward course medical science has not halted; but, carried forward on the surging tide of progress, find the halls, museums, and libraries which were sufficient for the requirements of 1825, totally inadequate to the accommodation demanded in 1876. The written history of our College shows that it has ever been alive to the necessity for improvement—not the fitful craze for novelty; not the restless thirst for change; but the onward march—steady, determined, and enduring. The earliest dawn of our existence may be traced, like many other great institutions in Ireland, to the grand principle of Christian charity. In 1776, in the reign of Geo. III., was passed an act to regulate those noble charities—our county infirmaries, by which it was enacted, that no one should be permitted to undertake the charge of the sick poor in those institutions until their surgical knowledge was tested by an examining board, composed of the Surgeon-General and the surgeons of Steevens' and Mercer's hospital. The initiative of protection to the public led up to the granting of our first Charter in 1784, which was renewed in 1828, and supplemented in 1844. A few years after the College was chartered, Parliament granted the Licentiates the exclusive right of holding the county infirmaries. This privilege we have to the present administered faithfully, and with advantage to the public; and we may point with pride to the infirmary surgeons, whom we have established in every county in Ireland, as men of learning, men of high social character, in whom the public have passed the most implicit confidence. Should Mr. Gibson, in the interest of his constituents, the Dublin University, succeed in inducing Parliament to deprive us of this privilege, I think we may fairly claim compensation of some kind for the loss of what was a source of income as well as prestige. One thing, however, we must demand with no uncertain voice—that if, as we believe, there are monopolies existing to the prejudice of Irish surgeons, they too shall be cut away. One of the most important grounds on which our Charter was granted to us was, to quote its words, "the providing a sufficient number of properly educated surgeons for our army and navy;" a duty which we have endeavoured to discharge to the best of our ability. A certain amount of chivalry and love of adventure has ever been a prominent trait in the Irish character, and therefore our young men gladly accepted military service, and we gave them every encouragement to do so; but a change has come—paramount above every other duty confided to us is the maintaining the honour and dignity of our profession, and the protection of the alumni. Expression of complaint, dissatisfaction, and regret, reached us from our army surgeons, scattered over every region of the habitable globe, and careful investigation showed that they were not without foundation. We care not whether the service is worked on regimental or unification principle. We regard not sentimental grievances. The colour of a feather, or the breadth of a ribbon, may interest the drawing-room surgeon—they have no weight with men of mind. But we do demand that the profession of the surgeon shall not be a badge of disgrace, that he shall hold the same status as his combatent brethren, a status which is conceded to him in the relations of civil life. Their roll of fame is, for the numbers, as full of heroic deeds of valour and self-denial—yet how few the decorations of honour, so dear to the soldier, conferred on them. We believe that some attempt is being made to improve their

condition ; and we would raise the voice of warning that, with the Irish surgeon, no tempting offer of mere money will ever outweigh a degraded position or diminished prestige. We want fixity of tenure, if I may be pardoned the expression. We want the warrants, once signed by her gracious Majesty, shall not be altered to the prejudice of those who accepted service under them. We would ask that members of a learned profession shall be relieved from duties which appertain to the orderly or the purveyor's clerk. We would ask that when the medical officer becomes broken down by over-work, by climate, or disease, that his sick-leave shall be more assimilated to that of his brethren in the service. We would ask that his rank shall carry with it all the appanages which it confers on others. Until these disadvantages are removed, we cannot hope for a contented, efficient, or prosperous department. And lastly, this College is entrusted with the solemn charge of regulating and controlling surgical education in Ireland ; and it has ever been its most anxious care to raise and maintain a high standard of qualification and examination, and was among the first to insist upon evidence of preliminary education, and for years has this College single-handed fought against the principle of down competition, which was so near making shipwreck of our profession in these countries. The proceedings of to-day are intended to advance the Irish School of Surgery ; for I am sure your Grace will be pleased to learn that the museums and library, nobly endowed with presentations by his Grace the Duke of Northumberland ; by John Kirby ; by Colles, Crampton, and with the past year by Dr. Bevan, memorials of the handiwork of Shekleton, Houston, Carte, and Barker, are available not merely for our Fellows and Licentiates, but also for our pupils, to whom we are endeavouring to afford the same opportunities for study and observation which exist so largely in the Continental schools. This question has a practical aspect. It may not be generally known how closely interwoven is the condition of the Dublin Medical School with the welfare and prosperity of our city. From 800 to 1,000 students settle in Dublin for the nine months of the year devoted to medical study, representing a very considerable influx of capital annually expended among our citizens. In conclusion, permit me, on the part of the College, to tender to your Grace our most cordial thanks for your kindness and condescension in honouring us with your presence to-day. Well do we know the self-sacrificing anxiety with which you promote everything calculated to improve the condition of Ireland ; but we also know that the cares of State and function of the high office which you so graciously administer, imperatively demand intervals of quietude and rest, and therefore it is that we will ever entertain the deepest gratitude for permitting us to trespass on your leisure. Your Grace will, I am sure, permit me to thank those ladies and gentlemen who have so kindly honoured us with their presence, and to assure them that this day shall always be regarded as a bright and auspicious one. We must regard this brilliant assemblage, composed of the fair, the learned, and the great, patronised by a distinguished Irish nobleman, the omen of lengthened prosperity to the Royal College of Surgeons in Ireland. (Loud applause.)

His Grace having assisted in the spreading of the mortar with a suitably inscribed silver trowel, the stone was lowered into the proper place, after which the Duke gave it three blows with the mallet, and said :—My Lord Mayor, Mr. President, ladies, and gentlemen—I can assure you it is with extreme pleasure that I have accepted the invitation of the President and Council of the Royal College of Surgeons in Ireland to lay the first stone of the new building to be added to an institution which has sent forth so many eminent men. (Cheers.) There is no part of the world in which the reputation of the surgery of Dublin has not made itself heard, and I feel that in laying the first stone of the new building we are only inaugurating a larger sphere for those great and useful works for which the College of Surgeons in Dublin has made itself so remarkable—(hear, hear, and cheers)—and that we are laying the foundation for an even wider and more extended reputation than it has alraedy so universally enjoyed. (Applause.) I now declare this stone to be duly laid. (Applause.)

The proceedings then terminated, and the company dispersed.

Correspondence.

MEDICAL ADVERTISING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The salutary effect of your articles "On Advertising Medical Works in the Daily Press" must be evident to most of your readers. The long list of gentlemen who were in the habit of thus leaving their cards with the public is now become a very short one, and "the dirty corner" is almost deserted ! There is another way, however, of "getting your name up," perhaps, a more objectionable form of advertising. I allude to the manner in which some of the special hospitals are conducted. These establishments have hitherto not received that attention from the medical press that they deserve. It is, therefore, I think, Sir, high time that the peculiarities of the management of these *unendowed* charities should be brought before the profession and the public. It seems, at first sight, strange that these so-called institutions "for the relief of the necessitous poor" should have sprung up so rapidly of late years, and should receive so much support from the public. But this is not so when we come to remember the cause and origin of their existence. An enterprising medical man takes a house (generally a very small one at first) and calls it, perhaps, The Uvula Hospital, or The Central Cerumen Hospital.

We shall soon hear of institutions for the whites of the eyes, or the excision of toenails, and of the Royal Corn and Bunion Charity !

The rooms, if possible, are opened by Royalty—may be by a great singer, or, at anyrate, by a public man. Subscriptions come in slowly at first, but through regularly advertising the number of patients suffering from these several distressing, but easily-curable, complaints in the daily papers Miss Soft is induced to send an annual subscription of a guinea, and Verdant Green, Esq., a Vice-President, a donation of ten guineas, which is very gratefully and very publicly acknowledged. With help of thit kind circulars are printed in extraordinary numbers, and are sent all over the kingdom, headed, of course, in large letters, with the names of the promoters—I beg pardon, the medical officers. More money comes in, more circulars are poured out, and the chief benefit, I am afraid, Sir, finds its way into the pockets of the hospital staff, consisting, as a rule, of the senior officer and a harmless assistant ! By this means the surgeon soon becomes a successful man, takes a large house *for himself*, drives his carriage, and may even start a medical paper, wherein he could run down his professional brethren, and puff himself to advantage. Surely all this is advertising with a vengeance. If the benevolent would be guided in some measure by the awards of the Committee of the Hospital Sunday Fund, these institutions would shortly cease to exist.

I enclose my card, Sir, not for publication, and remain,

Your obedient servant,

AN UNENDOWED SURGEON.

THE ACTION OF STIMULANTS—A QUERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Is it not a contradiction in terms when we say that stimulants lessen waste ? I fancy they only lessen elimination, allowing the products of waste to accumulate in the system instead of being excreted. Elimination *may be* a reliable measure of waste in health; it *must be* a fallacious criterion in disease. Are there truly any "*substances d'épargne ?*" When I read of the increased exhibition of power produced by taking coca, valerian, or to come down to more familiar stimulants, alcohol or tea, I think it an unscientific explanation to say these lessen waste. The greater the blaze the quicker must the fuel consume. Either, then, reactive exhaustion *must follow* after a longer or shorter interval, or possibly the waste of the tissues is utilised, as smoke is prevented by a thorough

draught; but that would imply increased oxidation, and I do not think tea or alcohol favours oxidation, but the reverse. It seems to me an interesting subject for discussion by those capable of throwing light on it.

I am, Sir, yours faithfully,
F. M. LUTHER, M.D.

Medical News.

Royal College of Physicians of London.—On Thursday last, April 27, the following gentlemen were admitted Members of the College:—

Bennett, Alexander Hughes, M.D. Edin., 18 St. George's Terrace, S.W.
Oliver, George, M.D. Lond., Harrogate.
Park William, M.D. St. And., 20 Endsleigh St., W.C.
Sangster, Alfred, M.B. Camb., Guy's Hospital, S.E.
Skerritt, Edward Markham, M.D. Lond., Clifton.
Smith, Richard Thomas, M.D. Lond., 21 Haverstock Hill, N.W.
Sturge, William Allen, M.D. Lond., National Hospital, Queen Square, W.C.

Admitted Fellow:—

Thomas Edmonston Charles, M.D. Edin., Calcutta.

On the same date the following were admitted Licentiates:—

Bott, Henry, St Bartholomew's Hospital. E.C.
Buckell, Ernest Hook, 6 Harrington Street, W.C.
Burton, Herbert Campbell, Lee Park Lodge, S.E.
Don, Arthur Gorbutt, 56 Porten Road, W.
Fowler, James Kingston, King's College Hospital, W.C.
Henley, Edward, Belgrave Hosp., S.W.
Horner, Arthur, St. Bartholomew's Hospital, EC.
Hutton, Edwin Rutherford, 87 Lever Street, E.C.
Llewellyn, Rees Ralph, 152 Whitechapel Road, E.
Makins, George Henry, Bethlem Hospital, S.E.
Newman, John Jepson, Guy's Hospital, S.E.
Pearse, Joshua Sydney, University Hospital, W.C.
Pratt, William Thomas Cassel, Newport, Mons.
Rogers, Thomas King, 186 Southgate Road, N.
Shadwell, St. Clair Brockway, Walthamstow.
Shann, Frederick, 42 Halsey Street, S.W.
Sloman, Herbert, Farnham.
Smyth, Spencer Thomas, 6 Tyson Road, S.E.
Swanwick, Eustace Maclean, Greenheys, Manchester.
Walker, Horace, 16 Tavistock St., Bedford Square, W.C.
Watson, Percival Humble, Sunderland.
Williams, Philip Henry, Royal Infirmary, Windsor.
Winckworth, Charles Edward, South End Road, N.W.
Winship, William Lionel, Newcastle-on-Tyne.

The following Candidates having passed in Medicine and Midwifery, will receive the College Licence on obtaining a Qualification in Surgery recognised by this College:—

Batchelor, Henry Thomas, 17 Bancroft Road, E.
Buckell, Leonard Martin, 14 Holford Square, W.C.
Collier, Herbert, Bohemia House, Turnham Green, W.
Makuna, Manikji Dosabhai, 85 Ladbroke Road, W.

University of St. Andrews.—The following gentlemen, having passed the required examination, obtained the Degree of Doctor of Medicine on April 21st.:—

Brady, George Stewardson, M.R.C.S.E., L.S.A., Sunderland.
Davis, Andrew, M.R.C.S.E., L.S.A., Swansea.
Dixon, Edward Livesey, L.R.C.P. Lond., M.R.C.S.E., Preston.
Dobie, William, L.R.C.P.Ed., L.R.C.S.Ed., Keighley.
Granville, Joseph M., L.R.C.P. Lond., M.R.C.S.E., London.
Millard, William J. Kelson, M.R.C.S., L.M., L.S.A., Brighton.
Miller, George, L.R.C.S.Ed., Edinburgh.
Pearse, Frederick E., M.R.C.P.Ed., M.R.C.S.L., Stow-on-the-Wold.
Penhall, John T., F.R.C.S., L.S.A., St. Leonard's.
Roberts, Bransby, L.K.Q.C.P.I., M.R.C.S.E., L.S.A., Eastbourne.

At the same time James Key, M.A. St. Andrews, received the Degrees of M.B. and C.M.

Royal College of Physicians of London.—The following is a copy of circular sent to the Dean of the Medical Schools on Saturday last:—"Dear Sir, I beg leave to request your attention to the subjoined regulation adopted at the meeting of the College, held on the 10th instant, and which regulation will come into force on October 1st next.—I am, dear Sir, yours faithfully, HENRY A. PITMAN, Registrar. 'That every candidate for the College licence be required to produce a certificate of having acquired proficiency in vaccination, signed by a teacher of vaccination appointed or recognised by the Local Government Board.'"

University of London.—The following Examiners for 1876-1877 were elected at the meeting of the Senate held on Thursday last:—*Practice of Medicine.*—Professor Wilson Fox, M.D., B.A., F.R.S., and Charles Murchison, M.D., LL.D., F.R.S. *Surgery.*—John Cooper Forster, M.B., and W. S. Savory, Esq., M.B., F.R.S. *Anatomy.*—George W. Callender, F.R.S., and Professor John Curnow, M.D. *Physiology, Comparative Anatomy, and Zoology.*—George J. Allman, M.D., LL.D., F.R.S., and Professor William Rutherford, M.D., F.R.S.E. *Obstetric Medicine.*—J. Hall Davis, M.D., and Professor W. S. Playfair, M.D. *Materia Medica and Pharmaceutical Chemistry.*—T. Lauder Brunton, M.D., D.Sc., C.M., F.R.S., and Professor Sydney Ringer, M.D. *Forensic Medicine.*—Professor Arthur Gamgee, M.D., F.R.S., and Professor Henry Maudesley, M.D. *Chemistry.*—Professor Roscoe, Ph.D., B.A., F.R.S., and W. J. Russell, Esq., Ph.D., F.R.S. *Botany and Vegetable Physiology.*—Rev. M. J. Berkeley, M.A., and Maxwell T. Masters, M.D., F.R.S. *Geology and Palæontology.*—Professor Edward Hull, M.A., F.R.S., and Professor T. Rupert Jones, F.R.S.

Vital Statistics.—From the Registrar-General's return we learn that during last week 6,271 births and 4,121 deaths were registered in London, and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 27 deaths annually in every 1000 persons living. The annual death-rate was 22 per 1000 in Edinburgh, 24 in London, 30 in Glasgow, and 34 in Dublin. The annual rates of mortality during the same period in the other large towns were—Norwich 19, Hull 19, Leicester 25, Portsmouth 26, Newcastle-upon-Tyne 23, Birmingham 26, Brighton 26, Leeds 28, Wolverhampton 23, Bradford 26, Sheffield 30, Plymouth 30, Bristol 22, Oldham 37, Manchester 34, Salford 35, Nottingham 23, Sunderland 19, and Liverpool 36. The annual death-rate from the seven principal zymotic diseases averaged 3·9 per 1000 in these towns, and ranged from 0·0 and 0·8 in Norwich and Newcastle-upon-Tyne, to 7·1 and 7·9 in Oldham and Portsmouth. Scarlet fever, whooping-cough, and measles, were somewhat fatally prevalent in Portsmouth; and in Oldham 5 deaths were referred to fever and 3 to scarlet fever. Ten more fatal cases of small-pox were registered within the city and borough of Manchester and Salford, not one fatal case occurred in London.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

LECTURES AT THE BROMPTON CONSUMPTION HOSPITAL.—A useful course of lectures to students is announced by members of the staff of this excellent institution, to which we have great pleasure in drawing attention. Two series of clinical demonstrations will be delivered at 3 o'clock, each Monday and Wednesday, during May and June, that "On Variations in Cardiac Rhythm" by E. Symes Thompson, M.D., F.R.C.P., on Mondays, at 3 o'clock, beginning May 8th; the other series "On Clinical Types of Heart Disease," by I. Burney Yeo, M.D., will consist of about ten demonstrations, and will be given every Wednesday, at 3 o'clock, commencing to-day.

CONTAGIOUS DISEASES.—A petition to Parliament to render penal the wilful communication of any disease, whether infectious or contagious, lies for signature at 168 Piccadilly, London. The wilful communication of diseases will be a very difficult matter to define.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 10, 1876.

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CONTRIBUTIONS TO THE ETIOLOGY OF NERVOUS DISEASES.

By Julius Althaus, M.D., M.R.C.P. Lond.,
Physician to the Hospital for Diseases of the Nervous System.

In a paper which I read in January last before the Royal Medical and Chirurgical Society on the prevalence and fatality of nervous diseases, I have endeavoured to fill up a hiatus which has existed up to the present time in our knowledge of the occurrence of the various diseases of the nervous system. For this purpose I have analysed the annual reports of the Registrar-General on the mortality in England and Wales from 1838 to 1871, which form a large storehouse of facts that are of the greatest importance for social pathology. The reports are, on the whole, wonderfully correct, and certain errors and omissions which I have discovered in them are perhaps inseparable from a work of such magnitude. The interpretation of the facts contained in them must to some extent depend upon the degree of confidence one may attach to the way in which the certificates of death have been filled up by medical practitioners; and we shall probably be right in assuming that the entries of more recent date are more correct and reliable than those which were made when registration was first commenced. This explains to a great extent why the first period of years which is included in my investigations differs in several striking respects from the subsequent ones, which resemble one another more closely.

Amongst many proofs for this I will only mention that the entries of old age as a cause of death have gradually diminished from 10.67 per cent. of the entire mortality, which it was in 1838, to 5.46 per cent. in 1870. Now it would be evidently wrong to assume that thirty-five years ago twice as many people should have died simply of old age without any disease than is the case at present; for this would show such a deterioration in the public health as is quite incompatible with a large array of other facts at our disposal. To my mind these numbers simply prove that thirty-five years ago medical men were in the habit of putting down old age more frequently and loosely as a cause of death than they are in the habit of doing now, when the search for disease is keener and more successful. Fortunately the groups of nervous diseases which appear in the Registrar-General's Reports have such striking and characteristic features that, on the whole, the errors under this head cannot, with the exception of the first few years, amount to any very considerable quantity.

I now proceed to give a somewhat fuller abstract of the paper to which I have above alluded than has as yet appeared in the other medical journals.

The following nomenclature has been adopted by the Registrar-General for the several diseases of the nervous system: 1. Cephalitis (meaning encephalitis, myelitis, and cerebral and spinal meningitis); 2. Hydrocephalus (meningitis tuberculosa) was only retained in this class until 1842, when it was transferred to that of tubercular diseases. 3. Convulsions (infantile eclampsia). 4. Apoplexy (cerebral hæmorrhage). 5. Paralysis (white softening of the brain, &c.). 6. Delirium tremens. 7. Tetanus (was expunged without explanation in 1858). 8. Chorea. 9. Epilepsy. 10. Insanity. 11. Disease (a kind of lumber-room in which everything has been thrown which cannot be registered under the foregoing headings, and includes the rarer forms of cerebral and spinal disease, and also diseases of the eyes and ears).

The first question which I proposed for investigation was whether the proportion in which nervous diseases occur was a steady one, and subject to certain definite laws, to which there are no or only apparent exceptions, or whether it varies perceptibly from time to time. For this I calculated the number of inhabitants, the entire mortality, and the actual mortality from nervous diseases for a period of thirty years, and came to the conclusion that the death-rate for nervous diseases had varied between twenty-six and twenty-eight for ten thousand people during six lustra, and that the mean percentage for thirty years was 12.26 of the entire mortality, the greatest discrepancy from this

mean being .28 on one and .42 on the other side—that is, less than one-half per cent. The proportion in which nervous diseases prove destructive of human life appears, therefore, to be a very definite one, and subject to a certain fixed law from which there are no or only apparent deviations. In a nation which peoples almost all the inhabitable regions of the globe, and which is, as it were, constantly on the move both outward and homeward, the habitual operation of such a law must always to some slight extent be interfered with. Men suffering from nervous diseases come home from the colonies either for medical advice or from a wish to die in their native land; or they leave this country in search of health abroad, where they find a grave. Zymotic diseases, which occur not at a steady rate, but in waves, carry off persons who might but for their intercession have died of nervous diseases, and thus may swell or reduce the entire mortality of the period. Anyhow, the common assertion that nervous diseases have considerably increased during the last decennia has been shown to be incorrect.

My second question was, *What rank nervous diseases occupied amongst the more destructive distempers to which mankind is liable?* The answer is, that zymotic diseases rank first amongst the fatal maladies, with 22.90 per cent. of the entire mortality, that tubercular diseases follow with 15.94, respiratory diseases come after with 13.00, and diseases of the nervous system occupy the fourth rank with 12.26. It was incidentally discovered that while tubercular diseases had steadily diminished, respiratory diseases had as much increased of late years. The first of these two facts I am inclined to explain by the increased wealth and prosperity of the nation, and also to some extent by improved methods of treatment; while the increase of respiratory diseases is accounted for by the great rise of the manufacturing industry in the country. Amongst these diseases bronchitis is by far the most important, and we know the important influence played in its production by the inhalation of mechanical irritants contained in the atmosphere. While new manufacturing establishments have been springing up everywhere, only little has been done to remedy the evils of smoky towns, badly ventilated mines, and dusty workshops.

My third question was, Whether the several diseases of the nervous system bear a certain definite proportion to the sum total of these maladies, or are subject to considerable fluctuations; and whether in particular paralysis and insanity, as has been commonly asserted, have perceptibly increased within the last decennia? I have shown that an *increase* has taken place, more particularly during the last ten years, for *cephalitis*, *apoplexy*, and *paralysis*; and this rise amounts for cephalitis to two, for apoplexy to four, and for paralysis to six per cent., as between the first and last period of five years tabulated. *Delirium tremens*, on the other hand, appears to be on the decline; for, although the minimum was registered in the first lustrum, the maximum occurred in the second, and was never again reached in any of the subsequent periods; while the last lustrum shows a particularly decided fall. *Chorea* has increased in fatality of late years; and the ratio of increase will be understood by saying that the number of deaths from chorea was in the last period of five years more that double that of the first, while the deaths from all nervous diseases were only in the proportion of three to two in the same periods. *Tetanus* has slightly increased, while *epilepsy* has somewhat diminished, and *insanity* has decidedly increased during the last ten years, inasmuch as each year taken singly shows a rise over its predecessor. The maximum of 1·54 was attained in the last year, while at a previous period the percentage had been as low as ·75. *Convulsions*, or *infantile eclampsia*, form by far the most important cause of death amongst the several diseases of the nervous system. In the first lustrum a maximum of over sixty per cent. was attained, since when a regular and decided fall has taken place, until it reached 42 per cent. in the last period. This large diminution in the mortality from convulsions has allowed a rise to take place for other diseases of the nervous system, and more particularly for apoplexy and paralysis, without causing a corresponding rise in the mortality from nervous diseases altogether.

The fourth question was, Whether nervous diseases are more frequent in large towns than in the country, and whether any influence of race or climate can be recognised? The commonly received notion that these diseases are more prevalent and fatal in the great centres of social, professional, and commercial life I have shown to be fallacious, for the mortality of London is the lowest of all divisions in this respect; that of the south-western counties is higher, and that for Wales is very much higher, viz., about five per cent. above that of London. That the nervous system should be more liable to break down in the fine and wholesome atmosphere of agricultural districts than in the close and foul air of the courts and alleys which abound in great cities seems to show that excess of manual labour is more exhaustive than excess of mental labour, and that the more nourishing and substantial food enjoyed by even the poorest classes in London as compared with their brethren in the country, more than compensates them in this respect for the advantages which the country affords as far as air and climate and the delights of rural pursuits are concerned.

Wales exceeds all English counties so strikingly in this respect that neither density of population, nor climate, nor difference of occupation, will account for the same, and we must therefore attribute it to the fundamental difference of race. The nervous system of the Anglo-Saxon race appears to possess greater powers of resistance to unfavourable influences than that of the Celtic race, and to be better able to bear rude shocks as well as the ordinary wear and tear of life with impunity.

The next point I have endeavoured to elucidate by my investigations is the influence of *sex* on the fatality of nervous diseases. The rate for both males and females has been remarkably uniform, and amounts for the former to 12·94, and the latter to 11·62, so that males are more liable than females to die of nervous diseases, to the extent of nearly 1¼ per cent. of the entire mortality from all causes. With regard to the several diseases of the nervous system, it is shown that *cephalitis* is more fatal to males than to females; that, contrary to what has been stated by almost all previous observers, females die somewhat more largely from *apoplexy* and *paralysis* than males; that the proportion for *epilepsy* is nearly identical; that *chorea* is more fatal to females than to males; that *delirium tremens* kills at the rate of eight men to one woman; that *tetanus* is rather more frequent in the male sex; and that women are more liable to *insanity* than men. *Convulsions* are greatly more fatal to boys than to girls; and the entire mortality for males amounts to 54 per cent., against 46 for females.

Age has a wonderful influence on the fatality of nervous dieases, and one that is far greater than that of sex. An immense maximum is attained in the first year of life, and the number of deaths from nervous diseases during the first five years of age is greater than that of all the succeeding ages taken together, viz., 25,000 out of a total of 48,000. From five to thirty years of age there is a lull; at thirty-five a rise is perceptible, which becomes large at sixty, and reaches its maximum at seventy; but this second maximum amounts only to one-tenth of the first maximum attained in the first period. The first maximum is owing to the fatality of convulsions, and the second to that of apoplexy and paralysis. For the influence of age on the other diseases of the nervous system the reader must be referred to the original paper, as it would be difficult to understand it without the aid of the original diagrams. This holds also good for the relations of the two sexes with regard to the influence of age.

The last point considered is the proportion of deaths from *delirium tremens in the different counties of England and Wales*. I have found that London heads the list by a long way; that when London is put at 100, the proportion in the counties is between 60 and 40, and in Wales only 27. As the number of deaths from delirium tremens is known to correspond very closely to the

amount of strong alcoholic drinks consumed by the population, it appears very significant that London, where nervous diseases are at a low ebb, should consume so much more alcohol than Wales, where these maladies are singularly fatal. The question therefore naturally presents itself, whether a large proportion of strong alcoholic drink is really always prejudicial for the nervous system, as has perhaps been too sweepingly asserted by many well-intentioned men of late years; whether whisky is really the "devil in disguise;" and whether alcohol does not in many instances act as a preservative against the invasion of nervous diseases? There are, however, as yet, no sufficient data at our disposal to enable us to decide this point.

After drawing attention to the difference between mortality from these diseases and their prevalence during life, and estimating the latter partly from published official documents, and partly from clinical experience, I have asked whether medical science which hitherto seems to have been almost powerless to favourably influence the mortality to any great extent, will have more chance of doing so in future, when our methods of treatment shall have improved, and become the common good of all grades of the profession? We may reasonably expect a further considerable diminution of convulsive diseases in the natural order of things; and when it becomes more largely known to the body of the profession with what safety large doses of the bromides of potassium and sodium may be administered to infants, a further great reduction of the mortality from eclampsia may be expected. The fatality of epilepsy has likewise diminished during the last decade, most probably under the influence of better treatment; and there is good reason to believe that it will be further reduced in course of time. Even for tetanus, recent researches on the action of hydrate of chloral in that disease seem to hold out a prospect of its becoming eventually more amenable to treatment, while chorea is known to kill but rarely. Paralysis, apoplexy, insanity, and cephalitis on the other hand, will no doubt always carry off large numbers of victims as long as the present conditions of our existence, with its passions and sorrows, its troubles and disappointments, continue.

THERAPEUTICS: INCLUDING THE PHYSIOLOGICAL ACTION OF MEDICINES.

By W. Handsel Griffiths, Ph.D., L.R.C.P.E.,

Licentiate of the Royal College of Surgeons of Edinburgh; Lecturer on Chemistry in the Ledwich School of Medicine, Dublin; Editor for the *Edinburgh Medical Journal* of the "Monthly Reports on the Progress of Therapeutics"; Corresponding Member of the Therapeutical Society of Paris; Hon. Member of the Ontario and Chicago Colleges of Pharmacy, &c.; Librarian to the Royal College of Surgeons in Ireland.

(*Continued from page* 112.)

ACIDUM CARBOLICUM.

In 1860 Lemaire drew attention to carbolic acid as a remedy, and Mr. Calvert also early investigated the applications of this substance. It has lately been brought prominently forward as an antiseptic by Lister (*a*), Pasteur, Sansom, and others. These writers contend that putrefactive changes are due to septic infusoria in the atmosphere, and that carbolic acid acts by destroying the life of these organisms. The recent experiments of Dr. J. Dougall with carbolised lymph would tend to prove that carbolic acid is not antizomotic. The local and topical effects of carbolic acid are more energetic than those of creasote. The former acts as a powerful stimulant and caustic to the skin, and when incautiously applied has not unfrequently caused gangrene. It may be laid down as a rule that the strength of topical applications of carbolic acid to wounds should not exceed one part of the acid to eight of water or to six of oil.

Carbolic acid is a potent antiseptic, and is extensively used to correct the fœtor of gangrenous and offensive sores. In the treatment of wounds it acts beneficially by avnrting the tendency to the formation of pus, preventing inflammation, moderating pain, and arresting hæmorrhage. Mr. J. Wood advocates the employment of sulpho-carbolate of zinc as an application to wounds, suppurating abscesses, after-operations, and in gonorrhœa and venereal sores (*a*).

Carbolic acid represses exuberant granulations, and acts as a stimulant to weak, indolent, and unhealthy ulcers. As a topical application it has been recommended in the treatment of necrosis, caries, carbuncles, diphtheritic surfaces, lupus, and cancerous sores. It certainly relieves the pain of cancer, and cases are recorded in which it appeared to have modified the disease. As a gargle in diphtheria, carbolic acid has been extolled, and in other affections of the throat and pharynx, as in ulcerations and enlargement of the follicles, pulverised solutions of it have ordinarily proved beneficial.

As to the anæsthetic effects of carbolic acid when locally applied, Dr. A. H. Smith (*b*) confirms the statements of Drs. Bill and Squibb; it renders the integument entirely insensible, but does not interfere with the capillary circulation. Prof. Erasmus Wilson uses it as an anæsthetic to diminish the pain produced by caustics in lupus, &c. Carbolic acid is sometimes used for the cure of soft hæmorrhoids, which it effects by corrugating the integument.

Carbolic acid aborts the pustules of cow-pox and small-pox, and a solution of it in oil (1 to 8) is greatly recommended by Dr. Scott, of Dumfries, as an application to prevent the pitting after the latter disease, and also in cases of gunpowder burning (*c*).

In malignant pustule Dr. Estradère successfully uses carbolic acid, both externally and internally. In arthritis of the knee, subacute adenitis, &c., Huter advocates parenchymatous injections of it.

The internal administration of carbolic acid should be regulated by its effect on digestion; it should always be given freely diluted. Irritability of the stomach and a red tongue contraindicate its employment.

Dr. Fuller and others have found carbolic acid to be of great service in cases of fermentative dyspepsia, even when charcoal has failed to afford relief (*d*). It will be found that ten or fifteen grains of sulpho-carbolate of soda taken before food will prevent flatulence occurring after meals.

In torpor of the bowels with offensive breath and in sarcina ventriculi, Kempster advocates its employment (*e*).

Anal injections of carbolic acid are of value in mucous diarrhœa of the large bowel, and Rothe recommends the internal administration of it in the treatment of diarrhœa and cholera (*f*).

Salkowski employs carbolic acid in the treatment of some cases of vomiting (*g*). A case of tænia is recorded in which the administration of two grains of the acid every hour caused the expulsion of the head and body of the worm on the second day. Lemaire gives clysters of carbolic acid for the cure of ascarides.

In hæmorrhagic ulcer of the stomach the administration of grain-doses freely diluted has proved efficacious in checking the bleeding. When given internally, carbolic acid can be detected in the blood; it is stated, however, that it undergoes partial oxidation into oxalic acid.

Carbolic acid powerfully depresses the circulation.

(*a*) For details as to the antiseptic method adopted by Professor Lister the reader is referred to his monographs and papers on the subject, or to an able summary in Professor Sydney Ringer's "Handbook of Therapeutics," 4th Edition, 1874.

(*a*) "Medico-Chirurgical Transactions," vol. lii.
(*b*) *Medical Times and Gazette*, vol. ii., 1872.
(*c*) *Edinburgh Medical Journal*, August, 1871.
(*d*) *British Medical Journal*, February 20, 1869.
(*e*) *American Journal of Medical Science*, July, 1868.
(*f*) *Schmidt's Jahrbucher*, April, 1872.
(*g*) *British Medical Journal*, May 25, 1872.

Carbolic acid has been employed in the treatment of various affections of the respiratory organs. Dr. Carlos, of Bahia, acting on the supposition that the epidemics of whooping-cough in the West Indies were due to the spores of some fungus was led to give carbolic acid in such cases with marvellously successful results. In a recent communication (*a*) Dr. Robert Lee reverts to the value of inhalations of carbolic acid in whooping-cough, and in the journal containing this publication Dr. George P. Rugg writes claiming priority over both Dr. Lee and Dr. Burchardt, of Berlin, insuggesting the use of vapour of carbolic acid in whooping-cough. The latter writer prescribes the steam from a solution of one and a-half or two parts of the acid in 100 parts of water for inhalation thrice daily.

Dr. C. G. Rothe, of Attenburg, recommends inhalations of carbolic acid in phthisis, and he gives the following formula :—Crystals of carbolic acid and spirit of wine, two parts each ; tincture of iodine, one part ; distilled water, ten parts. Of this mixture from 25 to 30 drops are to be added to a tablespoonful of water for an inhalation.

Dr. Angelo Cianciosi (*b*) relates a case of suppurative pneumonia following a stab in which he injected into the pleura a solution of 50 centigrammes of the acid in 200 of infusion of cinchona with marked benefit.

In catarrh with offensive discharge, ozæna, nasal polypi, &c., Kempster gives inhalations of a solution of one grain of the acid in an ounce of water (*c*).

In gangrene of the lung the administration of carbolic acid has been found useful in Salkouski (*d*), Gärtner, Leyden, and others (*e*). Carbolic acid has the power of reducing animal heat, and it has hence been suggested that its employment would be beneficial in febrile conditions attended with excessive calorification.

M. Déclat recommends carbolic acid for the treatment of intermittent fever ; he injects subcutaneously 75 drops of a one per cent. watery solution four times the first day, three times the second day, and twice on the third day (*f*). M. Treulich states that in cases of intermittent fever in which quinine has failed, carbolic acid will often effect a cure. He gives as an average dose four grains in infusion of gentian, and he records eight cases in which there were large tumours of the spleen which were cured under this treatment (*g*).

After the administration of carbolic acid the urine becomes dark and smoky looking, presenting an appearance very similar to that in bad scarlatinal nephritis ; sometimes a deposit is formed not unlike altered blood, but it certainly is not disintegrated corpuscles. The dark matter is entirely derived from the drug, and is a form of indigo blue. The depth of colouration is no indication of the amount of acid present. It is said that the urine is coloured dark more frequently from the external than from the internal use of carbolic acid, a fact Ferrier attempts to explain by suggesting that the acid becomes oxidised in the former case before its absorption. On the addition of sulphuric acid to the urine the odour of tar is developed, and chloride of iron yields a beautiful blue colour. The urine in health contains a trace of carbolic acid. Carbolic acid sometimes causes the transitory presence of albumen in the urine (Waldenström). Neumann has shown that hyperæmia of the kidneys with separation of renal epithelium constantly occurs in dogs poisoned by carbolic acid (*h*).

According to Fuller, although carbolic acid causes the disappearance of lithic deposits, it does not act beneficially in gout or rheumatism (*i*). A case of diabetes successfully treated with carbolic acid is quoted in the *Philadelphia Medical Times* for Jan. 30th, 1875. Fifteen and a-half grains of the crystals were dissolved in an ounce each of peppermint water and distilled water, and of this a sixth part was administered night and morning. Drs. Ebstein and Müller also recommend carbolic acid in glycosuria ; they suggest that abnormal fermentation may in many cases cause or permit the occurrence of glycosuria (*a*). It may be here mentioned that although carbolic acid will prevent the fermentation of sugar, it is said not to have the property of preventing the conversion of starch into sugar or the decomposition of amygdaline.

Injections of carbolic acid have been suggested for the treatment of catarrh of the bladder. Berndgen uses in chronic eczema a solution of five parts of the acid in ten of diluted spirit and 120 of water ; this solution he applies every morning with a camel's hair brush. In acute eczema carbolic acid is injurious (*b*).

The foregoing solution has been found very useful as an application in psoriasis. Neumann gave carbolic acid internally in psoriasis, and found that it reduced the hyperæmia, but did not affect the thickening of the cutaneous tissue, consequently it proved more successful in the treatment of the acute than of the chronic cases. Zimmerhaus gives in psoriasis pills each containing three-fourths of a grain of carbolic acid ; he begins the treatment with the administration of six of these pills daily, and gradually increases the dose to twenty of the pills in the twenty-four hours ; by this treatment he usually effects a cure in from four to seven weeks (*c*). Dr. M'Nab recommends for the treatment of psoriasis an ointment consisting of one part of the acid in four of lard ; he applies this every night, and covers the part with gutta-percha (*d*).

By Hertel, of Copenhagen, Guntz, of Dresden (*e*), and by Salkouski, it has been found very beneficial in the treatment of prurigo.

Hertel finds that carbolic acid acts specially on two symptoms accompanying cutaneous affections, namely, itching and hyperæmia. The action of the acid in tinea and some other skin diseases is attributed by some dermatologists to its power of coagulating albumen, stimulating the skin, and excluding the atmosphere.

Dr. Edgar Browne recommends carbolic acid as an application for sweating feet (*f*). In skin affections of cryptogamic origin the acid has undoubtedly proved serviceable. In alopecia areata Dr. Watson uses carbolic acid successfully ; he employs a lotion night and morning consisting of one drachm of the acid to three ounces of glycerine ; in a case so treated the scalp was covered with abundance of hair in seven months. Dr. Prior, of Bedford, states that carbolic acid will cure porrigo favosa, and that for achorion Schönleinii it is the safest and surest parasiticide (*g*). According to Kempster, it effectually destroys acarus scabiei and pedicularis capitis (*h*).

Dr. J. C. Nott, of New York, records a case of a carbuncle aborted by carbolic acid ; an incision was made into the carbuncle, and cotton-wool soaked in the acid was inserted into the wound every day for a week. Other successful cases are also recorded.

In erysipelas, Dr. Murell advocates the topical use of carbolic acid, and he has obtained successful results in the phlegmonous form of erysipelas by hypodermic injections of the acid as proposed by Aufrecht (*i*). Dr. Hirschberg relates a case of traumatic erysipelas successfully treated by hypodermic injections of a two per cent. solution of carbolic acid (*j*). A lotion of one part of the acid to 100 of water is recommended in pruritus ani. It is also useful in pruritus pudendi.

(*a*) *British Medical Journal*, October 2, 1875.
(*b*) *Indipendente*, No. 4, 1875.
(*c*) *American Journal of Medical Science*, July, 1868.
(*d*) *British Medical Journal*, May 25, 1872.
(*e*) *Schmidt's Jahrbucher*, April, 1872.
(*f*) *Comptes Rendus*, lxxv., p. 1489.
(*g*) *Wiener Med. Presse*, November 12, 1871.
(*h*) *Medical Press and Circular*, October 5, 1870.
(*i*) *British Medical Journal*, February 21, 1869.

(*a*) *Berl. Klin. Wochenschrift*, December, 1873.
(*b*) *Centralzeitung*, No. 20, 1875.
(*c*) *Wiener Med. Presse*, 42.
(*d*) *Lancet*, March 19, 1870.
(*e*) *Schmidt's Jahrbucher*, April, 1872.
(*f*) *Practitioner*, December, 1869.
(*g*) *British Medical Journal*, October 26, 1867.
(*h*) *American Journal of Medical Science*, July, 1868.
(*i*) *Philadelphia Medical and Surgical Reporter*, December 26, 1874, and *Centralblatt*, February 21, 1874.
(*j*) *Berl. Klin. Wochenschrift.*

Sponging the body with a weak solution of carbolic acid is said to drive away mosquitoes. With reference to its action on the nervous system, carbolic acid in excessive doses produces spasms, the severity of which is only equalled by those produced by picrotoxine or codeine, and which terminate in paralysis and death. According to Labbee, the convulsions produced by carbolicacid are rather epileptiform than tetanic, its special influence being apparently exerted upon the cerebellum and medulla oblongata.

In gonorrhœa an injection of twenty grains of sulphocarbolate of zinc in eight ounces of water, to be used two or three times daily, has proved satisfactory.

Dr. Lloyd Roberts, of Manchester, early drew attention to the efficacy of carbolic acid in the treatment of ulcers of the os and cervix uteri, and in chronic uterine catarrh. An outline of his mode of procedure is given in Prof. Ringer's "Handbook of Therapeutics." It may be here mentioned that the fluidity of the acid may be maintained by the addition of a few grains of camphor, as suggested by Mr. Weir, of Dublin. Dr. Greenhalgh recommends as a vaginal pessary ten grains of carbolate of lime made up with stearine to correct the fœtor of ulcerating cancer of the womb. For internal use Dr. Sansom recommemds the substitution of the sulphocarbolates for carbolic acid. These salts are devoid of caustic and irritant action, and are soluble in water; they may be given in doses of from 20 to 40 grains. The soda salt is the most efficient, then that of magnesia, then that of potash, and lastly that of ammonia. These salts are decomposed in the system into carbolic acid, which is given off in the breath, and sulphate of soda which appears in the urine. Dr. Sansom collected and preserved the urine of animals to which sulphocarbolate had been given. He found that after six months the urine had not decomposed; it is not unlikely, therefore, that the administration of these salts may be useful to keep the urine sweet in cystitis, enlarged prostate, paralysed bladder, &c. Dr. Brackenridge (*a*) speaks highly of the value of sulphocarbolate of soda in the treatment of scarlet fever. He agrees with Dr. Sansom that this salt acts internally in infectious diseases by disinfecting the disease germs within the body. Acting on this theory, he recommends the administration of sulphocarbolate of soda to persons exposed to the poison of scarlet fever, diphtheria, measles, &c., and he relates several striking cases illustrative of the value of this suggestion. He gives the salt in doses of from 5 to 30 grains three or four times daily, and even more frequently when it is well borne. Carbolate of quinine has been recommended as a medicinal agent by Prof. Bernatzik, and Brawn gives it in puerperal cases; by Duchek it has been administered in typhus and pyæmia. (*b*)

Bufalini suggests camphorated phenol as a substitute for carbolic acid, whether internally or externally, on the ground that it is less dangerous, and that its employment is not attended with the disadvantages of the acid. Many cases have been recorded of poisoning by carbolic acid, arising both from its internal use and from the external application of it to a raw surface. It gives rise to giddiness, nausea, a feeble pulse, delirium, coma, or collapse, and sometimes in severe spasms ending in paralysis and death. The post-mortem examination reveals a liquid state of the blood, and a pale and shrunken condition of the lungs. There is intense venous congestion of the brain and its membranes; and in Neumann's experiments on the lower animals he found that carbolic acid caused congestion of of the brain-substance, and fatty or granular degeneration of the liver in the lower animals.

Olive oil is stated to be the best antidote, but the combination formed by oils with carbolic acid tends rather to facilitate the absorption of the latter. The administration of albumen, which forms with the acid an inert coagulum, is unquestionably a better measure. Husemann considers that saccharate of lime acts more efficaciously, an opinion with which I am inclined to coincide.

Most authorities state that the treatment of a case of poisoning by carbolic acid should consist—first, of the immediate administration of emetics; but as the alimentary tract is rendered insensible by the local action of the poison, emetics are entirely inoperative and utterly useless. Without doubt, however, the stomach-pump should be used without delay, and plenty of milk and the reputed antidotes should be administered.

Carbolic acid is largely used to prevent stenches. When offensive gases are once formed they are not destroyed by carbolic acid as they are by chlorine or by permanganate of potash; carbolic acid can only prevent their generation.

The fact of venous congestion of the brain having been observed as a consequence of carbolic acid poisoning has led to the adoption by Dr. Moslen, of Griefswald, of venesection of the external jugular with a successful result.

(*a*) *Medical Times and Gazette*, July 24, 1875.
(*b*) *Jahrbuch der Gesammten Med.*, August 20, 1867.

DESCRIPTION OF A CASE OF COMPLICATED HARE-LIP.

By Frank Thorpe Porter, L.R.C.S.I.,
Demonstrator, Ledwich School, &c.

To those who take an interest in the subject of "Hare-Lip" the following case may be not undeserving of notice:—At an early hour this morning I was called to attend an artisan's wife, whom I delivered of a strong male infant. On examining the face of the little stranger, I noticed an extensive cleft in the upper lip. The cleft was single, an inch wide, and was inclined more to the left than to the right. There was a double cleft on left side of maxillary bone, extending through the alveolar processes, hard and soft palate. This cleft was divided by a thin lamina of bone in the vertical direction. The portion of bone embraced by the cleft on the lip was devoid of alveolar processes; the portion of bone which was cleft was not embraced by the cleft in the lip, but was more external to mesial line. Right anterior naris was imperforate posteriorly, the left was imperforate inferiorly, but opened into the right internally. The infant is in strong health, but is too young for operation. Both parents are healthy.

CASE OF PLACENTA PRÆVIA WITH RARE COMPLICATIONS.

By Hugh A. Davis, M.D.,
Medical Officer to Newport Dispensary and Union Workhouse, Co. Mayo.

The following case will not be devoid of interest.

On April 18th I received a visiting ticket to go to see a poor woman in my district who was very ill in labour. I immediately went to the patient's home, a little outside the town of Newport.

She is the mother of ten children, five alive and five dead, this being her tenth confinement. All her other confinements were natural. When I got there I discovered she had lost a considerable quantity of blood *per vaginam*. The midwife told me that about a quarter of an hour before I was sent for she (the patient) experienced a severe pain, followed immediately by a profuse discharge of blood; the bleeding ceased slightly for 15 minutes, when another pain came on, and a considerable quantity of blood and clots came away; she then sent for me. After asking the midwife a few questions, I made a digital examination to ascertain the state of the os uteri and presentation. The os was soft and moderately dilated. I found a complete placental presentation; no part of the child could be felt above. The hæmorrhage having nearly ceased, and as no pains were on, I thought it advisable to wait a little. So

thinking that labour-pains might set in naturally, I then plugged the vagina thoroughly with cotton wool, and gave some brandy, with one drachm of ætherial tincture of ergot. The patient rallied a good deal. I waited patiently by the bedside, when in about half-an-hour she told me she felt a pain, the severest she ever felt, accompanied with a severe bearing-down, and cried out that something had passed. I then made another examination, and found the plug completely expelled, and the right foot and right hand down in the cavity of the pelvis. I examined the limbs, and to my surprise found the funis twisted around the ankle, and lodged between the great toe and next, the funis being very thin, and no pulsation could be felt in it. I loosened the funis, and proceeded to turn. I had some difficulty in returning the hand, but found the other foot readily, which I brought down, and so extracted the child, making traction with pains which were well marked now. The child was dead. Having waited ten minutes for the expulsion of the placenta, and no sign of it coming, I introduced my finger and tried to bring it down by hooking it, it being caught by the os. As it would not come, I passed my hand through the os, and found a great part of it firmly adherent to the right side of the os tincæ, which I removed carefully, and just then, another pain coming on, both my hand and the placenta were forcibly expelled, the uterus contracting forcibly and permanently. I applied a pad and binder, and left her after the lapse of an hour. She is rapidly convalescing, and has not had a single bad symptom.

All efforts at resuscitating the child were of no use.

The following points are worthy of notice in the above peculiar case :—

I. The rare position of the funis, and no doubt consequent death of infant.

II. That no hæmorrhage occurred during the latter months of gestation till the morning of the 18th ult., on which she was delivered.

III. The adherent state of the placenta after extraction of infant.

Clinical Records.

A CASE OF AMPUTATION OF THE FEMALE BREAST.

By Wm. Henry Middleton,
Surgeon, Westmeath Infirmary.

Miss S——, aged 45 years, residing some miles from Mullingar, called on my father, William Middleton, sen., M.D., for his opinion on a "sore breast" from which she suffered. On his seeing it he pronounced it cancer, and said he would rather not give an opinion as to what ought to be done till she would have my opinion in conjunction with his. She accordingly acceded to this, and presented herself on the 8th September, 1874. She presented the following appearance :—A tall, delicate-looking female, with a sallow complexion, anxious countenance, and a quiet and resigned disposition. She stated that four years ago the disease first commenced as a sore nipple. It went on increasing, but not to such an extent as to alarm her, and consequently she said nothing to her friends. Laterally it had given her great uneasiness from lancinating pains, and at times hæmorrhage. She then openly confessed her state. On the breast being uncovered for examination, it presented the following appearance : A large open sore on the right breast, the nipple entirely destroyed, a deep chasm being in its place ; the edges of the sore were rugged, with the skin inverted ; the whole gland was atrophied, hard, and nodulated ; from the breast up under the arm extended a thick, cord-like process ; the lymphatics in the axilla did not seem to be in any way enlarged, at least they could not be felt. On giving our final decision, we stated what was for and against operation, and left it entirely to her own choice, at the same time telling her that it was our opinion that before very long the disease would again appear, probably within a year ; that the only benefit she might derive from operation would be a short freedom from pain and bleeding.

Under the above circumstances she chose the operation, which was accordingly performed on the 11th September, 1874. She was put under chloroform by my father, and I removed the gland in the usual way, having to take with me more of the skin than I would have done had ulceration not extended so far. I tore out the breast, which came away easily from all points, except where the cord-like process extended into the axilla, and which required great trouble and care to remove. The ulceration in the centre had extended through the pectoral to the rib, a portion of which I sliced off. She took the chloroform badly. After the breast was removed, judging from the previous history of the case, with the hæmorrhage she had suffered from, I expected to have a good many vessels to secure, but to my great surprise, notwithstanding the extent of surface laid bare, not a vessel had to be tied or otherwise secured. Lest hæmorrhage might occur with reaction, the surface was allowed to remain as it was with a towel thrown over it for six hours, and our patient carefully watched, at the end of which time the edges were brought together with silver wire sutures, and the wound dressed with pledgets of lint soaked in carbolic oil. The wound was dressed in the same way every second morning. She went home on the 13th of October, 1874, the entire being nearly healed. I afterwards heard frequently from her, when she told me that all was healed, that she was free from pain and all inconvenience, and had greatly improved in general health. Some months afterwards she presented herself again, when she appeared a totally different person to what she first was. She had grown fat and healthy-looking, had lost all the cancerous look which was so well marked in the first instance. One year and six months has now elapsed, and a short time ago I heard from her that our opinion was coming true, that the disease had again began to show itself in the edges of the cicatrices. In the above case there are a few remarks of practical interest—1st. The length of time the disease remained without becoming alarming to the patient ; 2nd. The length of time the disease was present in the system, to be afterwards followed by such favourable results from operation ; 3rd. Although the previous history of the case presented considerable hæmorrhage, and on one occasion dangerous hæmorrhage, and such a depth and extent of surface having to be removed, that not one vessel had in any way to be secured ; 4th. She was, as is usually the case, an "old maid ;" 5th. That the disease, although to every appearance thoroughly removed, reappeared in the usual time.

ROYAL WARRANT.—ARMY MEDICAL DEPARTMENT.

Victoria R.

Whereas we deem it expedient to alter the terms and conditions of service in the Medical Department of our Army ;

1. The ranks and rates of pay of the officers of the Army Medical Department shall be as follows :—

	Daily. £ s. d.	Charge Pay.
Surgeon-General	2 0 0	The Principal Medical
After 25 years' service	2 5 0	Officer of an Army in
,, 30 ,, ...	2 7 0	the Field consisting of
,, 35 ,, ...	2 10 0	10,000 men and upwards, £1 daily; of 5000
Deputy Surgeon-General	1 10 0	men and upwards, 15s.
After 25 years' service	1 12 0	daily; of less than 5000,
,, 30 ,, ...	1 15 0	10s. daily.
,, 35 ,, ...	1 17 0	Or the Principal Medi-
Surgeon-Major, on appointment ..	1 0 0	cal Officer of a Colony
After 5 years' service as such	1 5 0	where the number of
Surgeon, on appointment ..	£250 a year.	commissioned officers
	Daily.	and enlisted men is 1500
After 10 years' service	0 17 6	and upwards, 5s. daily.

2. The pay of officers shall be issued monthly in arrear.

3. The relative rank of the officers of the Army Medical Department shall be as follows :—(*a*) A Surgeon-General shall rank as Major-General, according to the date of his com-

mission. (*b*) A Deputy Surgeon-General shall rank as Colonel, according to the date of his commision. (*c*) A Surgeon-Major shall rank as Major, according to the date of his commission; after twenty years' full-pay service as Surgeon and Surgeon-Major, he shall rank as Lieutenant-Colonel, but junior to the latter rank. (*d*) A Surgeon shall rank as Lieutenant, according to the date of his commission; and, after six years' full-pay service as Captain, according to the date of the completion of such service.

4. The relative rank of these officers shall regulate choice of quarters, rates of lodging-money, servants, fuel, and light, or allowances in their stead, detention and prize-money, as well as allowances granted on account of wounds or injuries received in action, and pensions and allowances to widows and families.

5. Forage shall be granted to officers of the Army Medical Department for such number of horses as are necessarily kept by them for duty.

6. Admission to the Army Medical Department shall be by public competition.

7. Every candidate for appointment to the Army Medical Department shall possess two diplomas or licences, one to practise medicine and the other surgery in Great Britain or Ireland, and be registered under the Medical Act in force at the time of his appointment.

8. A successful candidate, who, having passed through a course of instruction at the Army Medical School at Netley, in military medicine, surgery, hygiene, and pathology, shall have proved, after examination, that he possesses a competent knowledge of those subjects, shall receive a commission as surgeon for a limited period of ten years' service on full pay. From the date of joining at Netley and up to that of passing his final examination, a candidate shall receive 5*s.* a day.

9. On the completion of ten years' commissioned service, unless the surgeon be specially selected for further employment in the Medical Department of our army, or, if he be unwilling to continue to serve therein, his services shall be dispensed with, and he shall be entitled to receive in lieu of all pension or retirement, pension for wounds excepted, the sum of one thousand pounds.

10. A surgeon of less than ten years' service, disqualified for duty by ill-health, certified by a board of medical officers to have been contracted in and by the service, may, at the discretion of our Secretary of State for War, be granted half-pay at a rate not exceeding 8*s.* a day if he have served five years or more, or 6*s.* a day if he have served less than five years, for a period not exceeding six months at one time.

11. At the expiration of that period of six months, if the surgeon be able to resume his duties, he shall be entitled to complete his term of ten years' service. If he be unable to resume duty, as certified by a board of medical officers, he shall be allowed, if he have not served five years, a further period of six months, without half-pay; at the expiration of which period, if still unable to resume duty, his services shall be dispensed with.

12. If the surgeon have served five years on full-pay, and be unable to resume duty as certified by a board of medical officers, his services shall be dispensed with, and he shall be entitled to receive, in lieu of all further pension or pay, pensions for wounds excepted, a gratuity at one of the following rates, viz.:—

If he shall have completed	9	years'	full-pay	service ...	£800
,, ,,	8	,,	,,	...	700
,, ,,	7	,,	,,	...	600
,, ,,	6	,,	,,	...	500
,, ,,	5	,,	,,	...	400

13. If a surgeon be unable to complete his ten years' service from any cause other than wounds or ill-health, certified by a board of medical officers to have been caused in and by the service, or reduction of establishment, he shall be allowed not more than six months' leave without pay, after which, if unable to resume duty, his services shall be at once dispensed with, and he shall have no further claim on the department.

14. If the services of an officer be temporarily dispensed with in consequence of a reduction of establishment, he shall be granted the rates of half-pay fixed by Article 10 until there be an opportunity of re-employing him, or, if he have served five years, he may retire from the service with a gratuity according to the rates specified in Article 12.

15. Every year it shall be competent for our Commander-in-Chief, on the recommendation of the Director-General of the Army Medical Department, to select, with the approval of our Secretary of State, a number of surgeons not exceeding six, who shall be retained in the service, and shall be promoted after twelve years' service on full-pay to the rank of Surgeon-Major.

16. All promotion from the rank of Surgeon-Major to that of Deputy Surgeon-General, and from the rank of Deputy Surgeon-General to that of Surgeon-General, shall be given for ability and merit upon the selection of our Commander-in-Chief, with the approval of our Secretary of State; and the grounds of such selection shall be stated to us in writing, and recorded in the department. In all such cases the amount of foreign service shall be expressly stated.

17. A medical officer retiring after full-pay service of twenty-five years and upwards, may, if recommended for the same by the head of his department, receive a step of honorary rank, but without any consequent increase of half-pay.

18. Good-service pensions shall be awarded to the most meritorious officers of the Army Medical Department, under such regulations as shall be from time to time determined by us, with the advice of our Secretary of State.

19. Six of the most meritorious officers of the Army Medical Department shall be named our Honorary Physicians, and six our Honorary Surgeons.

20. Medical officers shall have a right to retire on half-pay after twenty years' service. Medical officers of the rank of Surgeon-Major or Surgeon shall be placed on the retired list at the age of fifty-five, and all Surgeons-General and Deputy Surgeons-General at the age of sixty years.

21. Our Secretary of State may, when he shall deem it fit, employ Medical Officers on the half-pay list in special situations at such rates of pay, in addition to half-pay, as he shall from time to time determine; but such officers shall vacate their appointments on attaining the age of sixty-five years.

22. A medical officer who, having voluntarily resigned his commission, has subsequently been permitted to re-enter the department, shall not, except under very special circumstances, to be approved by our Secretary of State, be allowed to reckon his former service.

Service on the West Coast of Africa.

23. Service of medical officers upon the West Coast of Africa shall be voluntary.

24. Each year or portion of a year shall be allowed to reckon double towards retirement or towards the gratuities fixed by Articles 9 and 12, but not towards increased pay, provided that the officer shall serve at least twelve months on the West Coast of Africa.

25. For each year's service on the Coast, a medical officer shall be entitled to a year's leave at home, and for every additional period beyond a year he shall have an equivalent extension of leave.

26. Officers who may volunteer for service on the West Coast of Africa shall receive double pay while actually serving on the Coast.

Non-effective Pay.

27. A medical officer of more than ten years' service placed on half-pay by reduction of establishment, or on the report of a medical board in consequence of wounds or ill health caused in and by the discharge of his duties, or on account of age (under Article 20), shall be entitled to half-pay in accordance with the following scale:—

	Daily.
Surgeon-General, after 30 years' service	£1 17 6
,, ,, 25 ,, ...	1 13 6
,, ,, 20 ,, ...	1 10 0
Deputy Surgeon-General, after 30 years' service ..	1 5 6
,, ,, ,, 25 ,, ..	1 2 6
,, ,, ,, 20 ,, ..	1 1 0
Surgeon-Major, after 25 years' service	1 0 0
,, ,, 20 ,, ...	0 16 6
,, ,, 15 ,, ...	0 13 6
,, ,, 12 ,, ...	0 11 0
Surgeon, after ten years' service	0 10 0

28. The rate of half-pay awarded to officers retiring for their own convenience, after 20 years' service on full-pay, under Article 20, shall not exceed one-half of their full-pay at the time of retirement.

29. Every medical officer who shall retire after a service upon full-pay of twenty-five years shall be granted a rate of half-pay equal to seven-tenths of the daily pay he may have

been in receipt of when thus retiring on half-pay, provided he shall have served three years in his rank, or shall have served abroad for ten years in all ranks, or for five years with an army in the field. An officer of twenty-five years' full-pay service whose service falls within neither of these conditions, shall be entitled to only seven-tenths of the daily pay he was in receipt of prior to his last promotion.

30. A medical officer of twenty years' full-pay service, placed temporarily on half-pay on account of ill-health, may, however, be allowed to retire on permanent half-pay at the rates fixed by Article 27, if after one year on half-pay he shall be reported by a medical board to be permanently unfit for further service.

31. In all matters not specially provided for in our present Warrant, the officers of the Medical Department of our Army shalr be subject to the General Regulations for the Departments of our Army.

It is our further will and pleasure that the rules established by our Warrant of the 1st March, 1873 (as amended by our Warrant of the 23rd October of the same year), Article 19 of our Warrant of the 18th February, 1874, and by Warrant of 29th September, 1874, shall continue to be applicable to all officers now in the Medical Department of our Army; but that Articles 4, 11, 12, 14, 15, 16, and 20 of our said Warrant of the 1st March, 1873, shall be cancelled, and the following Articles shall be substituted in lieu thereof:—

4. (*a*) A Surgeon-General shall rank as Major-General, according to the date of his commission. (*b*) A Deputy Surgeon-General shall rank as Colonel, according to the date of his commission. (*c*) A Surgeon-Major shall rank as Major, according to the date of his commission; after twenty years' full-pay service as Surgeon and Surgeon-Major he shall rank as Lieutenant-Colonel, but junior of the latter rank. (*d*) A Surgeon shall rank as Lieutenant, according to the date of his commission; and after six years' full-pay services as Captain, according to the date of the completion of such service.

12. A Surgeon shall be promoted to the rank of Surgeon-Major on completing twelve years' full-pay service in our Army, if he be recommended by the Director-General of the Army Medical Department.

16. All promotion from the rank of Surgeon-Major to that of Deputy Surgeon-General, and from the rank of Deputy Surgeon-General to that of Surgeon-General shall be given for ability and merit upon the selection of our Commander-in-Chief, with the approval of our Secretary of State; and the grounds of such selection shall be stated to us in writing, and recorded in the Department. In all such cases the amount of foreign service shall be expressly stated.

20. Medical officers shall have a right to retire on half-pay after twenty years' service. Medical officers of the rank of Surgeon-Major or Surgeon shall be placed on the retired list at the age of 55, and all Surgeons-General and Deputy Surgeons-General at the age of 60 years.

We do further direct that when any officer now serving shall, under Article 20 of our Warrant of the 1st March, 1873, as revised by our present Warrant, be compelled to retire at the age of 60, he shall have added to his retired pay, as fixed by our said Warrant, such annual sum as our Secretary of State shall consider to be a just compensation for any net loss he may have incurred from the substitution of 60 for 65 as the age for retirement.

Until our further pleasure shall be made known, nothing contained in our present Warrant shall be held to change the existing system of promotion of the medical officers of our regiments of household troops.

Given at our Court at Windsor, this 28th day of April, 1876, in the 39th year of our regn.

By Her Majesty's command,

GATHORNE HARDY.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

ON the 1st May the Earl of Shaftesbury distributed the prizes at the annual gathering at the Institution in Henrietta Street, Brunswick Square. The room, which is large, was crowded to excess, the visitors collecting in addition around the doors and windows. The statement of the Dean showed that the classes in the various subjects had been well attended since the foundation of the institution in October, 1874, and that every facility was afforded to female students to gain in the school a sound medical education, its only drawback being the necessarily somewhat prolonged curriculum. It had hitherto been found impossible to gain admission for the students in any hospital containing the number of patients requisite to enable them to comply with the regulations of the legally-constituted examining bodies, notwithstanding the strenuous efforts that had been made for the accomplishment of that object. At the present time, however, a complete medical education was open to women, if they could afford to attend the lectures at the London School and clinical studies at the Edinburgh Infirmary.

The question of admission of women to the profession had occupied three days' discussion at the meeting of the General Medical Council in June last, and it was finally decided—"That the Council are not prepared to say that women ought to be excluded from the profession." At the same time suggestions with regard to arrangements for the admission of women to the profession were submitted by the Council for the consideration of the Lord President of the Privy Council, "should it appear to the Government and the Legislature expedient that women should not be debarred from obtaining a legal status as medical practitioners in this country.

Since that time a deputation from the Governing Body of this School had waited upon the Lord President of the Privy Council, the Duke of Richmond, and had learned from his Grace that the Government have the matter under consideration, though his Grace would not declare a distinct line of action.

Whatever might be the termination of the movement to admit women to the medical profession, the Governing Body of the School could congratulate themselves that they had sent women missionaries, who had received a sound medical education at that school, among castes in India and Africa, where no woman was allowed to receive medical advice or assistance from a man; a fact which of itself was a sufficient excuse, if excuse at all were needed, for the medical education of women.

The successful competitors for prizes and certificates of honour were: Misses Shove, Clarke, Ker, Butler, Bartholomew, Waterston, Hammond, and Mrs. Hart.

The Right Hon. James Stansfeld, M.P., spoke at some length on the subject of the removal of the legal disabilities of women to practise medicine. As far as the legislative side of the matter went he thought he could bid the institution be of good cheer, and hope with assurance for a favourable end to their difficulties. But there were other serious stumbling blocks in the way that seemed at present more difficult of removal. Three ladies had proposed to present themselves for examination at the Royal College of Surgeens for licences to practise in midwifery. What had occurred? The examiners had at once tendered their resignations rather than undertake the duties of conducting their examination. So far for the prospects of the general question. He now came to the consideration of the special prospects of the institution. The executive committee had endeavoured to tide over a time of financial difficulties, and it was hoped they would yet be enabled to do so, but if necessary more funds must be sought. It was hoped that they would have been before this been able to announce the provision of sufficient hospital accommodation for the students, but hitherto, as they had all heard, the metropolitan hospitals had met their requests with closed doors. If they did not meet with better success, the institution would have to come to a standstill, for young women could not be expected to come up to study year after year, without any prospect of ever getting their names on the register.

Miss Jex Blake believed that the institution would compare favourably with any medical school in London, and remarked that though admission for the students had not been gained in any of the "qualifying" hospitals, they

were nevertheless not entirely without clinical study. She had full confidence that if funds were wanting the public would supply them if they were able to show a fair chance of success.

The Right Hon. W. Cowper Temple, M.P., and Mrs. Garrett Anderson spoke at some length upon a resolution that in the opinion of this meeting legislative movements should be taken to secure the removal of all existing hindrances to the practice of the medical profession.

In reply to a vote of thanks to the chairman, proposed by Dr. Chambers, and seconded by Lady Stanley of Alderley, the Noble Earl expressed astonishment at the opposition shown by some members of the profession to a step which he was convinced would do nothing but good. He referred to the gentleness and skill of women as nurses, and could see no valid reason why they should be shut out from following a useful and noble career.

PHARMACEUTICAL SOCIETY OF IRELAND.

The monthly meeting of the Council of the above Society was held at the College of Physicians, Kildare Street, on Wednesday, May 3rd, Sir Dominic Corrigan, President, in the chair. Dr. Whittaker proposed, and Dr. Collins seconded, the following resolution: "That steps be taken to bring before the notice of the Chief Secretary for Ireland the advisability of having the Pharmacy Act (Ireland) amended, so as to give power to the Council of the Pharmaceutical Society to register as druggists all at business on their own account in Ireland previous to the passing of the Act, and to confirm them in the rights they then enjoyed; and also to make arrangements for the future as regards the qualification of those who may wish to keep open shop for the sale of poisons and poisonous drugs, without the privilege of compounding the prescriptions of members of the medical profession." After considerable discussion the motion was put to the vote and declared lost. The Registrar was directed to write to the Chief Secretary urging the advisability of exempting pharmaceutical chemists from service on juries, in accordance with a motion to that effect passed unanimously by the Council at a former meeting.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY FOR IRELAND.

A meeting of the Belfast branch of the above excellent and prosperous Society was held on Thursday, the 27th of April. Dr. T. H. Purdon, the President, occupied the chair.

Dr. Browne, J.P., R.N., Hon. Treasurer, submitted the financial statement, and intimated that some of the subscribers had not yet paid their subscriptions for the current year, and that the accounts must soon be closed, so as to forward the proceeds to the parent society in Dublin at an early period.

The committee were then occupied for some time in considering applications for aid from certain widows of deceased medical men, who had been resident in the counties of Antrim and Down. These were carefully considered, and grants recommended in proportion to the exigencies of the several cases. These recommendations were ordered to be transmitted to Dublin for confirmation at the annual meeting of the parent society, to be held in the Royal College of Physicians, Dublin, in June next, at which meeting the President, Dr. T. H. Purdon, and Dr. Arnold, are to represent the Belfast branch as deputies.

The Hon. Secretary then reported that an interesting communication had reached him from a lady who had been formerly a recipient of their benevolence, in which she desired to thank the committee for their past kindness, and to intimate that she would not further require the assistance which in the past they had so kindly afforded. (Applause.)

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 10, 1876.

THE NEW MEDICAL WARRANT.

The long-expected Royal Warrant for the future regulation of the Army Medical Department has at last appeared, having been signed by her Majesty on the 28th ultimo. Its provisions remain as sketched by Mr. Hardy upon bringing forward his estimates for the current financial year. All officers entering the department from henceforth must enlist for a short service of ten years, after the expiration of which period *six* will be selected annually for promotion into the higher ranks, the services of the remainder being dispensed with with an *honorarium* of a thousand pounds "in lieu of all pension on retirement, pension for wounds excepted." If a surgeon have served five years on full-pay, and be unable to resume duty, as certified by a board of medical officers, his services will be dispensed with, and he shall be entitled to receive in lieu of all further pension or pay—pension for wounds excepted—a gratuity varying from £400 to £900, according to the time he has served. The pay of the young surgeon will commence at £250 a-year, with the quarters and allowances of his relative rank, and if unable to complete his ten years' service owing to any vice or misconduct upon his part, his services, if unable to resume his duty after six months' leave without half-pay, will be at once dispensed with. With reference to the six officers selected for advancement into the higher rank of surgeon-major, the highest rate of emolument attainable on the completion of seventeen years' service will be £450 per annum, and the usual allowances, except forage, which will be only given when a horse is necessarily kept for duty. The maximum pay of a surgeon-major is £36 10s. per annum less than obtainable under the present Warrant, £1 5s. in lieu of £1 7s. The pay of the higher ranks remains as before, and the stupid regulation still remains, making a surgeon-major of twenty years' service rank with but *junior* of lieutenant-colonels, instead of with lieutenant-colonels, as in *all other departments*. The candidates are to go through a course of

instruction at Netley, receiving 5s. *per diem* whilst there. Retirements of administrative officers are compulsory at sixty years of age, and these appointments are to be by selection as heretofore. After twenty year's service the retirement remains as at present.

With regard to the officers now serving, the administrative officers will rank as majors-general and colonels on appointment. Surgeons will be promoted upon the completion of twelve years' service if recommended by the director-general, and the rates of pay and half-pay will remain as at present. The principle of unification is finally adopted by the cancelling of clause 15 in the Warrant of 1873, viz., "The medical officer attached to a regiment or battalion shall remain with it, as a rule, for five years;" but as clause 5 is not abrogated, a medical officer, when temporarily attached, will have to take his choice of quarters regimentally, and pay subscriptions to the band and mess of a corps with which he will now have nothing in common. This regulation, so obviously unjust, must in time disappear.

If we read the provisions of this Royal Warrant aright, the probationary period passed at Netley upon 5s. a day does not count as service, as it did under clause 10 of the Warrant of 1873. We have thus sketched the principal points of interest in these new regulations. We should add that the examination for promotion is abolished. It has not been stated whether the £250 per annum of the entering surgeons is to be supplemented by the allowances given in that country.

This Warrant does not grant all that we would wish to see conferred upon the officers of the Army Medical Department; but it adopts a principle of professional unification which cannot but hereafter make the military surgeons more united, powerful, and free. Ten years hence the service will have become more consolidated, and to most of the young officers who may select to enter the service, and wish to continue as military surgeons, the six selection clause must become a dead letter, for the profession can resort to the same means to abrogate it which they have adopted whenever they have been obliged to support their comrades in the army. Having shown where this new Warrant might be amended with advantage, we are bound to confess that there are some good points in it, and some solid concessions. Being now a united body, the *rôle* of the department should be to sink personal opinions and antipathies for the common good which can only be advanced by unity of feeling and sentiment, and by supporting the professional head of the corps, to whom the younger officers now in the service owe a great deal more than they are probably aware of.

THE CONJOINT BOARD.

Our readers are no doubt by this time aware that, after long delays and various conflicts of opinion, the delegates of the English examining bodies have come to an unanimous agreement respecting the future constitution of the Conjoint Board. We hear, however, that though the delegates have been unanimous, some of the Examining Bodies have already commenced to throw out objections which may seriously affect the whole scheme. This board, should it ever be constituted, however, will have so much influence in moulding the education of all those who hereafter enter the profession, and there is so much to be said both for and against some parts of the scheme, that we may be excused for again directing attention to the subject.

It will be seen by the following table that the board will consist of the examiners from the College of Physicians, the College of Surgeons, the Society of Apothecaries, and the Universities of Oxford, Cambridge, London, and Durham. It will be seen, moreover, that there are as many as 52 examiners, viz.: 12 from each of the corporations, and 16 from the Universities; while a glance at the table will show the subjects on which the future candidate will be examined, and the respective number of examiners that the examining bodies will be allowed to appoint on those subjects.

	Coll. Phys.	Coll. Surg.	Soc. Apoth.	Univer-sities.
Anatomy and Physiology	4	4	0	2
Chemistry	1	0	3	2
Materia Medica, Med. Botany and Pharmacy	1	0	3	2
Medicine	3	0	3	4
Surgery	0	6	0	4
Midwifery	3	2	3	2

Now the first thing that must strike any one in looking at this scheme is the great number of members composing the board. We have not space to enter upon a statistical examination of the question; but, were we to do so, we are very much mistaken if we did not find that the number was larger than was warranted by the amount of work to be done. A very large majority—we might say nearly all—of those who have hitherto entered the profession have obtained their qualifications to practise either from the College, or from the Hall, or from both; and if twenty-four examiners have been up to the present time equal to the task imposed upon them, we cannot help thinking that many years will elapse before any of these fifty-two members of the Conjoint Board will find their duties very onerous. Nevertheless we admit that it is better to have too many than too few, and perhaps, to vary an old proverb, "in the multitude of *examiners* there is safety."

A far more serious objection may be taken to the omission in the above syllabus of certain subjects that have been always regarded as an important part of medical education. On looking over the table, it will be seen that no mention is made of Forensic Medicine, Therapeutics, or State Medicine. With respect to the two latter, we have no doubt that the framers of the scheme had very good reasons for omitting them. It is to be recollected that the examination of the Conjoint Board must be a minimum one, and that it is advisable not to divide the students' curriculum of study into more subjects than are absolutely necessary. Therapeutics has always been studied in connection with Medicine and with Materia Medica, and as far as the general practitioner is concerned there is no reason why it should not continue to be so. As to State Medicine, no one would question the propriety of making it a separate department of medicine at a time when so much attention is being devoted to public hygiene. But state medicine has only been recently recognised as a special department of

medical science, and in all probability state medicine will, before long, be only practised by those whose knowledge of the subject has been attested by special diploma.

On the other hand, we cannot see why the study of Forensic Medicine should be ignored. It has always and very properly constituted an important part of the examinations of the Society of Apothecaries, and it is to be hoped that it may yet form a part of those of the Conjoint Board. It may not be necessary, in the presence of our public analysts, to demand of the young practitioner a thorough and practical knowledge of toxicology, as, if he had such knowledge, it is very questionable whether his evidence in a court of justice would have much weight. No criminal would be hanged or acquitted on the strength of an analysis made by a local surgeon, and the verdict would be always guided by the evidence of those eminent toxicologists who have made the detection of poisoning a special study. But it is otherwise with a knowledge of the symptoms and treatment of the more common kinds of poisoning, and of those topics in forensic medicine that may be forced upon any practitioner the very first year he enters upon practice. Scarcely has he received his diploma before he may be called upon to recognise and to treat a case of poisoning by arsenic, to examine an infant suspected to have been murdered, or to decide whether certain wounds have been inflicted before or after death, by the deceased himself, or by some other party. It is plain, therefore, that even in a minimum examination a general knowledge of forensic medicine is almost as necessary to the general practitioner as a fair knowledge of midwifery or therapeutics.

We now come to a feature in the conjoint scheme which, although it may have given satisfaction to all who have watched the gradual improvement in the qualifications and status of the general practitioner, has nevertheless in certain influential quarters excited much unfavourable criticism. It has been thought that too much power is given in the above scheme to the Society of Apothecaries in giving it the right to appoint three examiners in chemistry, three in medicine, and three in midwifery. Great exception is taken to the fact that the Society should be able to appoint three medical examiners, whilst the College of Surgeons is without the right of appointing any; and that, altogether, so much influence has been given to a body which cannot claim to represent modern medicine. Considering what the Society of Apothecaries has done for medical education during the last half century, it would have been in better taste had nothing been said in disparagement of its claims to take a fair share in the conduct of the conjoint examinations; and it is to be regretted that any attempt should be made to create a prejudice against the Society in the minds of those very practitioners who have most reason to thank it for the good position they hold in the opinion both of the public and the higher ranks of the profession. It is quite true that chemistry is a subject of very great importance, and that it is "one of the foundation-stones of the science of medicine." But it is somewhat remarkable that this has only just been found out, and that the only licensing body whose share in the Conjoint Examinations on chemistry has been disputed is that which has all along, in its own examinations, consistently acted upon the principle of which we are now in the eleventh hour reminded, and which has all along attached more importance to this branch of science than all the other licensing bodies put together have done. But the fact is, there is very little use in cavilling about the respective share which the Corporations will have in the formation of the new board, inasmuch as they will have, individually speaking, very little influence in the conduct of the examinations. It is evident that if the powers vested in the Committee of Reference be as great as is generally reported, the new board will be a conjoint one only in name and in appearance. Virtually it will be an independent body. Its committee of reference will have the privilege of nominating all the examiners, while the only privilege of the licensing bodies will consist in selecting their examiners from among the nominees of the committee. What, however, is a sacrifice on the part of the corporations, may be a great gain to the public; and we may, in conclusion, remark that both the public and the profession may be congratulated on the progress that has now been made in the establishment of the one-portal system. It is to be hoped that this scheme will receive the sanction of the Medical Council at its forthcoming meeting, and that the example which has been set by the English examining bodies will be followed in other parts of the United Kingdom. With the one or two exceptions we have noted, the scheme is a good one. Of course no one would for a moment suppose that the present arrangements are final. Improvements may be made from time to time, as exigencies arise, or experience may suggest. And, with respect to the objections we made at the commencement of our remarks, the board may yet demand of its candidates some knowledge of forensic medicine. Hygiene may be made an optional subject; and therapeutics may come to occupy more of that place which has hitherto been monopolised by the dry details of materia medica.

Notes on Current Topics.

Westminster Home for Nurses.

Last week a meeting was held in the Jerusalem Chamber, Westminster Abbey, to consider the best means of giving effect to the suggestion of Lord Hatherley, made in a letter in the *Times* of the 21st ult., that the most enduring and appropriate memorial of the late Lady Augusta Stanley would be to place the Westminster Training School and Home for Nurses on a solid and permanent foundation, and associate her name with it. Lord Hatherley took the chair. The noble chairman read a letter from the Dean of Westminster, who referring to the charitable works of the late Lady Augusta, said there was none to which in her later years she devoted more time and trouble than that of establishing the Westminster Home for Nurses.

The Duke of Westminster sent a donation of £500, and the Speaker of the House of Commons, and Mr. W. H. Smith, sent £100 each. Lord Hatherley said that when

a building should be erected the Home would be in a large degree self-supporting, and would at the same time provide nurses for both rich and poor.

It was resolved—

"That it is the desire of this meeting that an enduring memorial should be founded to perpetuate the honoured name of Lady Augusta Stanley; and it is their opinion that such object may be best accomplished by associating that name with a work of beneficence originated by her, and in which to the close of her life she evinced an active and sympathising interest. They therefore suggest that means be immediately taken, in concert with the committee of the Westminster Training School and Home for Nurses, to obtain the funds required to place that institution on a solid and permanent foundation in association with her name, in such form as may hereafter be determined on by that committee."

The British Medical Association.

A SPECIAL general meeting of the British Medical Association was held last week in Birmingham, to decide the place of meeting in the autumn. After hearing a deputation from Sheffield, the meeting passed a resolution to the effect that, "having received so warm and cordial an invitation from the professional members of the association in the Sheffield district to hold the annual meeting in August next at Sheffield, this meeting recommends the committee of council to accept the invitation to Sheffield, and that the minute of the general meeting held in Edinburgh on August 4, 1875, be and is hereby rescinded."

Poisoned through Carelessness.

THREE men, *employés* of Messrs. May, costumiers, Bow Street, sent for beer in a jug which had previously contained a mixture of cyanide of potassium used in cleaning stage armoury. After drinking the beer the poison soon took effect, and two of the men were taken to King's College Hospital, where one of them died. A second is still in a precarious state.

Sewage in all Surface Wells.

DR. WHITMORE, the Medical Officer of Health in Marylebone, in his monthly report, refers to the dangerous condition of the water taken from many pumps in the district.

With one or two exceptions all the pumps in the parish are polluted with sewage, and it is certain there are no means of purifying them. Most of the pumps under the control of the vestry have been removed, but there are still no inconsiderable number of private pumps in stables and such-like places, drawing their water from similar sources, and the water from which is used for drinking and domestic purposes. It is useless to explain to the owners of these pumps the risk and danger they incur from drinking this water; they at once point to its clear, cool, and sparkling condition as evidences of its purity, and refer triumphantly to the circumstance that for many years they and their families have drank it without having experienced the slightest ill effects from it.

Doubtless such is the case, and as it is substantially proved that the water contains sewage, it goes far to confirm the opinion that certain diseases are not produced by drinking polluted water, unless the matter by which the water is polluted contains the specific germs of those diseases. Whether typhoid fever can arise *de novo*, or whether it is necessary that its germs should be present in [the water in order to produce that disease, is a matter of but little importance so far as the necessity for closing surface wells is concerned; for, apart from the loathsome idea of drinking water polluted with sewage, sewage matter containing the zymotic poison may at any time percolate into a surface well, and so bring about an epidemic of the disease, the spread of which might be indefinite.

Registration of Women.

AT the last quarterly meeting of the Bradford Medico-Ethical Society, held on the 28th ult., the following resolution was unanimously carried:—"That the best thanks of this Society be given to Dr. Barnes, Dr. Farre, and Dr. Priestley for their manly determination in resigning their seats at the Board of Examiners for the licence in Midwifery at the Royal College of Surgeons, rather than take any part in admitting to the Medical Register persons who are not also legally qualified in medicine or surgery."

It is curious how actions directed towards a given end sometimes bring about a result diametrically opposed.

The Council of the College of Surgeons are, by the resignation of these gentlemen, placed in a position which they could not foresee at the time that they sanctioned the admission of certain ladies to this examination for the diploma of the licentiate in midwifery. They are unable to examine these three ladies, though they have admitted their names as candidates. They are unable to withdraw from their agreement, and they are unwilling to elect to the examinership in midwifery junior members of the profession.

To escape from this dilemma they are driven to appeal to the Privy Council. They go to the Government like a stale-mated king to acknowledge that they are willing to move, but on every square they fall in check.

What will be the end of all this? Last year the General Medical Council threw upon the Government the responsibility of admitting women to the medical profession, but at the same time suggested terms on which they should be admitted. Early this year the women and their coadjutors appealed to the Government to remove legal disabilities to their admission to the register, and now the Council of the College of Surgeons of England go to the Government with the statement that they have attempted to carry out the request of the General Medical Council with regard to the admission of women to the examination for licentiate in midwifery, whereby they would become registered, but they are literally unable to do so. In this way the Government are requested to decide upon what they will doubtless regard as a wrong inflicted upon a small section of the public; in fact, the Medical Council and the College of Surgeons press the Government to admit *women* to the medical profession.

THE Lord Mayor of London entertained at a banquet in the Mansion House on Saturday evening, the "representatives of literature in its various branches." The guests numbered nearly 300.

Another Death from the Abbots Ripton Accident.

We regret to have to announce the death of Mr. Richard Burdon Sanderson, the brother of an eminent member of the profession. It will be remembered that Mr. Sanderson was travelling with his wife and two daughters by the express train from Newcastle to London on the 26th of January, when the catastrophe befell it at Abbots Ripton, by which his two daughters were killed and he and Mrs. Sanderson were seriously injured. It was thought at first that he would recover, but the symptoms becoming unfavourable, he died on the 30th April. His death causes a serious loss to Newcastle, in the corporation of which town he was an active member, and a great promoter of reforms. He was also one of the county magistrates.

The Rotunda Hospital, Dublin.

The governors of this hospital have recently adopted important recommendations for the reorganisation of the extern maternity department of the hospital and the daily dispensary. They have adopted a report from the House Committee in the following terms :—

In consequence of the past increase in the number of patients seeking extern relief from the hospital—some to be attended at their homes in their confinement, and others to be prescribed for at the daily dispensary—the House Committee have had under their anxious consideration the best means of rendering this important department of the hospital as effective and complete as possible, being convinced that such will be in strict accordance with the main objects of the charity, and with the recommendations of several Parliamentary commissions appointed at different times to examine and report upon the condition of the institution. With this view they beg to recommend the appointment of a resident pupil, to be selected by competitive examination from any number of pupils nominated by the Master, who shall have creditably passed through the full course of instruction in the hospital, but shall not have obtained any registrable qualification. The examination to be conducted by the Master and his assistants, and also, if possible, by one or more of the ex-masters. The appointment of the successful candidate must require the sanction of the Board of Governors of the hospital, and the resident pupil shall enter upon his duties subject to the following rules and conditions :—

1st. The appointment to be held for six months only.

2nd. The resident pupil is prohibited attending any medical or surgical hospital, or any anatomical courses of lectures, during his term of residence.

3rd. He is to be supplied with coal and gas, and to have a furnished bedroom in the hospital, and be paid a stipend at the rate of £30 a year.

4th. He shall have no authority or responsibility with regard to the treatment of patients in the hospital.

5th. He shall be subject to suspension by the Master for neglect of duty or improper conduct of any kind, such suspension to be reported to the Board at its next meeting, when it shall be decided whether he is to be dismissed or reinstated.

6th. The duties devolving on the resident pupil shall be as follows :—

a. To record carefully and regularly in the registry book provided for the purpose all the extern lying-in cases, and all the extern chronic cases treated at the daily dispensary.

b. To attend all the extern labour cases, or see that they are duly attended by the pupils on duty, and in cases of danger or difficulty to call in the aid of the Master, or one of his assistants.

c. To make a daily visit for the week succeeding delivery to each of the patients confined at home ; to see that they get the medicine ordered ; and to acquaint the Master or assistants of any serious deviation from natural convalescence.

d. To report to the Master or assistants negligence or misconduct on the part of any pupil of the hospital of such a nature as to reflect upon the character of the institution.

e. To keep an accurate record of the cases treated in the chronic wards in the case book provided for that purpose.

Since the accession of the present Master, Dr. Atthill, to office, the governors have displayed great activity towards the improvement of the hospital, and have decided on the immediate carrying out of much needed improvements. A separate building for the extern department, with pupils' sleeping rooms, is to be erected, and extensive repairs effected.

Medical Men in Merchant Ships.

We are bound to accept the statement of the Government, given by Sir Charles Adderley in the House of Commons on Friday last. In reply to Captain Pim, "that Clause 230 of the Merchant Shipping Act, 17th and 18th Vic., c. 104, providing that every foreign-going ship having 100 persons or upwards on board should carry a qualified medical man, was by no means a dead letter." Last October the Board of Trade issued a circular to inquire whether the act was carried out in this respect, and in the answers to it only four cases of neglect, which had occurred at Liverpool, were mentioned. From inquiries since made at 18 of the principal ports in the kingdom they found that the act was very strictly enforced." Perhaps Her Majesty's Government will allow us to express a reasonable hope that the information obtained is from reliable, not interested sources.

The Medical Sanitary Officers of Dublin and the Public Health Committee of the Dublin Corporation.

It will be within the recollection of our readers that on a recent occasion the Public Health Committee of the Dublin Corporation called together the dispensary medical officers of the City in their capacity as sanitary officers, with a view of conferring with the committee upon the causes of the "inordinate mortality" of the city. The medical officers unanimously declared that the cause of the high death-rate of the City was the unsanitary state of the City and the dwellings of the working classes, and recommended certain remedies for these conditions. These opinions and recommendations of the medical officers were suppressed, and on a question being put to the Chief Secretary for Ireland by Dr. O'Leary, Sir M. Beach gave an answer already published, which was shown to be founded on incorrect information. Dr. O Leary again repeated his question on the 1st of this month, and was informed by the Chief Secretary that "the meeting broke up, but five of those who were engaged in it remained, and proceeded in an informal manner to discuss the question submitted to them, and other questions in addition, and they arrived at similar resolutions similar to those quoted. That report has not been published because the resolutions were arrived at informally." This statement differs materially

from that prevlously made by the Chief Secretary, and is not in any way more satisfactory. The statement a month ago was that certain statements were made by the sanitary officers' meeting, and when in this month it is found out that those statements are not made, Dr. O'Leary is informed that the resolutions referred to by him were arrived at, but "having been arrived at informally," they were not published. The last statement of the Chief Secretary amounts to this, that no formal conclusions were arrived at, and that the informal ones could not be published.

We have very good reasons for knowing that the conclusions stated by Dr. O'Leary to have been arrived at by the meeting on the 15th of March were perfectly formal, passed in a formal manner, received formally, and, we, believe, entered on the minutes of the proceedings of the Public Health Committee. Further, we know that evidence to this effect can be produced before any legally constituted tribunal charged with investigating the case. It is right here to state that Sir M. Beach is in no way to blame in this matter. He distinctly stated that he derived his information from the Local Government Board of Ireland. The question now to be answered is—Who supplied the incorrect information to the Local Government Board? So long as this question remains unanswered neither the profession nor the public will rest satisfied.

Hanging on Scientific Principles.

Although the principles enunciated by the Rev. Professor Haughton, in a communication to our columns some months ago, have been carried into effect in several executions since then, the opportunity has not occurred, up to the present time, to test by dissection the accuracy of the learned Professor's calculations in reference to the cause of death in hanging, and the best means of producing the fatal lesion. In an execution which has recently taken place at Hamilton, in Canada, the subject has been followed out by careful investigation, and the truth of Professor Haughton's anticipations conclusively established.

The prisoner, named M'Connell, was executed for a very atrocious murder of his landlord at noon-day, by repeated stabs of a butcher's knife. Professor Haughton's paper had been copied from our columns into those of the Canadian papers, and thus attracted the attention of the jail officials, who carried out all his suggestions *literatim*. He was very slightly made, and weighed only 138 lbs., so that apprehension was felt that it would not be easy to effect instantaneous death. The drop given was 10 feet, and the knot was placed, as in Montgomery's case, under the chin, so that the strain of the fall might take effect as nearly as possible at a right angle to the vertebræ. The death was apparently quite instantaneous, and a post-mortem examination—as sworn to by Dr. Roseburgh, surgeon to the jail—showed the following appearances;—"There was extravasation of blood under the integument, and rupture of the sterno-mastoid muscle on the left side. The second vertebra was fractured through the right superior articulating process, near its posterior border, and the left lamina was fractured posterior to the left superior articulating process; both fractures extended into the vertebral foramana; there was some displacement between the second and third vertebræ; the heart was examined, and the right side was found full of dark fluid blood, the left side empty and contracted; the brain was subsequently examined, and nothing abnormal found excepting some congestion. The immediate cause of death was the fracture of the spinal column of the neck at the second vertebra.

Illness of Prince Koffee.

The young Prince Koffee, of Ashantee, who is being educated at the Surrey County School, has been suffering from illness. The symptoms were at one time so alarming that the Government, who were apprised of the fact, sent Dr. Quain to see the Prince and report upon his condition. The health of the Royal African patient has now considerably improved.

Another Centenarian.

On Saturday afternoon Charles Young, a Peninsular veteran, who has died at the age of 108, was interred in Echo Bank Cemetery, Edinburgh. He was born at Coldstream in 1769. He entered the Scots Fusilier Guards, and was in the engagement at Corunna, Talavera, Barrosa, Salamanca, and Vittoria. At Barrosa he was wounded. The deceased leaves a large number of descendants, and his eldest daughter, who is still alive, is 80 years of age. He died in Edinburgh on Friday week.

The Royal Hospital for Incurables.

The twentieth anniversary dinner of this institution, graced by the presence of many ladies, has just been held at the London Tavern, Bishopsgate Street, under the presidency of Mr. Philip Twells, M.P., who was supported by the Sheriffs of London and Middlesex in their robes of office. While proposing the toast "Success to the Royal Hospital for Incurables" the Chairman pointed out that originally the pension granted by the board was £12 12s. yearly, with in some cases medical attendance. Of this class of pensioners only 25 remained at the date of the report, and it was proposed to allow them for the future £20 annually without medical attendance. Notwithstanding the loss of special donations through the deaths of benefactors, the financial statement of the past year must be regarded as satisfactory. The number of inmates at present at West Hill, Putney, was much greater than at any former period. The pension list increased in a still larger proportion, the amount distributed last year being £6,836. At the close of the speeches the Secretary announced the list of subscriptions as amounting to over £1600.

Kirkcaldy Epidemic.

The epidemic at the colliery village of Kingseat is rapidly gaining ground, nearly ninety cases being now under treatment. Attendance on the fever-striken population is taxing heavily the medical gentlemen of the district. One sample of the water, which is brought from Loch Fittie, has been analysed and found good in quality and the cause of the epidemic is still undiscovered.

Ventilation of the Royal Academy.

THE almost insufferable inconvenience experienced by visitors to the Royal Academy from a want of purer air and a better system of ventilation called forth a rebuke from the Duke of Cambridge at the annual dinner on Saturday week. We trust this matter will not be lost sight of, as every one will heartily echo the wish of the Duke that something like "a happy medium were established" between the cooler and more agreeable outer air and the insupportable and depressing stuffiness of the interior. The utter sense of exhaustion produced by breathing for one single hour the close, used-up air of the galleries has of late become, if possible, more detrimental and disagreeable by the enterprising spirit with which the governing body of the Academy "do furnish forth an empyreumatic odour of funereal bak'd meats," largely mixed with the deadly carbonic acid of the ever-flowing crowds of human beings.

Election of Examiners, Royal College of Surgeons in Ireland.

THE Fellows of the Royal College of Surgeons in Ireland met on Tuesday the 2nd inst., being the first Tuesday in May, as defined by the charter, to elect examiners for the ensuing year. Of the eight examiners of the Surgical Council one, Dr. Robert Mac Donnell, did not seek to be re-elected, being, in all probability, an unopposed candidate for the vice-presidency, for which the election will take place on the first Monday in June. For Dr. MacDonnell's examinership five candidates offered themselves—Dr. Frazer, Dr. Gogarty, Dr. Peter Little, Dr. Swan, of Stevens's Hospital, and Dr. Robert Persse White, of the Meath Hospital. According to the prescribed method, the following seven councillors were chosen by lot to elect: Mr. Ledwich, Dr. Mapother, Dr. MacNamara, Mr. Tufnell,

These gentlemen having been sworn according to the usual form, retired to deliberate, and on re-entering the room reported to the President that they had elected Dr. Gogarty. The several Courts of Examiners for the ensuing year will be therefore as follows:—

For Letters Testimonial and Fellowship—John Barker, Henry Gray Croly, Edward S. O'Grady, William H. O'Leary, Benjamin W. Richardson, Edward A. Stoker, William Thomson, Henry J. Gogarty.

In Midwifery—Henry Croly, John R. Kirkpatrick, William Roe.

In General Education—Frank Davys, Michael J. Malone, Robert Morton.

MR. JOHN RUST, a surgeon, whilst driving at Toppersfield, near Clare, Suffolk, on Saturday, was struck by lightning. He and the horse were instantly killed.

AN outbreak of typhus fever has occurred in the mining village of Kingseat, in the West of Fife. The epidemic is assigned to impure water supply.

HER Majesty the Queen, will open in person the Exhibition of Scientific Instruments at South Kensington Museum, on Saturday week next. France, Germany, and Russia will be largely represented in the exhibition.

THE Surgical Society of Ireland has appointed Mr. Joliffe Tufnell, Dr. Rawdon MacNamara, Mr. William Stokes, and Dr. Mapother, to represent the society as delegates at the forthcoming Centennial Congress at Philadelphia.

THE Queen has been graciously pleased to confer the honour of the Companionship of the Civil Division of the Order of the Bath on Mr. John Simon, F.R.S., medical officer of the Privy Council and of the Local Government Board.

THE French Ambassador presided on Saturday last, at the annual festival of the London French Hospital and Dispensary. A list of subscriptions amounting to about £1,000, including a donation of £100 from the Queen, was announced.

IT is estimated that the proposed new hospital at Wakefield will cost £10,092. The subscriptions in hand or promised towards the purchase of the land, and the cost of the building have already reached the sum of £14,000, and the work is, it is stated, to be commenced at an early date.

DR. H. K. KING, late of Welwyn, Herts, has been presented with a handsome inkstand, bearing the following inscription:—"Presented to Henry Kirwan King, M.B., C.M., on his leaving Welwyn, by the members of the Literary and Social Club, in token of their esteem and appreciation of his services as chief founder and first president."

DR. C. C. GIBBES, who has been filling the post of house surgeon to the South Devon and East Cornwall Hospital for the past two years and a half, has been presented with a very handsome dining-room clock, bearing the following inscription:—"Presented to C. C. Gibbes, Esq., M.D., by the students, matron, nurses, and servants of the South Devon and East Cornwall Hospital, as a token of esteem, on his leaving Plymouth."

THE works connected with the conveyance of pure spring water from the Scarrough Mountains to the town of Cahir, originated through the generosity of Lady Margaret Charteris, have already commenced under the superintendence of an eminent engineer connected with the London waterworks. The gift will be a priceless blessing to the people of Cahir, who, owing to the great scarcity of pure water, had generally to use, at great risk, river water for domestic and other purposes.

Correspondence.

RICHMOND WATER SUPPLY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—We regret that when inserting our letter to you of the 14th April, denying in express terms the statement contained in your paper of the 5th, that the Southwark and Vauxhall Company had supplied unfiltered water to Richmond, and that the Vice-Chancellor Malins had used the expression therein quoted, you should have thought it right, instead of frankly admitting the errors, to have repeated the

principal charge in another form, and sought to justify your misstatements with respect to the Vice-Chancellor's judgment by saying that you did not confine yourselves to the "exact words of the Vice-Chancellor."

If this is meant to imply that the Vice-Chancellor used language to the same effect, it is also untrue, as the Vice-Chancellor's judgment contained nothing whatever to the purport of that which you cited as having been said by him.

The statement as to the Southwark and Vauxhall Company having "for a considerable period used a double set of pipes, one of which supplied the town with unfiltered water," is declared by the Company's engineer to be totally untrue.

We request that this denial may be inserted in your next issue.

Yours obediently,
BIRCHAM and Co.,
Solicitors to the Company.

60 Threadneedle Street, 2nd May, 1876.

[We readily give insertion to the letter of the Messrs. Bircham, who write to us on behalf of the Southwark and Vauxhall Water Company. We maintain, however, that we were ustified in our remarks from the evidence given before the Government Commissioner at Richmond. It was distinctly stated that at one time two sets of pipes supplied water to the town; we are nevertheless quite ready to accept the statement of the Company's engineer that it has no foundation in act. At the same time we would direct Messrs. Bircham's particular attention to "*The Memorial*" presented by the vestry and inhabitants of Richmond to the Local Government Board, March 14th, 1874, in which they will find it stated "that from 1835 to 1861 Richmond was supplied with water drawn from the Thames opposite the town, and within the tidal influence, and delivered to the consumers without *subsidence or filtration.*" This appears to be very like proof positive of our statement that at one time the town of Richmond was supplied with unfiltered water. Further, we learn from the memorial, that for twelve months at least after the transfer of the Richmond Water Company to the Southwark and Vauxhall (that is, from 1860 to about 1862 or 1863) water was supplied to the town without any change in the mode of supply, and we naturally infer, "without subsidence or filtration." It is also distinctly stated in the memorial that "the water is taken by the Southwark and Vauxhall Company from the Thames at Hampton; but *it is the fact that the Company can, whenever they feel it to be convenient so to do,* supply the town of Richmond with water direct from Hampton in the state in which it *is thus obtained from the river.*" We are aware that this allegation was denied by the counsel who appeared for the Company; but, on the other hand, one engineer of some eminence attested to its truth. Professor Frankland's analysis of the Southwark and Vauxhall water made on the 7th Nov., 1874, appended to the memorial, also goes far, in our opinion, to substantiate this statement, for he says: "I find the water slightly turbid, and on this account alone not fit for dietetic purposes without previous filtration. It contains a large proportion *of organic matter, some of which is of animal origin,* and it also exhibits a considerable amount of previous sewage or animal contamination. It is hard, and therefore unsuitable for washing. It is not a desirable water for the supply of a town, and is in respect of all its most important qualities greatly inferior to the sample of water from the artesian well at Richmond recently analysed by me." The *Surrey Comet,* commenting upon the evidence given before the Commissioner, says: "Some of the most eminent scientific men of the day have given it as their opinion that the water was decidedly objectionable, and contained when taken from the mains and cisterns *living organisms of an objectionable kind;* and while some of their statements were disputed, the impartiality of Dr. Frankland's evidence, was freely admitted by the Council." Furthermore, several credible witnesses agreed that the water was most unwholesome, In the *Surrey Comet,* June 5, 1875, we read that "Mr. Jones produced a bottle of water containing five small fishes, which had been sent to him by Sir Henry Parker with the message that the fish were delivered to him through the pipes of the Southwark and Vauxhall Company, and that a large number had been delivered in the same way." If we turn to the monthly report of the Government Water Examiner for March, 1876, we find that the specimens examined by Professor Frankland of the water supplied by the Southwark and Vauxhall Water Company contained "blue cotton fibres and numerous living organisms." Will this not be accepted by Messrs. Bircham as satisfactory and conclusive evidence of the truth of what we have stated?—ED. M. P. & C.]

A SMALL CONTRIBUTION TO THE STATISTICS OF VENEREAL DISEASE IN LONDON AND PARIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having had occasion to visit recently the Hôpital du Midi of Paris, I was afforded the opportunity by my friend, Dr. Charles Mauriac, physician to that hospital, of examining the out-patients applying for relief on Friday, March 4, 1876. M. Mauriac supplied me with the diagnosis of each case, and allowed me to examine each patient carefully myself, so that I can vouch for the accuracy of the following statistics:—Fifty-six out-patients presented themselves at the "consultation" that morning, of whom forty-three were venereal cases. These venereal cases were thus constituted: Twenty-seven cases of gonorrhœa, two cases of soft sore, seven cases of hard sore, and seven cases of secondary syphilis. The men affected with gonorrhœa had contracted their disease, according to their own account, from non-registered women in twenty cases, and from registered women in seven cases. The men who had soft sores had gained them, one from a registered prostitute, the other from a non-registered woman. The men with hard sores had obtained them from non-registered women in six cases, and from a registered woman in one case.

I was much struck with two or three points in this small statistical attempt. Firstly, it was most remarkable to note how very few cases of soft sore there were met with—only two, whilst there were seven hard sores. Dr. Mauriac has written a pamphlet quite recently, this year 1876, on that point, and has asserted that occasionally soft sore is not seen at the Midi for weeks together. But what was remarkable also was the great paucity of cases of venereal disease at the famous male venereal hospital of Paris, which is resorted to by venereal patients from every quarter of that immense city.

My friend, Mr. Hayman, house-surgeon to the Metropolitan Free Hospital, had at my request made a similar inquiry as to the nature of the venereal cases (males) at that hospital on the 21st February last. Now, although that hospital is not a venereal hospital in any special sense, Mr. Hayman found that of the surgical cases attending on 21st February, 1876, which amounted to ninety-six cases, there were no less than fifty-six venereal cases. These venereal cases were of the following description:—There were twenty-two of gonorrhœa, nine of soft sore, and twenty-five of *syphilis,* by which is indicated two of hard sore, thirteen of secondary eruptions, and ten of tertiary affections. Thus there were in one morning more venereal cases in a small hospital in London (fifty-six to forty-three) than in the famous male venereal hospital of Paris.

I have before mentioned in a criticism of Dr. Mauriac's pamphlet "on the rarity of the soft sore at this moment in Paris," that true syphilis is increasing in amount in Paris just at the time when the soft sore is becoming rarer. It would seem that in London the soft sore is still far commoner than the hard (five to two), if we may judge by Mr. Hayman's figures of February 21st. It seems to me that a good deal might be effected if we had some more frequent comparison of statistics between London and Paris on this point. Gonorrhœa and syphilis, as I said, seem to be more common than formerly in Paris, whilst the less important, because local, venereal affections are greatly decreasing in amount.

I remain, Sir, your obedient servant,
CHARLES R. DRYSDALE, M.D.

17 Woburn Place, Russell Square,
London, April 26, 1876.

CERTIFYING OF DANGEROUS LUNATICS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having been called upon by the constabulary to examine a dangerous lunatic, who is a comfortable farmer, having done so, and attended before two magistrates at petty sessions, to certify as to his state, I applied to them for an order for payment, under 38 and 39 Vict., cap. 67, sec. 14, but was told by them that I should apply to the friends of the lunatic. Were they justified in so doing? as I consider that under the Act (which does not mention rich or poor) I am entitled to an order upon the Board of Guardians.

I remain, Sir, faithfully yours,

RUSTICUS.

The following is the clause of the Act :—

14. Notwithstanding anything in 30 and 31 Vic., cap. 118, sec. 10, it shall be lawful for any two justices causing any person to be examined by any medical officer as therein mentioned, if they think fit so to do, to make an order under their hands and seals upon the guardians of the union to which such person belongs, for the reasonable remuneration to such medical officer, and for the payment of all other reasonable expenses in or about the examination of such person, not exceeding in the whole the sum of two pounds.

All moneys so ordered to be paid by the guardians of such union shall respectively be advanced, paid, and raised in like manner as any other moneys required for supporting and maintaining the destitute poor of such union.

It will be observed that the magistrates have a discretion whether they shall grant an order or not. They may therefore send the doctor to the patient's friends, but there is no law for their doing so.—ED. M. P. & C.

Obituary.

MICHAEL DONOVAN, M.R.I.A.

WITHIN a few days of the death of Sir William Wilde there has passed away from the Irish scientific firmament a not less brilliant light, though one whose services to science in Ireland were too little appreciated. Michael Donovan, a much respected and very earnest worker in scientific pharmacy within the last quarter of a century, has been called away from the labours which he so well loved, and leaves behind him nothing but sincere esteem for his honesty and his worth, and respect for his talents and industry. He was for many years the only pure and genuine pharmaceutist in Ireland, for, loving the science with which it was his profession to deal, he despised and avoided the aping of medical practice which the Irish Apothecaries' Company so much coveted. During all the years when practical and scientific pharmacy was neglected by those who had its guardianship in Ireland, and when it was not considered reputable by the *parvenus* of the Apothecaries' Hall to keep a shop or compound drugs, Michael Donovan devoted himself steadily to chemistry and pharmacy, and displayed an admirable contempt for the flesh pots of the medical profession after which the Irish apothecaries hankered. The Dublin *Daily Express* describes him as "a small thin man, with a face more than ordinarily marked with 'the pale cast of thought'—an eminently refined and *spirituelle* face—with a lofty brow, and silvery locks escaping from the black skull-cap he always wore, resembling more an alchemist of the middle ages than what one would suppose Michael Donovan, M.R.I.A., of this nineteenth century, would be like."

Mr. Donovan was one of those instances of which there are too many amongst our scientific men, where, from an intense eagerness of research, the mind has been led into several diverging paths of inquiry rather than concentrated upon some one special subject, by supreme devotion to which some great result might be attained.

Notwithstanding, however, the versatility of his mind, Mr. Donovan in one peculiar branch of study—electricity and galvanism—made certain discoveries that were declared by Sir Humphrey Davy to be an advancement in the knowledge then possessed on these subjects. Of this versatility notable evidence appears in the catalogue of scientific MS compiled and published by the Royal Society of London, 1868. Therein we find 27 papers contributed by him, amongst them several on such subjects as the following: "Magnetism," "Malic acid," "The nature of alcohol," "A new theory of galvanism," "The inadequacy of electrical hypotheses," "Experiments on the impurities of hydrogen," "On the oxides and salts of mercury," "On the method of smelting lead ore," "On the deflections of the magnetic needle," "On the preparation of phosphorus," "On the universal vitality of matter, and its exaltation into vegetable and animal life"—this paper, in particular, being one of remarkable power; "A description of a horizontal sun-dial." Nor do the results of Mr. Donovan's studies appear only in the proceedings of the great society on the other side of the Channel. In the list of papers read from time to time in our own Royal Irish Academy we find, amongst many, these of especial note—"Regnault's condensing hygrometer," "On Earl Stanhope's alleged imperfections of the tuning fork."

As early as 1813, Mr. Donovan obtained a premium from the Royal Irish Academy for the best essay on "The effects of the discovery of galvanism, both as regards the theory of chemistry and as an experimental agent." The substance of this essay was incorporated in a work published by Mr. Donovan in 1816, and as late as 1875 the aged student produced a remarkable paper on the comparable self-acting hygrometer. Mr. Donovan was also the author of two volumes entitled "Domestic Economy," published in Lardner's Cabinet Cyclopædia, and of the "Treatise on Chemistry," contained in the same work, which went through a second edition.

In addition to his literary efforts, he was the inventor of several pharmaceutical preparations, some of the most important being the "Arsenical Solution," "Ung. Hydrarg." "Syrup. Cinchonæ," "Ung Citrinum Fuscum."

With the ruling passion strong in death, the ceaselessly active mind of this untiring thinker, cased in a feeble, failing body, worked at the problems in which it had ever delighted, to within a few days of the supreme change—a quiet, unpretending, but most useful and learned life came to its end in ripeness of years, and another name was added to that obituary of distinguished Irishmen of which we may well be proud.

Literature.

A BIENNIAL RETROSPECT OF MEDICINE, SURGERY, AND THEIR ALLIED SCIENCES, FOR 1873-74. (*a*)

THE subscribers to the New Sydenham Society are to be congratulated on the publication of another of these excellent retrospects.

We have not failed to look over the eight reports composing this volume, and consider that their compilers have been very careful in their references and quotations, which are so numerous as to render it highly instructive and useful.

The most fastidious student of medicine will find in its paragraphs, although generally and necessarily short, a large amount of information regarding the progress of physiology, practical medicine, surgery, ophthalmology, midwifery, and the diseases of women and children,

(*a*) "A Biennial Retrospect of Medicine, Surgery, and their Allied Sciences, for 1873-74." Edited by Mr. H. Power, Dr. Shepherd, Mr. Waren Tay, Mr. R. B. Carter, Dr. C. H. Carter, and Dr. T. Stevenson, for the New Sydenham Society. London: 1875.

medical jurisprudence, materia medica, and therapeutics, and on questions connected with public health.

In corroboration of this remark, we may mention that Mr. Power's report on physiology and the allied sciences contains about 287 references to and quotations from, recent writings on these subjects; Dr. Shepherd's report on practical medicine not fewer than 2,255 references and quotations; Mr. Waren Tay's report on surgery, 575 references and quotations; Mr. Robert Brudenell Carter's report on ophthalmology, 49 references and quotations, and includes an excellent *résumé* of a valuable report by Mr. Nettleship on the ophthalmia which occurred in certain pauper schools; Dr. Charles Henry Carter's report on midwifery and the diseases of women and children, 253 references and quotations. In this report there is evidence of slight carelessness on the part of its author, who tells us that "Dr. Rota also reports (*Gaz. Med. Italiana Lombardie*, Oct., 1873) a case of Cæsarean section performed on a woman who died in the ninth month of her fourth pregnancy of anasarca."

We have not before heard of a "pregnancy of anasarca"!

Dr. Thomas Stevenson's report on medical jurisprudence contains 72 references and quotations. Of these the one from the return received at the *Mining Record* office reveals some startling facts in connection with the manufacture and sale of arsenic. It appears that in the year 1873 there were produced in England 5,449 tons of arsenic, of which more than a third came from the Devon Great Consols Mine. Now the Rivers Pollution Commissioners report that the drainage from the works from this mine contains "no less indeed than 0·42 grains per gallon of water, their suggested standard permitting only 0·035 part: but this drainage is not discharged directly into the Tamar, but is first mixed with a very large volume of water used in the mine for power only." At this single mine so much as 165 tons to 200 tons of white arsenic are sold in a month. The Commissioners regard it as a startling reflection that there leaves this mine, even at the lower rate of sale, white arsenic sufficient to destroy the lives of more than 500 millions of human beings.

There is some obscurity in Dr. Stevenson's quotation from the Commissioners' report. It states that the "Commissioners saw stored in the warehouses of the mine, ready packed for sale, a quantity of white arsenic probably sufficient to destroy every living animal on the face of the earth. They add that it is perhaps still more startling to reflect that there is at present no efficient law to prevent many fold this amount of this deadly material from being cast every month into the rivers and watercourses of this country." We fail to see what is meant here. Is it that the amount in the above warehouses reaches rivers and watercourses generally, or a many fold amount reaches all the watercourses from this mine?

We find, in this report also, a quotation confirmatory of Dr. Russell's (the *Times*) graphic description of the postures in which were found many of the corpses on some of the Crimean battle-fields. It states that "Rossbach relates a number of cases observed on the battle-fields of Beaumont and Sedan where the corpses had become rigid in the exact position they had assumed just before death, even when such position was opposed to the action of gravitation." "The expression of the countenance, the position of the hands, &c., were all as retained in rigid sculpture." "The cadaveric rigidity must have come on between the last moment of life and the first moment of death, and not later, otherwise the muscles must have become relaxed, or the position of the limbs altered by the action of gravity."

We are glad to have the opportunity of referring to this question, having heard Dr. Russell's account of the positions in which some corpses were found on the Crimean battle-fields, attributed to the impulse of an eloquent but imaginative pen.

Finally, Dr. Thomas Stevenson's report on materia medica and therapeutics, and his report on public health, contain forty abridged descriptions of new remedies and new views on the actions of old ones, as well as thirty-five references and quotations on matters connected with public health.

In the latter report there is a quotation from some instructive observations of M. Pvey on the influence of violet light upon growth. M. Pvey, it is stated, "details striking facts relative to the favourable influence exercised upon the growth of animals and vegetables by violet light. It having been observed that the growth of vines was greatly promoted and the crop of grapes largely increased by growing the plants beneath violet glass, animals (pigs and calves) were reared beneath similarly coloured glass; and comparative trials were made with coloured and uncoloured glass. It was found that the animals kept beneath the violet glass increased much more rapidly in size and weight than those beneath uncoloured glass." We have not heard of violet glass having been tested for these effects in this country, which, if not exaggerated, may lead to great advances in our floriculture, and in the rearing of the lower animals, and possibly of man himself.

Further on in this report there is the description of the important investigations of Dr. P. R. Lewis on the degree of heat essential for the destruction of vitality in the cysticercus, a question of vast moment to pork-consuming people. "Dr. Lewis, who experimented upon both beef and pork, states as the result of his investigation—(1) That exposure to a temperature of 120° Fahr. for five minutes will not destroy life in cysticerci, but that they may continue to manifest indications of life for at least two or three days after such exposure. (2) That exposure to a temperature of 125° Fahr. for five minutes does not kill them; but (3) after being subjected to a temperature of 130° Fahr. for five minutes they may be considered to have perished. After exposure to this and higher temperatures, in no instance 'was he able to satisfy himself' that the slightest movements took place in their substance when examined, even under a high power. At least it may be confidently asserted that, after exposure for five minutes to a temperature of 135° to 140° Fahr., life in these parasites may be considered as absolutely extinct. It thus appears from the careful and concurrent experiments of both Pellizzari and Lewis that cysticerci of all kinds, whether found in beef, veal, or pork, cannot retain their vitality when exposed to a temperature of 140° Fahr."

The report gives us some interesting information on the frequency of tape-worms in Florence. Pellizzari, to the question asked by Marchi, "how it happened that, notwithstanding the occurrence of 13,000 measled pigs in the public butcheries of Florence, he had seen but one specimen of *T. solium*, whilst thirty-four could not have originated in the pig?" replies, "that it is because the hygienic regulations of the city require that the flesh of the pigs be raised to 140° Fahr.;" and he then himself immediately proceeds to ask another question, namely, as to how it happens that the *Tænia solium* is so frequently seen in other places? He remarks that there are not so many sanitary precautions taken in other places, and that the people elsewhere consume more slightly salted or uncooked meat, as sausages and so forth. He explains "that Marchi's thirty-four tape-worms might all have arisen from the consumption of the cysticercus of the ox," and then goes on to speak of the presence of tape-worm in Florence, even in little children. This last-named feature he attributes to the circumstance that raw meat is frequently employed as a restorative. He remarks that thirty years ago it was just as difficult to find a single *T. mediocanellata* as it is now easy to find a great number of these worms; and all because it is now-a-days customary to eat the flesh of the ox either insufficiently cooked or raw. Pellizzari thinks that this absolute inversion of the facts of the case affords proof of the correctness of the position sustained by him that the cooking of meat up to the degree of temperature ne-

cessary for ebullition ensures the destruction of the cysticerci. These observations should be a warning to those who are in the habit of prescribing raw meat for invalids.

Many years ago the writer of this notice, at the period when minced raw meat was so strongly recommended in the treatment of chronic diarrhœa in children, was led to prescribe it for a child labouring under this affection. To his horror, some weeks afterwards he had to treat the child for tape-worm, which there is every probability had its origin in the raw-meat treatment of the diarrhœa.

Before concluding we feel compelled to remark that this volume, as regards binding, is a great improvement on its predecessor, which was so badly stitched as barely to keep together.

The usefulness of the volume is much enhanced by the index, which is both copious and accurate.

DALTON'S PHYSIOLOGY. (a)

Professor Dalton's work has long held so high a position in this country, as well as in America, that the appearance of a new edition will be generally welcomed, for great changes have taken place since the appearance of the last. The excellencies of this work have been so appreciated by some that we have known lecturers in our London medical schools confess that they only "preached Dalton," though this is perhaps more to the author's credit than to that of the lecturers in question. It shows, however, a very high estimate of the American professor's work. There are special points about it which commend it to a large class of readers. In the first place it is not a mere compilation, but rather a well-digested course of physiology. As such it is the exponent of the author's own views, and he is peculiarly free from crotchets. We may therefore regard his work as a thorough and complete digest of the present state of physiological science. Partly in consequence of this, the references are not numerous in comparison with those which are found in works partaking more of the character of compilations. By many this will be deemed an advantage, and students especially may be glad to be relieved from the distraction attending the statement of conflicting views. The frequent changes of opinion or substitutions of theory presented as physiological discoveries, however interesting in themselves, are of little value to the student, though carefully observed facts, even when they may be thought peculiar, possess permanent value. The author has not lost sight of this, and therefore he informs the student not only of the results now in our possession, seen of course from his own point of view, but gives an account of the means of investigation by which these results have been attained. One of the greatest advantages of this method of teaching is that it enables the learner to distinguish between what may fairly be considered positive and what is at present only hypothetical, so that the announcement of a new discovery does not confuse him, even though it may lead to a change of opinion.

In the chapter on Digestion we have been particularly pleased with the description of the gastric follicles, and certainly those who are unable to gather from this a definite idea of the nature and use of these bodies in the several parts of the membrane cannot be complimented on their facility of apprehending facts. There are other points which are more lengthily dwelt upon, but we select this because it has the additional merit of great brevity. But we will pass over the first section of the book, which is devoted to nutrition, to mention the second, which treats of the nervous system. In this department of physiology so many important advances have been made that we turned to it with great interest. Difficult as the subject confessedly is, we have here a compendium of it which any careful student may easily understand, and we may certainly say that within the same compass it will not be easy to find so clear and accurate an account of nervous physiology. Recent investigations into the localisation of the functions of the brain are succinctly described and their general results impartially stated. The investigations of Fritsch and Hitzig are accepted as important contributions to science, as are also the more recent labours of Braun and Putnam, and the Committee of the New York Society of Neurology, the report of which was issued last year. The confirmation of these researches by English observers is not alluded to, and this reminds us that the work throughout gives that prominence to American investigation which we should naturally look for in a text-book of American origin, and intended primarily for American use. We find no mention of Brown-Sequard's objections to the views of Fritsch and Hitzig, though possibly this is because the work was partly printed before his last utterance. We should have expected, however, to find on so new a subject a statement of the objections that have been raised by French critics and experimenters, some of which seem to be of the highest significance.

It is perhaps, however, to the third section of the volume, which is devoted to the reproductive system, that we should refer as Professor Dalton's masterpiece. We believe this to be the clearest description of the physiology of the reproductive system in our language, and we especially commend the first chapter, in which bacteria and their relation to spontaneous generation are passed in review. Some of our physiologists would do well to read this chapter, and endeavour to express themselves with the same clearness, conciseness, and moderation.

With regard to the special changes in this edition, we may state that the new chemical notation and nomenclature are used throughout, the centigrade system is also adopted for measurements of length, volume, and weight. Temperatures are given in degrees of the centigrade scale, but usually accompanied by the corresponding degree of Fahrenheit scale enclosed in brackets. The additions and alterations necessitated a large increase in the matter of the work, estimated by the author to be fully equal to fifty per cent. Nevertheless, by careful typographical arrangement, the volume is by no means too bulky. The illustrations now reach 316 in number. The majority are good, but a considerable number are merely diagrammatic, and the execution of a few is scarcely worthy of the excellent type and paper. In conclusion, we may state our belief that this edition of his work is worthy of the author's high reputation.

(a) "A Treatise on Human Physiology," designed for the Use of Students and Practitioners of Medicine. By John C. Dalton, M.D., Professor of Physiology and Hygiene in the College of Physicians and Surgeons, New York. Sixth edition. Revised and enlarged, with 316 Illustrations. London: J. and A. Churchill. 1876.

CLINICAL LECTURES ON DISEASES OF THE URINARY ORGANS. (a)

In this work are found the subjects of the course of clinical lectures which the author is in the habit of giving yearly in the wards of University College Hospital. Each edition contains modifications and improvements, for Sir Henry Thompson is not only a progressive surgeon, but is anxious to make his hearers and readers as able and as successful as himself. The book is written in an extremely forcible and agreeable style. The sentences, though short and conversational, are well-considered. In fact, the busy practitioner and the young student can equally profit by and enjoy the perusal, while the hospital surgeon will do well to look into it to find an example of what clinical teaching should be. If we have to find fault with the book, we shall point to the back of the cover, on which we find inscribed, "Diseases of the Urinary Organs;" the inscription should have been "Clinical Lectures." As a treatise on diseases of those organs it is manifestly imperfect; as a course of clinical

(a) "Clinical Lectures on Diseases of the Urinary Organs." By Sir Henry Thompson. Fourth Edition. London: J. and A. Churchill. 1876.

lectures it leaves nothing to be desired. If the author had intended the title to catch the eye of unprofessional readers the existing one would doubtless have been well chosen.

Sir Henry Thompson does well to insist upon the necessity for students studying the nature and microscopic appearances of healthy and morbid urine; and in the last chapter gives most excellent advice upon the manner in which they should conduct their examination. The last chapter is a most valuable addition, for in it are found a short chemical account of the various salts found in different specimens of urine, and methods for distinguishing blood, pus, and mucus, as well as other bodies accidentally introduced. In addition to this are appended six small circular drawings of objects which are liable to be found in any specimen of morbid urine. Whilst speaking of the deposit found in a fluid which has been left at rest, the author says (p. 374):—"Lastly, agitate an equal quantity of liquor potassæ with a portion of the deposit, and if the latter be pus a dense gelatinous mass will result, while if it be merely mucus it will be less dense than before." We are told that we must be particularly careful to obtain a proper specimen or specimens of urine for examination. If, for instance, a patient be suffering from an urethral discharge, and bring us some of the first part of the urine voided, we shall find albumen in the fluid from the liquor puris, and may possibly be misled. We should be provided with two specimens; the first will contain the "flushings" of the urethra, the last the unmixed contents of the bladder.

Sir Henry Thompson admits but one variety of stricture, organic. "And this organic stricture," he continues, "is a permanent condition" (p. 31). Later on he tells us a great deal about the treatment of organic stricture by cutting, dilatation, and rupture, but he tells us at the outset that when a man once has organic stricture he has it for ever. Of course it may be remedied, but it can never be absolutely cured. Concerning "inflammatory stricture" and "spasmodic stricture," he says the former is really due to severe prostatitis, and that the patient no more has a *stricture* than has he who is unable to swallow on account of enlargement of the tonsils a stricture of the œsophagus. "So with regard to what is called spasm . . . . The affection is only temporary; it does not necessarily imply any organic change, and is not stricture of the canal." "I will tell you," says the practical teacher to his pupils, "what spasmodic stricture often is: it is an exceedingly useful excuse for the failure of instruments."

On page 72 are found instructions for passing a catheter, which are as minute as they are valuable. When a small silver catheter is to be employed, an injection of a few drachms of olive oil into the urethra is advised. But Sir Henry Thompson cautions his hearers about the danger of solid instruments, and of small ones in particular. "No one," says he, "has been a greater advocate than I was some years ago of solid instruments as against soft ones." But now he has "no hesitation in saying that a great part of the success of any man who has much to do with this subject will depend upon his use of flexible instruments as against solid." He justifies his change of opinions; and further on he tells his pupils that they "may rely upon it, with regard to any subject whatever, whether politics or religion, or our own proper profession, if we hold the same opinion at forty years of age as we did at twenty—and perhaps, looking forward, I may say, if we hold the same opinions at sixty as we do at forty—we live to very little purpose." Such a paragraph naturally caused us to pause a moment and think.

In cases of inflammatory retention, where the patient is in great distress (p. 126), we should not adopt "the classical treatment of thirty years ago," giving opium in large doses so as to enable the patient to bear the pain and dispense with the catheter. We should pass a small flexible catheter (No. 6), well curved, so that it may ride up over the enlarged prostate, but we must introduce it with great care. We are well able to speak of the success of this treatment, but we have no doubt it will be a long while before a student will dare to express the opinion in an examination.

THE SURGEON-OCULIST TO THE QUEEN IN IRELAND.

ALTHOUGH it has been known that the succession to this distinction is regarded with much interest in Ireland, the MEDICAL PRESS AND CIRCULAR has, for reasons which will be readily understood, abstained from advocating the special claim of any surgeon to favourable consideration. If similar reticence had been observed by the other journals, we should have preferred to maintain silence, but as the qualifications of one competitor for the distinction have been put forward, and opinions strongly expressed in his favour in the pages of one Irish daily paper, and one professional contemporary, it will not be expected that the MEDICAL PRESS AND CIRCULAR shall permit those opinions to pass as unchallenged and incapable of dispute, or shall continue to withhold from any candidate that publicity for his qualifications which has been afforded to another through the medium of the press.

Dr. Jacob is senior in the practice of his speciality in Ireland, having for fifteen years, both before and after his entrance into the profession, acted as the pupil, and as the surgical assistant, to his father, Dr. Arthur Jacob, in which capacity experience and tulelage were afforded to him which no ophthalmic surgeon in Ireland enjoyed. He possesses the qualification of an academic education, having obtained with honours the degrees of Master in Arts and Doctor of Medicine in the University of Dublin, and has given guarantees of his professional competency as a practitioner and an operator in his capacity of Ophthalmic Surgeon to the City of Dublin Hospital and the Dublin Eye and Ear Infirmary, and has manifested his interest in the investigation of eye diseases by numerous contributions to the literature of the subject in these columns. Finally, he may fairly claim to have deserved and to enjoy as large a share of the confidence of the public and of the profession as any other ophthalmic surgeon in Ireland. It is not for us to say more.

As a public man Dr. Jacob has been foremost in the politics of his profession, and—we believe it may be truthfully said—has been considered to have always acted independently and honestly according to his views of the interest of the profession. On the retirement of his father from the administration of the Royal College of Surgeons, in which he had acted thrice as President and for a quarter of a century as Councillor, Dr. Jacob was elected by the Fellows of the College almost without a contest. For a long series of years—in spite of occasional differences of opinion as to the accuracy of his medico-political views—the Fellows have repeated their vote of confidence, and Dr. Jacob still holds post of honour in the profession as a Councillor of the College.

In simple justice to Dr. Jacob's claims to consideration, which have been disregarded in other quarters, the MEDICAL PRESS AND CIRCULAR states these facts, submitting those claims to the unbiased judgment of the profession and of her Majesty's advisers, who will no doubt

recommend for her Majesty's selection the surgeon possessing the highest qualifications, not only strictly professional, but also those academic.

ELECTION OF A PROFESSOR OF ANATOMY IN THE IRISH COLLEGE OF SURGEONS.

At a meeting held on the 27th inst., to elect a Professor of Practical Anatomy in room of the late Dr. John Morgan, Mr. William Thornley Stoker, of 16, Harcourt Street, Dublin, Fellow of the Royal College of Surgeons in Ireland, Surgeon to the Richmond Hospital, and formerly Surgeon to the City of Dublin Hospital, was duly elected.

The candidates who presented themselves for the chair were Dr. Loftie Stoney, Ophthalmic Surgeon to the City of Dublin Hospital, and a Demonstrator in the College School; Mr. Corley, Lecturer on Surgery in the Carmichael School, and Surgeon to the Richmond Hospital; Mr. Foy, Lecturer on Anatomy in the same school; and Dr. Charles Robinson, a Demonstrator in the Ledwich School.

On the seven Councillors being selected by lot in the usual way a circumstance occurred which gave rise to same discussion, and which we observe is referred to in a very inaccurate and injudicious way in the columns of a contemporary. Amongst those Councillors who were drawn to elect was Dr. Jacob, who had not arrived at the time when his name was called out, but entered the room a few moments afterwards. Meanwhile another name had been called, and the question arose whether Dr. Jacob was bound to serve or whether, on the other hand, having been absent at the call, he should be allowed to decline and the name drawn subsequently substituted for his. The clause of the Charter which rules this point is as follows:—"The President together with not less than two-thirds of the other members of the said Council for the time being in that behalf convened shall assemble, and being so assembled, shall choose and appoint by lot seven members of such Council or as near thereto as may be, which said persons so chosen and appointed shall proceed forthwith to elect by a majority of voices such Professor, provided the said members of Council so by lot appointed shall find among the candidates for the said office a person having such qualifications as the Council may from time to time determine by bye-law to be necessary, and also being in the judgment of a majority of them fit and competent to discharge the duties." It will be observed that this clause does not provide for the absence of any Councillor, but orders seven to be "chosen and appointed by lot" from those who have assembled. This requirement the President ruled to have been complied with when the Councillor elected entered the room at any time previous to their swearing in, and Dr. Jacob was therefore directed to serve as an elector.

After deliberation the electors declared their choice as above, and the selection will be approved by the profession.

THE ALEXANDER MEMORIAL FUND.

The Committee of the Alexander Memorial Fund have offered a Prize of £50 and a Gold Medal of the value of £10 for the best essay "On the Influence of Drinking-water in Originating or Propagating Enteric Fever, Diarrhœa, Dysentery, and Cholera; to be illustrated as far as possible by instances which have come under the personal observation of the author." Essays to be forwarded to the Committee on or before the 31st of December. The competition to be limited to executive Medical Officers of the Army on full-pay. The relative merits of the essays will be determined by assessors chosen by the Committee.

The election of a surgeon to Swift's Hospital for Lunatics in Dublin, in place of Mr. John Hamilton, took place last week. It will be recollected that three successive elections lately failed in consequence of an even division of votes between Mr. Colles and Dr. Thornley Stoker. The last election resulted in the choice of Dr. Stoker, who has within the same week been appointed Professor of Anatomy in the Royal College of Surgeons *vice* Dr. Morgan.

City of London Hospital for Diseases of the Chest.—The twenty-eighth anniversary festival of this hospital was held last week, under the presidency of Mr. John Coope Davis. The chairman, after the loyal and patriotic toasts had been responded to, and in advocating the toast of the evening, dwelt upon the special attributes of this hospital, and mentioned the salient facts that the institution could not be maintained at its present state of efficiency under £9,000 a year, and that the annual subscriptions reached a sum of about £2,100 to meet this drain upon the resources. In response to the chairman's appeal, a subscription list of £2,580 was announced.

Society for the Relief of Widows and Orphans of Medical Men.—The annual general meeting of the Society was held at 53 Berners Street, on Friday, April 28th, Dr. Quain in the chair. From the statement read by the Secretary it appeared that the income available for the payment of grants and expenses for the year 1875 had been £3,213 5s., showing an increase of £147 10s. on that of 1874; the expenditure had been £2939 2s., a decrease of £135, chiefly owing to the small number of applicants for fresh grants during the year; the total amount of grants had been £2,711 10s., including a donation of £253 distributed at Chrstmas among the widows and orphans. The expenses had been £227 12s. Fifty-eight widows and seventeen children had been assisted. Twenty-eight new members had been elected; twelve had died, including three Vice-Presidents and one Director, viz., Vice-Presidents, Dr. Latham, Sir Charles Locock, Bart., and Mr. Iliff, and Mr. Sercombe, a Director; eight members had resigned, or ceased to be members. The Society now consists of 404 members, an increase of 8. Two widows had been added to the list of annuitants, four had died, and five children had become ineligible. The funded property had been increased by the purchase of £1,541 6s. 2d. Metropolitan Three and a-Half per Cent. Consolidated Stock. Legacies of the value of £1,440 had been received. Mr. C. J. F. Lord was elected a Vice-President, and the following gentlemen, Directors: Mr. Birkett, Dr. Carr, Mr. Steet, Dr. James E. Pollock, Dr. Wilks, and Mr. Savory. A vote of thanks to the editors of the medical journals was carried unanimously, and the proceedings terminated by a vote of thanks to the chair man.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

A Poor Medical Student.—We have much pleasure in acknowledging the receipt of 3 guineas from Dr. Rees Powell, of Cwmpadest, Wales, in aid of "The Poor Medical Student," on whose behalf we inserted an appeal in a recent number of the Journal.

Caution to London Practitioners.—Two correspondents write to our contemporary, *The Lancet*, calling attention to a dodge now carried on by a well-dressed female, of about middle age, for the purpose of larceny. In each case she called, requesting immediate attendance upon a lady just arrived from Cheshire. The addresses given were different in each instance, and, of course, fictitious. Besides the annoyance of having been fooled, when they returned to their houses they found themselves minus several articles which but an hour previously were in their possession.

Dog Poisoning.—During the last two or three weeks a large number of valuable dogs have been poisoned in the western suburbs of London, and, notwithstanding the tempting rewards offered, amounting in all to between £500 and £800, and the vigilance of the police, no clue has been obtained to the perpetrators of the offences. In one case, at least, the poison employed is believed to have been strychnine. At the residence of Mrs. Coulson Campbourn, Richmond, a meeting was held a few days since and a committee formed, consisting of both ladies and gentlemen, in connection with the Royal Society for the Prevention of Cruelty to Animals, to which Lieutenant-Colonel Burdett has consented to act as honorary secretary and treasurer. An officer of the society is about to be located in the neighbourhood.

The serious illness of Dr. Kirk is reported in the last letter received by the *Western Morning News* from Zanzibar.

Royal College of Surgeons.—At a meeting of the Court of Examiners, held on the 21st April and following days, the under-named gentlemen, whose names are in alphabetical order, passed their final examination for the letters testimonial, and having made and subscribed the declaration, in accordance with the Supplemental Charter, were admitted Licentiates of the College, viz.:—Howard Blyth, James Henry Brennan, Michael Callan, Charles Ulick Carruthres, George Robert Deighton Charleton, Ebraim M'Dowell Cosgrave, Henry Royse Cunmings, Richard Henry D'Olier Duckworth, John Joseph Falvey, Robert Cardwell Gunning, William Bourne Hallows, Thomas Kinlay Hamilton, Francis Josiah Hart, George Edward Irwine, Stanislaus Maguire, Robert Nesbitt, Edward Hyacinth O'Leary, Peter O'Reilly, Thomas Pierse, Joseph Michael Redmond, Walter Ryan, George Searancke, Henry Gregg Sherlock, and Edmund Aloysius Wall, Esq.

Dr. Hawtrey Benson has been appointed Medical Referee for Dublin to the Alliance British and Foreign Life Assurance Co., in the room of the late Dr. John Hamilton.

To the Editor of the Medical Press and Circular.

5 Henrietta Street, Cavendish Square, W.,
May 3rd, 1876.

Sir,—Allow me to correct an error which appears in your journal of this date, in which it is stated that "at the levée held on Friday last by H.R.H. the Duke of Edinburgh, on behalf of her Majesty, Mr. W. Adams, F.R.C.S., the newly-elected President of the Medical Society of London, was presented by Major Cadman." I beg to state that I was not presented at the last levée by Major Cadman, but six or seven years ago, by the late Sir Henry Lytton Bulwer, afterwards Lord Dalling.

Your obedient servant,
Wm. Adams.
President of the Medical Society of London.

[We are happy to give space to Mr. Adams's correction; at the same time we would state that we copied the name from the official list of presentations supplied to the London daily papers in the usual manner. —Ed. M. P. & C.]

Clinical Society of London.—On Friday evening, at 8½ p.m. Mr. Maunder, "On three Cases of Subcutaneous Osteotomy of the Femur" (the Patients will be exhibited).—Dr. Duffin, "On a Case of Tumour of the Corpora Quadrigemina."—The President (for Mr. Leggatt), "On a Case of Intestinal Concretion passed per Anum."—Dr. Pearson Irvine, "On a Case of Diphtheritic Paralysis simulating extensive Lung Disease."

Communications, Enclosures, &c., have been received from—Dr. Rees Powell, Cwmpadest. Dr. Farr, London. Mr. Squire, London. Dr. Tamain-Despailles, Contrexville. The Director-General of the Army Medical Department. Dr. Myrtle, Harrogate. Mr. W. Adams, President of the Medical Society of London. Dr. Roberts, London. Dr. Wise, Norwood. Mr. Francis Vacher, Birkenhead. Dr. Dickinson, London. Dr. Dolan, Halifax. Mr. R. Hanslip Sers, Epperstone. Dr. Abrath, Sunderland. Dr. Carpenter, University of London. Rev. J. Alton Hatchard, St. Leonard's. Dr. Julius Althaus, London. Mr. Gray, Newcastle. Mr. Bircham, London. Mr. Porter, Dublin. Dr. McKeogh, Kilmacthomas. Dr. Carpenter, Croydon. Dr. Luther, Cappoquin. The Secretary of the Society for the Relief of Widows of Medical Men. Dr. Macauley, London. Colonel Puckle, London. Mr. Henry Sewill, London. Dr. Kirby, London. Dr. Cameron, Dublin. Mr. Bray, St. Leonard's. Dr. Langley, London. Dr. Edwards, Evansville. Dr. Short, New York, &c., &c.

VACANCIES.

Cancer Hospital, Brompton.—Surgeon. Also an Assistant-Surgeon to out patients. Honorarium. 100 guineas and 50 guineas respectively. (See Advt.)

Larne Union, Glenarm Dispensary District.—Medical Officer. Salary, £100, with £15 extra as Sanitary Officer. Address the Hon. Sec. (See Advt.)

Wolverhampton General Hospital.—House-Surgeon. Salary, £100, with board, &c. Also an Assistant House Surgeon. Board and lodgings, but no salary. Applications to the Chairman of the Medical Committee.

Stockport Infirmary.—Assistant House-Surgeon. Salary, £60, with board. Applications to the Honorary Secretary.

Ashton-under-Lyne Infirmary.—House-Surgeon. Salary, £80, with board. Testimonials to Mr. Hugh Mason, Ashton-under-Lyne.

Royal Infirmary, Liverpool.—Medical Superintendent of the Lunatic Asylum. Salary, £2 0, with £60 for wife, as matron, with board and residence. Applications to E. Gibbon, Esq., at the Infirmary.

Dursley Union.—Medical Officer. Salary, £30, with fees extra. Apply to the Clerk to the Guardians.

Keighley Union.—Medical Officer of Health for Sanitary Inspection. Salary, £50 per annum. Applications, endorsed "Medical Officer of Health," to be sent to the Town Clerk's Office, Keighley.

Marriages.

Banner—Hunt.—On the 4th inst., at St. Luke's, South Kensington, Samuel Banner, M.R.C.S., of 11 Delamere Street, W., to Charlotte Augusta, only daughter of the late Major Hunt, of the 2nd Queen's.

Established 1848.

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A 103. PARTNERSHIP, with Succession on easy terms. Receipts average £800 a year. Appointments, about £100. The co-operation of an active gentleman would immediately increase the income. The Practice is situate in a large and prospesous town of the Midland Counties, and is easily worked. The junior Partner could reside in the house where the Practice is now carried on, this is well situate, with croquet-lawn, stabling, &c. The premium could be paid by instalments, except a sum of £300 on entry.

A 102. In a watering place on the South Coast, a very desirable NUCLEUS of Practice realising £200 a year, including an Appointment producing £100. There is a very good house suitable for the reception of resident patients. Rent, £65. Furniture at valuation, if desired. Premium, £100.

A 101. Within easy access of London, a GOOD FAMILY PRACTICE, realising £600 a year. Appointments, £200. District, agricultural. Excellent house. Rent, £45.

A 106. COUNTRY PRACTICE held by Vendor 40 years. Receipts, average £500 a year. Appointments, £130. No opposition. Nine-roomed house, with garden, stabling, and land, at a low rent. Premium, £400, part of which may be paid by instalments.

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A 98. First-class Practice in a provincial town, within 40 miles of London. Receipts, £1,200 a year, and steadily increasing. Midwifery, 2 guineas and upwards. Introduction by way of partnership if desired. Good professional residence, fitted with modern conveniences, with coachhouse, stabling, &c. Part of the premium may be paid by instalments.

A 97. Within 80 miles of London, a Sound Country Practice, realising £800 a year in actual receipts. Appointments, upwards of £220. Working expenses small. Introduction as may be desired, and every guarantee of good faith given. The house is small, but very convenient, and well situate. Rent, £25. Premium, 1 year's purchase, half of which may be paid by instalments.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 17, 1876.

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ON THE RIGHT OF THE STATE TO OBTAIN EARLY INFORMATION OF THE APPEARANCE OF EPIDEMIC OR INFECTIOUS DISEASE IN A GIVEN DISTRICT—OUGHT THE MEDICAL ATTENDANT TO BE THE INFORMER? (a)

By Alfred Carpenter, M.D. Lond., M.B., &c.

The right of the State to obtain the earliest possible information as to the prevalence of epidemic or infectious disease in a given district can scarcely be doubted for a single moment, yet at the present time there is no law by which that information can be gained until fatal cases have occurred, and the registrar of deaths gives the note of warning in his report to his superior officer.

Whilst more than 100,000 persons are annually sacrificed in this country to the neglect of proper sanitary precautions, a consideration of the point raised in the Health Department, at the Brighton Congress, will not be out of place.

A resolution was passed at that meeting—"That it be recommended to the Council to take into consideration the desirability of compelling, by legislative enactment, medical men attending cases of an infectious character to report the same to the medical officer of health." Hence the following observations.

The right of the State to the information is not questioned; it cannot be reasonably urged that there is no case for the exercise of such right in the face of the fearful mischief entailed by preventable disease, and what is required is the appointment by law of a regular informant at its first onset.

When we consider that into a district, comparatively healthy and thickly peopled, a man, recovering from small-pox or typhus, may locate himself. In a short time the house he occupies, the sewer he uses, or the privy he frequents, becomes a focus from whence the malady may spread to all who are prone to take on the disease in question who may be exposed to its influence.

The State has a right to limit this mischief, and to do that to an individual establishment which it does not hesitate to do, to a whole community under similar conditions, when they arise in connection with intercourse between nations—viz., to establish a proper quarantine whilst the mischief is in a nutshell, whilst it may be limited to a single house in a given district. There is at present no power enabling the recognised officer, whose duty it is to control the ravages of epidemic disease, to get at the truth and find out the strength of his hidden enemy, and to do for the house that which we do not hesitate to do for a nation.

If the medical officer of health hears that a form of disease, in which he is specially interested, has made its appearance in a particular house or place, and in consequence makes a personal effort to obtain reliable information, he is told by the occupier that the Englishman's house is his castle, and that he has no business there. Should he succeed in gaining admission, and have an interview with the patient, examining into his condition and diagnosing the disease, without making any communication with the ordinary medical attendant, he is liable to be brought to the bar of public opinion in the medical press, and pointed out as a wrong-doer, as forgetful of that etiquette which is so essential in the intercourse of professional men one with another. In the interests of a whole neighbourhood, it does seem urgently required that there should be some legislative enactment to remedy this defect, and to assist in limiting the spread of infectious disorders, without the medical officer of health being liable to rebuff and insult in the performance of his duty.

The Act of 1866 is the first step which was made by Parliament to control the personal liberty of the subject in the matter of infection. The 38th clause of that Sanitary Act imposed penalties upon persons who exposed themselves and endangered others whilst suffering under the effects of infectious disease. The 39th clause imposed a penalty upon those who let houses in which infected

(a) Read before the Social Science Association.

persons had been residing before they had been cleansed. The State, therefore, in 1866, laid down the law that personal liberty should be restricted in such cases, but it made no provision for the compulsory discovery of the disease itself. The fact, as to the commencement or the particular position of a given case, is still liable to be concealed, and the enactments contained in the Act of 1866, which is now a part of the Public Health Act, 1874, makes the discovery of the whereabouts of disease much more difficult than it was, because some persons find their liberty impeded, their comfort interfered with, and their pecuniary interests seriously involved, if even the rumour of the existence of such disease arises in connection with their establishments.

Rumour does them as much harm as the fact itself—hence hotel-keepers, shopkeepers, lodging-house keepers, and even private families, find it to their apparent interest to keep the fact of the presence of infection in their houses a secret from their most intimate friends. It follows, therefore, as a matter of course, that the enactments already passed, admirable though they are, do almost as much evil as good, and will continue to spread mischief, unless an additional clause can be passed into law, by which it should become the duty of some recognised person to give immeidate information of the onset of special diseases to the local authority, whose duty it is to take public measures for its arrest.

The Legislature of New Zealand have passed a law requiring every medical man who becomes cognisant of the presence of such disease in a given household, to give such information to the local authority; and the question immediately arises as to whether we should not follow the example which has thus been set us by one of our youngest colonies.

Ought not a legislative enactment to be passed to compel medical men attending cases of infectious disease to immediately report the same to the medical officer of health of the district? How is the medical officer of health in a given district to get the information he so urgently requires as to the presence of infection at a given spot if not from the medical attendant, who is probably the first to diagnose the disease, and who ought to immediately suggest the proper remedies for its localisation? the first of which is to inform the local sanitary authority.

The reports of medical officers of health in all parts of the country teem with evidence of the desirability of such information being afforded to them at an early date; many of them make the suggestion that medical officers of health should be able to demand the information as a right from the medical attendant on the case. The subject has, however, to be considered in other lights than that with which the medical officer of health views it; and before deciding upon the propriety of a legislative enactment being pasfed, to make it compulsory upon a private medical attendant to give the information required, it will be prudent for us to look at its effects from some other points of view.

1. Would the medical officer of health get all the information he requires if such a law was made? Would he have at command all the information he desires, and always be on the trail of the disease immediately it made its appearance? This question must be answered in the negative, because great numbers of infectious cases of disease are not even now placed under the care of recognised medical men. Of these cases, therefore, the medical officer of health would get no information; and if the parents or guardians, or the persons affected, were anxious to keep the matter secret, they would not consult a qualified and regiltered practitioner, but place the case in the hands of some unregistered or unqualified person, who would not be amenable to the law. Thus the danger to a given neighbourhood would be increased, whilst the chances of recovery to the patient would be lessened. This result would be certain to happen with some lodging-house-keepers, hotel-keepers and shopkeepers. The principals of most of such places of resort are generally anxious to avoid publicity, and keep the presence of disease in their establishments a secret from those visiting them, and would strongly object to its being known to the local authority.

2. A legislative enactment which applied only to medical men in such cases, would act very injuriously against the interests of sanitary perfection. The repression of disease would only act in the same direction as at present, viz., by making it still more difficult to get at the truth, and harder still to keep a district free from the chance of disease spreading in it by unsuspected channels.

3. Such a piece of legislation would also be against the interests of the medical profession, by giving a bonus to unqualified practitioners, and would, therefore, be pecuniarily objectionable to the medical profession.

4. But a still greater objection is to be found in the fact that it would to some extent alter the feeling of mutual trust and confidence which ought to exist between the doctor and the patient. If a medical man, in the practice of his profession, becomes aware that his patient has broken the laws of his country, and that fact has been made known unto him by accident in the treatment of the case, and for the purpose of enabling the medical attendant to treat it more correctly, there is no obligation upon that medical man to become a common informer, and to give information to the police which might lead to the apprehsnsion of the culprit. If, however, the medical man in attendance is placed in the witness-box and is examined as to his knowledge of certain matters which may tell against his client, he is not privileged to withhold them from the court, but he is not called upon to volunteer any information upon such points which may criminate his patient unless instructed by the judge that he must answer any questions and give all the information which is in his power upon the point at issue.

(To be continued.)

AN ESTIMATION OF THE FREE AND ALBUMINOID AMMONIA YIELDED BY THE STAGNANT WATERS OF THE DUBLIN STREETS, AS COMPARED WITH THE QUANTITIES OF THOSE SUBSTANCES OBTAINED FROM THE LIFFEY WATER AFTER RECEIVING THE SEWAGE. (a)

By Lancelot Studdert, LL.D., Ex-S. T.C.D.

During the Session of 1874-5 of the Royal College of Science, Stephen's-green, several examinations were made there of Dublin well-waters; and also some determinations like those that follow for the river water. As a sequel to those analyses, the suggestion of the Professor of Chemistry in that college, Mr. Galloway, induced me to undertake a series of estimations of the ammonia yielded by the surface-water of some streets and squares in Dublin, taking as the standard of comparison the water of the Liffey near where the sewage is discharged into the river.

The results of my examination, conducted during November and December last, in the College of Science Laboratory, are now laid before the Royal Irish Academy.

Altogether twenty-nine of these street waters were examined; the samples dealt with were collected, in my presence, at the times and places stated in the Table appended to this paper; the mud, also, left from some of these pools, was examined for ammonia, which reached two parts in the hundred, calculated after allowing for moisture expelled at 212 deg. Fahrenheit. The river water was collected at intervals during the two months, from four different places, namely, at Eden-quay, Aston's-quay, Burgh-quay, and Sir John Rogerson's-quay, four hours after high water at Dublin bar.

The method employed for determining the quantity of ammonia yielded by these waters and muds is that devised

(a) Read before the Royal Irish Academy, 10th January, 1876.

by Messrs. Wanklyn and Chapman. This process is almost universally allowed to be the best yet made known for ascertaining the character of the nitrogenous matter in waters; its quantitative results are accurate, and they are obtained with rapidity. It may be well to state, for the information of any unacquainted with the Wanklyn and Chapman process, that under the term "*free ammonia*," those chemists include ammonia not only present *as such*, or in combination with acids, but also the ammonia that, after adding a saturated soda carbonate solution, is evolved by distillation from urea, or other easily decomposable nitrogenous organic bodies. The term *free ammonia* is therefore not strictly correct; but, taking it in this special sense, it would be difficult to substitute any other term more convenient, or less open to objection.

The Table of results gives the figures for the Liffey standard at the head of the list. The quantities of the free and the albuminoid ammonia obtained from the several street and Liffey waters are calculated as grains in the gallon, and also as milligrammes in the litre of each water, respectively, examined.

The average of free ammonia from the four samples of the river is 0·0982, or under one-tenth of a grain in the gallon; the average of albuminoid ammonia from the same is 0·0779, or under one-twelfth of a grain in the gallon.

It may be interesting to note that the examination of the river water referred to as having been made by other workers in the College of Science Laboratory in 1874, gave a result equal to my average in 1875; thus showing a remarkable constancy in the state of the Liffey.

It may also be remarked in passing that my average for free ammonia is less, but for albuminoid ammonia is greater, than the average Messrs. Wanklyn and Chapman reported as that of the Thames at London-bridge, in June, 1867; that river, the tide being at two hours flood, yielding free ammonia=0·1232 of a grain per gallon; and albuminoid ammonia=0·0245 of a grain to the gallon.

The average of free ammonia obtained from the 29 street waters is 17 grains to the gallon; that is, over 170 times the like average from the river. The average of albuminoid ammonia from the street water is 3 grains to the gallon, or 38 times the Liffey average.

It will be seen by the Table, that from three out of the four river samples, the quantity of free ammonia was under that yielded by any of the street waters, except at Stephen's-green, East and South.

The maximum of free ammonia from the river was at Burgh-quay, and only reached 0·175, or less than one-fifth of a grain to the gallon; whilst the maximum of free ammonia from the street waters, namely, at Moss-street and Poolbeg-street, was 10·5 grains to the gallon, that is exactly 600 times greater than the river maximum.

The *least* impure of the 29 street waters yielded nearly three times more albuminoid ammonia than the *most* impure sample of the river water; for instance, the surface-water at Merrion-square, South, being the best of the street waters, yielded 0·280 of a grain, against that obtained from the river at its worst, namely, 0·098 of a grain, or nearly 3 to 1.

But the bad pre-eminence of the water in Moss-street and at Peter-place (corner in Adelaide-road) and in Lee's-lane, off Aston's-quay, namely, 10 and 10·15 and 11·2 grains of albuminoid ammonia from one gallon of each water, respectively, is more than 100 times greater than the Liffey maximum.

Messrs. Wanklyn and Chapman conclude from a wide induction of experiments that "the disintegrating *animal refuse* in the river [Thames] would be pretty fairly measured by *ten times* the albuminoid ammonia which it yields." In this way, the average of such refuse in the Liffey is 0·779, or just three-quarters of a grain in the gallon; whilst the average of such refuse in the street waters is 29 grains to the gallon.

That much of this enormous amount of animal matter thus in our midst must, if not rapidly removed, take forms that will vaporise, seems all but certain, since the conditions for spontaneous decomposition may be said to be always present: there are the moisture and heat required for this chemical change, and then there occurs at intervals the drying up of these stagnant pools.

My examination of these street waters found, as might be expected, sulphuretted hydrogen, with other sulphides and very offensive volatile substances.

What the effect must be on the people's health who dwell in an atmosphere contaminated by exhalations such as these, it is not for me to determine; this paper simply records the facts of the case, leaving conclusions to those physicians who make such researches their peculiar study. But without knowing the least of the little that is known, even to the medical faculty, about either the chemical or the germ-theory as to the propagation of disease, yet one of the unlearned, like myself, having but ordinary sagacity might correctly conclude that the continued presence of so much dirt in the streets would go far to account for the high death-rate (33 to the 1000 yearly) lately recorded for Dublin; a city whose situation, other things being equal, might mark it out as one of the healthiest in the Empire. The London *Times* last week, reviewing "Ireland at the close of 1875," laid this to our charge—that "dirt reigns, and slays its thousands in Dublin and elsewhere."

Whatever is to be done with our street sewage, whether it is still to defile the natural purity of the river, or to be applied to improve the land, or only to be thrown away, with great cost into the sea; whatever be the destination of this noxious mass, whether it is to be good, bad, or indifferent, it certainly appears, from the results now laid before the Academy, that better scavenging and a level surface for the streets is at once required.

The Professor of Hygiene and Public Health in University College, London (Dr. Corfield), in reference to this subject, in the "Manual of Public Health," edited by Hart, states that:—"If the streets, roads, and ways of a town or district are allowed to become or to remain so out of repair as to become receptacles for filth, or to afford, by their inequalities, depressions in which foul water accumulates, it is in vain to look for beneficial results from other sanitary measures."

THE PATHOLOGY AND RELATIONS OF ALBUMINURIA. (*a*)

By W. Howship Dickinson, M.D., F.R.C.P.,

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LECTURE II.

The lecture commenced with a consideration of the secondary lesions which ensue upon the cardio-vascular change proper to the granular kidney. The retinal change, involving hyperæmia, serous infiltration, hæmorrhage, and white spots, was described as due to arterial leakage or rupture connected with vascular deterioration and increased pressure. The optic state, generally spoken of comprehensively as albuminuric retinitis, was not peculiar to the granular kidney, though most commonly associated with it. It was found sometimes both with diffuse nephritis and lardaceous filtration.

The retinal was to be regarded as but the outward and visible sign of a universal vascular change. It almost always showed advanced renal disease; though with the granular kidney it might occur while as yet the disorder had been undeclared by any other prominent disturbance, and thus constitute its first obvious symptom. The form of renal disease most apt to become thus complicated was that which sometimes ensued upon pregnancy—a fact to be, perhaps, explained by the increase of vascular tension which normally belongs to this state. The exceptions to the general rule which associates the granular kidney with albuminuric retinitis, though not numerous, were sufficient

(*a*) Abstract of the Croonian Lectures.

to show that there was no necessary pathological connection or identity of kind between the renal and the retinal change, but only that the retinal change was the expression of a condition which, though most common with the granular kidney, was not peculiar to it.

The association of the same form of renal disease with other hæmorrhagic lesions, more particularly with cerebral apoplexy, was considered. It was shown that two-thirds of the instances of fatal extravasation within the skull were of renal origin; and the occasional occurrence of cerebral hæmorrhage even in childhood, when the kidneys were granular, was exemplified by a striking instance in a girl of twelve.

Passing to the inflammatory results of the disease, pericarditis was insisted on as especially connected with it. As a pathological rarity, a peculiar form of ulceration of the small bowel had been found in connection with, and apparently due to, the renal change. The ulcers were described as affecting the lower end of the small bowel, and as setting up local peritonitis.

Two instances of renal granulation as affecting children were given in detail, and others briefly referred to, showing that at the earliest periods of life at which the disease was found the cardio-vascular changes were present, the heart and arteries being constantly thickened, while cerebral and retinal hæmorrhages were of occasional occurrence.

Touching upon the association of the renal change, as part of a common fibrosis, with a similar change in other organs, it was shown that, taking the liver as the test, renal and hepatic fibrosis so seldom occurred together that they must be generally looked upon as due to separate causes, not to any general fibrotic tendency. And with regard to general fibroid thickening as the result of age, it was inferred from the examination of three nonagenarians to be less frequent than fatty, calcareous, and atrophic changes. The conclusion was generally stated that, putting aside for the present the associated affections of the arteries, the kidneys became the subjects of fibrotic change for the most part alone, as the result of a morbid instigation proper to themselves, not distributed over many organs.

Proceeding to inquire into the causes of the organic change, it was shown that in most cases they could not be isolated, but belonged to the common ways and even tenour of life. Hereditary influence could be sometimes discovered, as was illustrated by reference to an ancient family in which three generations, comprising seventeen individuals, had furnished eleven subjects of the disease. Climate, which to be most injurious must be temperate but variable, was a fruitful source of the complaint. Coming to causes which fall more partially, those involving mechanical congestion of the kidney, obstructive disease of the heart, and pregnancy, were discussed. The disease could be traced also to circumstances, like gout, of which the mode of action was less obvious; to the influence of renal irritants, such as lead and alcohol; it could be recognised as a late result of scarlatina, or of diffused nephritis, however induced; it occasionally appeared to ensue upon the congestion of tropical intermittents; and, finally, it was attributed to the prolonged influence of accumulated urine.

Thus showing that the renal fibrosis, though often of obscure origin, was sometimes to be traced to causes acting locally on the gland by way of mechanical congestion or specific irritation, it was next made apparent, that whether the renal disease was of determinate or doubtful source, the cardio-vascular change was equally present.

With these facts a vexed question was approached—the significance of the cardio-vascular changes, whether directly consequent upon the glandular embarrassment or only associated with it as a parallel effect of a common cause.

The albuminuric change of vessel was shown to be present not only with the fibrotic kidney of advanced life, but as constantly with that of childhood—where, to say the least, changes allied to those of age were improbable,—with the condition as traceable to mechanical congestion or modes of glandular irritation, and not less so when it ensued as the sequel of scarlatinal nephritis or nephrit s arising from cold or other mischance. The evidence already adduced that a similar arterial change may be produced by comparatively recent nephritis was reverted to, and allusion made to the observation of the same vascular state as the result of disablement of the kidney by stone or other accident.

The conclusion was held to be inevitable that the arterial and cardiac changes were not, in general, parts of a deterioration originating systemically, but were definite consequences of the glandular injury.

The nature of the arterial and cardiac changes involving muscular hypertrophy and fibroid induration, together with their occurrence in inflammatory and fibrotic disease where arterial tension is increased, and their absence with the lardaceous, with which, as a rule, whether in consequence of wasting discharges or of the little impairment which until late falls upon the secreting power of the kidney, arterial tension is little or not at all exalted, led to the belief that the structural alteration was the result of the tension by which it is accustomed and preceded.

To seek the cause of the tension or fulness of the arterial system it must be placed in obstruction of its outflow, and the only question which remained for discussion was whether the hindrance should be placed with Bright, in the capillaries, or, with Johnson in the arterioles.

Largely as Johnson's observations of muscular hypertrophy had been borne out by what had already been advanced, his explanation, according to which the heart and arteries become hypertrophied by antagonistic action, was held to be less tenable than the older hypothesis. Accepting as the starting-point of the vascular changes a condition of blood which rendered it difficult of capillary transmission, the complicated series of changes admitted of easy explanation. The heart and the arteries were together hypertrophied in their efforts to close upon the blood accumulating in them from the obstacle in front of both. With this the increased pressure on the vessel-walls caused increased soakage into them, and ultimately fibroid induration of their coats, after the manner of congestion wherever it may occur. The associated degenerative changes were probably due to the irritative effect of the impure blood. Thus, as of old, the whole pathological series was traced to glandular inefficiency and uræmic contamination.

Whether the cardio-vascular change have other modes of origin—whether, as is probable, the state of blood necessary to cause it may be produced by circumstances apart from renal disease, are questions as yet unanswered. No doubt in many cases hypertrophy of the heart gives evidence of arterial change while as yet there is little direct evidence of renal disease. In such cases the renal disease was probably more often hidden than absent. The kidneys might be so far destroyed that fatal uræmic was imminent, but the urine contain no albumen, or a scarcely appreciable trace. The vascular mischief, therefore, might occur in connection with latent renal disease; how far independently of renal disease was yet *sub judice*.

LECTURE III.

The pathology of the lardaceous change was now discussed as of an infiltration beginning with the arteries, and afterwards involving other tissues, of a material the nature of which was a matter of much interest. It had long been known that the material with which lardaceous organs were infiltrated was nitrogenous, and did not differ appreciably in its ultimate composition from fibrine and albumen. The interest chiefly lay in the points of difference between the lardaceous matter and the healthy tissues; one of the most important of these was to be found in the relation of the morbid deposit to the alkalies. The presence of the lardaceous material could be at once detected by its reaction with iodine in a manner to be presently explained. If now the weakest solution of potash or soda, or a stronger one of ammonia, be brought into contact with the

infiltrated structure, its power of reacting with iodine was at once and finally abolished, and that without any destruction of the normal tissue, or even material injury to its microscopic structure. This appeared to depend on the extraordinary solubility of the morbid deposit in alkalies, a property which Dr. Marcet took advantage of to obtain the material for analysis.

Pursuing further the relation of the alkalies to the new material, it was found that infiltrated organs, taking the liver as best suited for the comparison, were deficient in alkali, especially in potash. In a series of healthy livers the total alkaline salts gave an average of 1·0, the potash of ·209, in 100 parts. In a series of lardaceous livers the total alkaline salts averaged ·739, the potash ·169, in 100 parts. While the alkaline salts were diminished under the disease, the salts of the earths were increased. These observations had since been confirmed by some made by Dr. Dupré at the request of the Pathological Society. Comparing the mineral constituents of three healthy livers with three highly lardaceous livers, he found that with the healthy liver the potash amounted on an average to ·283 per cent., with the lardaceous to ·131 per cent. The chloride of sodium was somewhat increased in the morbid tissue.

Passing now to another organ, it was shown with regard to the spleen that parallel statements might be made. The ash of this organ had been examined in nine instances; three healthy, five lardaceous, and one of rickety enlargement. With the lardaceous change the potash was lessened, as compared to the state of health, from an average of ·311 per cent. to one of ·196 per cent. The soda varied much, but had apparently suffered no loss. The earthy salts were generally increased. With the rickety enlargement, one superficially resembling the lardaceous, though profoundly different from it, diminution was found in the earthly salts only.

Reverting to the iodine reaction by which the lardaceous tissue was ordinarily distinguished, it was described as depending on the greater absorption and retention of iodine by the morbid deposit. The supposed amyloid blue had not come within the observation of the lecturer; but the interest which pertained to this reaction, while the deposit was thought to be starchy, no longer existed now that it was known to be nitrogenous. A more obvious interest attached to the remarkable manner in which some of the normal constituents of the body could be made to yield the reaction. This could be done by imparting to them acidity. Fibrine under this influence yielded so exact a counterfeit of the lardaceous reaction that he had ventured to call dealkalised fibrine artificial amyloid matter. Fibrine dissolved in dilute hydrochloric acid gave a precipitate with iodine of the characteristic colour, and the same result could be shown on the acidified fibrine as recovered by evaporation. This manifestation of the "amyloid" reaction by certain constituents of the blood on their being transferred from alkaline to acid combination, the paucity of potash in lardaceous organs, and the extreme solubility of the morbid deposit in alkalies, which would seem to prohibit its deposition from blood of normal alkalinity—all these suggest that a deficiency of the alkaline solvent, and a consequent separation from the blood of something for the solution of which the means no longer suffice, is a rude ideal of the morbid process.

The causes of the disease were next considered. Reference was made to a series of sixty-six cases, published some years ago, which had led to the inference that the disorder was especially caused by suppuration, independently of any cachectic condition, whether tubercular, cancerous, or syphilitic, with which the discharge might happen to be associated. These conclusions were tested by a tabular analysis of 83 cases fatal in St. George's Hospital since the publication of the previous observations. Of these 60 were connected with ascertained, 4 with presumed suppuration. Cancer existed in 2, tubercle in 37, while there was evidence of syphilis, historical or pathological, in 18. Suppuration was often effective in causing the disease, when of purely local or accidental origin, as in renal stone, ovarian or pelvic inflammation, accident, surgery gangrene or bed-sores. Cachexia might be at once dismissed as not necessary to the production of the lardaceous change. Tubercle and cancer were connected with it only by means of the suppuration they so often caused. Syphilis stood in a different relation to the disorder; it was alone an adequate cause of the lardaceous infiltration, however helped by the discharge due to some of its secondary and tertiary lesions. In the table the disease was attributed to syphilis without excessive suppuration in 11 instances, while evidence or record of syphilis complicated the antecedents of 7 others.

Taking the disease as due to suppuration in the abstract, the *modus operandi* was taken into question. The infective and exhaustive results of suppuration were considered, and the lardaceous change attributed to the latter. Then as to the essential loss involved in suppuration which occasioned the result, it was inferred that of all the organic constituents of the discharge, the white corpuscles were those only which could with any probability be thought to impoverish the system by their removal. The potash of the blood was chiefly contained in its corpuscles, and largely in the white, as evident from the composition of pus. It was probable, therefore, that suppuration, which essentially consisted in the escape of these corpuscles, might produce its morbid results which were characterised by want of potash by their deficiency. Whatever were the action of the leucocytes, a discharge of pus was virtually a discharge of potash, since pus, chemically speaking, differed from blood mainly in the superabundance of this essential alkali. This loss was apparently the link between suppuration and the lardaceous deposit, and partial impoverishment of the blood and deposition of what was in relative excess presented itself as a rough outline of the process.

But besides the exhaustion of discharge, it was clear that there were other modes by which the disorder could be produced. Diminished income was as bad as increased expenditure, and defective assimilation equivalent to increased waste. Under the influence of syphilis we should be prepared to find nutrition impaired in any manner: the attenuation of its subjects showed that their food was not turned to purpose; could it be that the white corpuscles were insufficiently developed and their accompanying potash insufficiently introduced?

The organic results of the disorder, in relation especially to renal disease, were then considered, with particular reference to the irritative results of the infiltration in the setting up of tubal catarrh and intertubal nucleation, fibrosis and granulation. The occasional presence of arterial and cardiac hypertrophy was regarded as the necessary result of these secondary renal disturbances, though lardaceous infiltration *per se* had little tendency to cause uræmia, and seldom any result of this nature. No doubt the exhausting discharges productive of and consequent upon the lardaceous change kept down the vascular tension and prevented its results.

I have hitherto said nothing of the treatment of the disorders the nature and relations of which have occupied our attention. It would not be suitable that I should occupy the College with the details of recognised and familiar practice. But one or two points call for mention, and I have chosen to place them together, distinguishing, when needful, what applies to one state of kidney and not to another, rather than to incur the danger of repetition by annexing to each separately any reference to the measures by which it should be met.

In treating the disorders of the vital gland in question, our measures must not be limited by the bounds of the materia medica. The circumstances of ordinary life—food, drink, and temperature—are to be considered as of the first importance, while the contents of the Pharmacopœia occupy the position of auxiliaries whose services sometimes decide the battle, and at others are dispensed with without loss. Therapeutics to be successful must have a physiological basis. To give rest as far as may be to an inflamed structure is an old and wise maxim; and it

is not less obvious, in regard to the system at large, that if a great channel of exit be obstructed, the materials which therefore tend to accumulate should be sparingly introduced. The diet with albuminuria—save with that of lardaceous origin, in which the secreting power is until late but little impaired, while an exhausting discharge may have to be obviated—should be below the custom of health in its nitrogenous components. It may abound in in milk and farinaceous matters, while fish may often take the place of flesh. The increase of albumen in the urine upon a too early resort to a meat diet is a common experience. With regard to liquids, it cannot be too strongly insisted upon that the functional strain upon the kidney is not to be measured by the quantity of water which filters through it, but by the quantity of mainly nitrogenous refuse which it has to convert and eliminate. Water, which probably transudes almost as through dead membranes, probably makes little demand upon the real secretive function. The worst kidneys indeed, those most hopelessly incapable of their special work, will often discharge most of it. And it is easy to see that its passage is salutary both in the dilution of scanty and irritating urine, and also in washing out the solid products which, under the inflammatory process, collect mischievously in the tubes. A further use is to be discerned in this general law; the solids of the urine vary with its water. With given kidneys the solid excreta wax and wane with the bulk of the urine. Any means, therefore—mere aqueous filtration as safely as any—which increases this will also increase the components of the secretion which are essential to life. With tubal nephritis, therefore, and scanty urine, an aqueous dietary, even with the addition of distilled water, or the element in some slightly sophisticated shape, will prove in every shape beneficial. In many, perhaps in most, cases of nephritis of tubal origin, these remedies of patriarchal simplicity—"spare diet, and spring water clear" are all that are needed to guide the disorder to its natural cure.

To this surest and safest of diuretics others must often be added, both to lessen dropsy and to avert the dangers of uræmia. The old rule is that in recent cases digitalis should be used; it seldom fails to increase the flow of urine, but I am not sure that it does not sometimes do so with some exasperation of the inflammatory action. The bitartrate and acetate of potash, which have a purgative as well as a diuretic effect, may probably be more safely resorted to. In chronic cases as much as can be done harmlessly by diuretics may be accomplished with scoparium, nitre, and juniper. Cantharides and the more irritating agents of this class are generally distinctly injurious.

Perhaps, next to the regulation of the diet, it is most important to secure a daily and somewhat loose action of the bowels. Purgatives lessen the vascular tension, which in both acute and chronic cases, is a measure of their danger; and while it is not advisable too largely to divert the urinary fluids by severe catharsis, increased hardness of the pulse and other more obvious aggravations of the general state seldom fail to ensue upon constipation. When cerebral uræmia is threatening, hard purging by elaterium or otherwise is essential. As an habitual laxative a drug less used than it deserves to be—sulphate of potash—given two or three times a day, in doses of from ten to twenty grains, is sometimes invaluable. It may be aided, if necessary, by Epsom salts or cream of tartar. This or these in their laxative action clear the obscured or blood-spotted retina, and remove mists from the field of vision slowly, and not always completely, but in a manner which affords a remarkable contrast to the inutility of iron in this respect, and gives testimony as to the use of alvine evacuation in lessening the arterial tension of which such lesions are the index. The chronic headache of the granular kidney is often similarly and equally relieved.

While by such means the system is enabled to dispense as far as may be, with the renal function, it must be asked whether, particularly in circumstances of recent inflammation, anything can be done directly towards the cure of the injured organs. Discarding counter-irritation as a method of punishing the skin for the errors of organs for which it is not responsible, it must be admitted that, beyond ensuring sufficient irrigation of the tubes, our chief endeavour is to provide the gland with leisure to cure itself. But it is worth mention—especially in relation to a rapidly fatal form of nephritis, in which the tubes become widely sealed up, as if filled with molten glass, by a pseudo-croupous exudation of fibrine, the urine being almost suppressed, while the little that is passed is loaded not only microscopically, but, as a bulky precipitate, with large fibrinous cylinders—that all plugging of the tubes from this cause can be prevented by the administration of alkalies. Alkaline urine is a solvent for fibrine, and with this in process of secretion the exudation retains its fluidity and whatever harm it is capable of doing by solidifying in the tubes is obviated. The experiment is easy of trial. However numerous fibrinous casts may be—and I need not say that this term comprises all that are usually passed,—they will, upon the alkalescence of the urine, quickly cease to appear, to return again with its acidity. There are cases in which such relief to the tubes must avert apressing danger, but it is disappointing to recognise, as I fear we must, that the process of renal inflammation is seldom so simple as to admit of cure by this means.

I may say a word touching the use of iron. The impoverishing effect of albuminuria, possibly from the destructive action of the retained refuse upon the blood corpuscles, produces a pallor which cannot but suggest this remedy and in recovery from attacks of renal inflammation none is more helpful. But a medicine which is effective for good is generally, and in somewhat the same measure effective for harm; and iron in chronic albuminuria, needs to be administered with more discrimination than it, perhaps, always receives. With high vascular tension, such as belongs to the granular kidney, with a hard pulse for its sign, an enlarged heart, retinal mischief, and possibly persistent headache and nausea as concomitants, iron, however seemingly indicated by the look of the patient, is generally injurious unless most guardedly anticipated and counterpoised by aperients. The perchloride, among other salts, is often of especial service in dropsy; but where the vessels are not thus relieved and the symptoms which threatens are uræmic, this drug is generally better withheld. In any condition it seldom fails to do harm if allowed to constipate—a result which may be obviated by mixing the ferruginous salt with sulphate or bitartrate of potash.

In the treatment of granulation or lingering nephritis climate should take no secomdary place. Every organ of the body, according to the teaching of ancient medicine, was subject to a separate planetary or celestial rule—a fancy which has at least this much of truth, that functional activity, and with it the liability to disease, are apportioned among the eliminating organs largely by external temperature or solar influence. In the tropics the stress falls upon the skin and liver; in the temperate zone upon the lungs and the kidneys. The comparative exemption of the kidneys from disease, save the lardaceous kind, appears, as far as our evidence goes—and the experience of our ubiquitous race makes it tolerably extensive,—to be common to the warmer latitudes; and the inference that under the same atmospheric influence chronic albuminuria, when not of lardaceous origin, would find perhaps, not organic cure, but at least systematic relief, has been amply justified by recent experience.

Not to dwell upon the treatment of cerebral uræmia, in which the uses of drastic purging and forced diaphoresis are sufficiently well known as lessening the uræmic state, while means of controlling the nervous irritability, the bromides, chloral, and chloroform, are helpful as withholding its convulsive effects, I will say a word upon the less trite topics, the prevention and possible cure of the lardaceous condition.

This condition is one in which medicinal treatment would seem to be suggested by the nature of the morbid change, and encouraged by a tendency to natural recovery

which the disease, even in an advanced stage, will sometimes exhibit. But with the curative power inherent in the human frame, not in this case, however, so often successful as might be wished, comes the ever-present vice of therapeutics, the attributing to art what belongs to nature—a possibility of error which will probably never cease to increase the confidence of the confident practitioner, and the distrust of him who, in one sense more foolish, is wise enough to doubt.

When the disease is consequent upon syphilis, iodide of potassium is of marked effect in lessening the organic enlargement and ameliorating its other effects. Sometimes, when a long-continued suppuration has come to an end, or greatly diminished, a retrogression in the resultant disease can be slowly followed, though no antidotal drugs have found place, if only the diet of the patient be liberal and his general surroundings favourable to health. The special remedy which pathology suggests, one which of late years I have used often and largely, is potash. I have found, in the first place, that under lasting suppuration potash salts can be given, not only without the depressing effects which sometimes attend their use, but to the improvement of the general health, and with the absence of lardaceous symptoms which, in the circumstances of the case, would be at least a probable contingency. Further than this, I have given the salts of potash alone or with quinine and iron where visceral swelling, diarrhœa, and albuminuria have betokened the disorder in an advanced shape. Under such treatment the liver and spleen have become measurably smaller, the urine less albuminous, the patient has gained flesh and weight, and all the symptoms have ameliorated. But chemicals put into the stomach are not brought to bear upon the tissues as if the treatment of disease were conducted in the test-tube, and the cure is at best but a slow one. It is further obscured, or possibly stimulated, by the shrinking which the swollen organs sometimes naturally undertake. The most striking instance of recovery under treatment which has come under my notice was one in which the the disease was associated with syphilis, and the treatment correspondingly modified. Great enlargement of the spleen and liver, albuminuria, diarrhœa, and emaciation gave evidence of the disorder in a degree of seemingly hopeless severity. Iodide of potassium was given, with potash and its vegetable salts. The patient was apparently cured, and on his death from an accidental cause, three years afterwards, the viscera had returned to their natural size and shape, and only such traces of the lardaceous change were discovered as to warrant the belief that he had once had more of it.

On the whole, reviewing my experience in this matter, I am bound to admit that the administration of potash by itself has proved, I will not say useless, but disappointing; less effective than pathological inference would lead us to hope.

As to the use of remedies of the restorative and tonic class—iron, quinine, and cod-liver oil—there is unequivocal evidence. If the deficiency of potash be connected, as I have ventured to surmise, with a loss or insufficient development of leucocytes, the disorder may perhaps be more appropriately met by means which promote their formation rather than by the mere introduction of material which, in the deficiency of these essential elements of nutrition, perhaps cannot be turned to vital purpose.

The measures I have commonly, and numerous experience justifies me in saying beneficially, used have been liberal diet with beef-tea, Liebig's extract, and vegetables, all of which abound in potash salts, together with liquor potassæ, phosphate of potash, iron, quinine, and sometimes cod-liver oil. The alkaline remedies have been urged with the most advantage during the persistence of suppuration.

HER MAJESTY has been graciously pleased to confer the Companionship of the Order of the Bath, Civil Division, on Mr. John Simon, Medical Officer of the Privy Council and the Local Government Board.

THE HEALTH OF THE ARMY.

THE Army Medical Report for 1874 has just been published. It states that the average strength of the troops serving in the United Kingdom during the 52 weeks ending the 25th of December, 1874, calculated from the weekly returns of sick was 86,837; the admissions into hospital in this number were 73,004; the deaths in hospital, and those which occurred out of hospital were 735; throughout the year the average number of men always in hospital was 3,351. The proportions per 1,000 of the strength represented by these numbers are of admissions, 850·7; and of constantly sick, 38·59. In addition, however, 84 deaths occurred among men detached from their regiments; the average number of men so detached is given in the Adjutant-General's returns as 6,361. The average strength of the force serving in the United Kingdom was therefore 93,198, and the total number of deaths 819, being in the rate of 8·79 per 1,000 of the strength. The rate of admissions is 81·6, and that of deaths is ·53, per 1,000 men in excess of the corresponding rates of the previous year; both are also in excess of those of the average of the five preceding years. The report states certain considerations bearing on the subject of the less favourable health of the force in 1874 than in the previous year, and remarks that the matter is complicated by the fact that causes tending in opposite directions influenced the number of admissions into hospital in 1874. The fall in the rate of admissions for venereal disease which followed the promulgation of the Royal Warrant of October, 1873, continued through 1874. The increase in the rate of admissions for all diseases together was, therefore, in spite of the operation of a cause tending to lower the rate. Until nearly the end of the first quarter of the year the weekly rates of admission were sometimes higher, sometimes lower, than those of the corresponding weeks in 1873, but the average for the period of 11 weeks was nearly the same in both cases, being 15·54 per 1,000 against 15·60. In the last week but one of the quarter, however, an increase in the rate began, and with one exception continued uninterruptedly until the end of the year. During this period the rate of admissions averaged about one-eighth higher than that of the corresponding period in 1873. The suddenness of the rise resembled that due to epidemic disease, but no important epidemic broke out then or during the year, nor does the steady maintenance of the rise during nine months show the influence of sickness in this form; it points rather to the operation of some sustained agencies, for it seems probable that more than one contributed to the result. During the year 1874 a radical change in the previous system of hospital management and medical attendance on sick soldiers was made by the substitution of station for regimental hospitals, and it is therefore necessary to estimate what effect this may have had on the amount of sickness. As the rise in the rate of admissions began in the last week in March and the new system was nowhere established before the month of May, and then only at one station, and as the system was not generally in force until the last quarter of the year (and in Ireland not until December), the report considers it clear that the change does not account for even a considerable part of the greatly increased number of admissions into hospital, though it is the case that for some time after the establishment of station hospitals a temporary increase in the number of admissions occurred at certain stations. The higher proportion of sickness and mortality among the troops serving in the United Kingdom in 1874 than in 1873 must chiefly be ascribed to the unfavourable causes affecting the health of the general population in England in 1874, as shown in a higher death-rate. From the returns of the Registrar-General it appears that in 1873 the proportion of deaths was 21·2 per 1,000 of the population, while in 1874 the proportion was 22·3, an excess in the latter year of 1·1 per 1,000; and it is a fair assumption that an increased amount of sickness accompanied the greater mortality of 1874. Among the troops in the United Kingdom the admissions were proportionately

greater in every class, and also in every separate group of diseases than in 1873, excepting in two, for the unconformity of which in one instance there is an obvious explanation; and not only were the admissions from sickness more numerous, but those caused by accidents were greatly in excess—in a smaller strength they were 1,401 more in number, and the deaths following them were 17 more than in 1873. The report observes that no doubt the rate of admissions and of deaths in the year 1874 was also somewhat raised by the circumstance that many invalids from abroad, instead of being sent to Netley, joined their depôts, and the records of their admissions and deaths were not always kept distinct from those of the other soldiers. In many instances, probably, their illnesses were returned among those of the United Kingdom, the result being that more admissions and deaths were attributed to the force serving at home than were due to illness contracted there, and also that the rates of mortality due to service at stations abroad were a little understated.

Clinical Records.

ST. MARY'S HOSPITAL.

Under the care of Mr. A. T. Norton.

Compound Comminuted Fracture of Tibia and Fibula, with Protrusion of Four Inches of the Tibia separated from the Soft Tissues, and denuded in part of Periosteum—Antiseptic Treatment—Cure.

Reported by Mr. Percy Jakins.

Patient was admitted on the 15th of November. Says that he was sent to cut off a piece of oil-cloth from a roll of it, and in trying to take the roll out of its place it slipped and fell on his leg, at the same time throwing him to the ground. The roll was about 9 cwt. in weight. When brought into the ward it was seen that he had got a severe compound fracture of right tibia and fibula, at middle and lower third, with about 4 inches of upper fragment of tibia protruding through the wound, and torn away from all the soft tissues. The wound was about six inches in length. Both arteries were felt pulsating. Mr. Norton decided that an attempt should be made to save the limb. A piece of the protruding bone was sawn off (about three-quarters of an inch), and when extension was made on the foot the bone returned to its normal position, but would not remain so until the limb was secured to a back splint. The wound was brought together by three sutures, and dressed throughout by Lister's antiseptic method, a tube being introduced into the depths of the wound.

At 11 p.m. the patient had a sleep for a few hours, and was feeling comfortable. In no pain. Tongue moist and clean. Pulse 84. Temp. 99.6.

On the following day, the 16th, he stated that he had been rather restless since one o'clock, and that he felt some pain about the wound on account of the parts being hot; an ice-bag was applied, which gave great relief. Wound redressed at 2.45. Parts looked very healthy; there was a little lymph around wound. Pulse 108. Temp. 97.8.

On the 17th he had had a good night's rest, and did not complain of any pain. Tongue moist. Bowels freely relieved. Wound redressed and looking well. There was a clot of blood occupying the wound, but no bleeding took place whilst the wound was exposed. Pulse 88. Temp. 98.4.

18th.—Patient doing very well. In no pain. Has slept well. Skin moist. Tongue clean. There was a collection of lymph on the dressings, but no pus whatever. Pulse 108. Temp. 98.4.

19th.—Felt well, and had slept well; but the appetite had not been so good. The sutures were removed, and the wound is looking remarkably healthy. Some granulations were to be seen, and the clot of blood which had formed in the wound was apparently organising. Pulse 116; temp. 100·2.

20th.—Was going on well. Wound looked healthy; but the skin around was a little inflamed, no doubt the resulting irritation of the carbolic acid. A piece of protective was applied to the wound dry, instead of being moistened with carbolic acid. Tongue clean and moist; bowels regular; pulse 100; temp. 100.

21st.—Patient had not slept, and complained that he felt great pain in his foot, which seemed to "jump" On dressing the wound it was found that the padding had slipped, and was pressing on the heel, and when this was removed the pain ceased. Pulse 108; temp. 99·4.

22nd.—Had slept well; was in no pain; appetite good; wound going on well. The granulations small, and covered with a layer of lymph. A small piece of bone of the upper fragment was bare of its periosteum. Pulse 102; temp. 98·4.

24th.—On the 9th day after admission the lymph which escaped from the depths of the wound was slightly turbid with pus. The face was a little flushed, and the tongue was coated. Pulse 92; temp. 99·4.

27th.—On dressing the wound the drainage tube came away, and could not be reintroduced, as the space was occupied by granulations; the upper part of wound had cicatrized. Pulse 100; temp. 99·6.

The wound was dressed daily, and on the 30th the notes state that there was a quantity of healthy pus over the granulations at the seat of fracture, but that the upper part of the wound was cicatrising, and on the 1st of December only the seat of fracture was treated antiseptically. Pulse 92; temp. 98·4. On the 3rd of December the whole space between the fractured extremities of the bones was completely occupied with the granulations, which were slightly elevated above the surrounding skin, and it was found necessary to compress them by the application of a piece of plaster. The chief part of this granular mass arose from the surface of the tibia, and as it had no tendency to form epithelium, it was from time to time touched with nitrate of silver and compressed by a bandage. A small cellular sinus now presented itself extending some two inches and a-half upwards, and another one about one inch and a-half downwards towards the heel; these were opened and injected with carbolic acid lotion. At this time, six weeks after the accident, although the wound had closed with the exception of a small raw granular surface, and the bones had become completely united by the granulation mass, yet little or no bone had formed, and the leg was flexible at the seat of the fracture. Union by bone did not take place until after the eighth week.

The points to be noticed in the case are—1. That no pus formed until the ninth day after the accident; 2. That after the ninth day the discharge which escaped from the wound and from the extensive cavity between the tibia and the severely lacerated muscles was only slightly turbid with pus corpuscles; 3. That throughout there was no fever, the temperature remaining about normal except on two days, and this elevation of temperature was found to be associated with pain and loss of appetite, apparently due to slipping of the apparatus and its consequent discomfort, for on reapplying the splint and rearranging the padding the discomfort was relieved, and the temperature and pulse lowered; 4. A slight local elevation of temperature, accompanied by pain, was relieved by the local application of ice.

Prof. Jevons, in the *Fortnightly*, asks how it is that people who can scarcely bear the word vivisection maim without compunction rabbits and birds; and how it is that a bull-fight is considered cruel, while a fox-hunt is called a manly pastime. These and similar questions have been asked before, but have not been satisfactorily answered.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

SCLEROTOMY IN GLAUCOMA.

Mr. SPENCER WATSON read a paper upon this subject. He remarked that subconjunctival sclerotomy consisted in a section of the sclerotic, immediately above the upper margin of the cornea, by an incision which also opened the anterior chamber, the parts divided being the same as those cut in the first step of iridectomy, save and except the conjunctiva. The incision was made by means of a narrow Gräfe's cataract knife, the only parts of the conjunctiva divided being those punctured at the points of entrance and emergence of the blade on the temporal and nasal sides of the cornea respectively. Two cases were read in full, and a third briefly referred to. They were all successful. The three patients were exhibited and demonstrated satisfactorily the efficacy of the operation in reducing glaucomatous tension, though in one of the cases a second operation had been required. Mr. Watson preferred sclerotomy to iridectomy in all cases in which anæsthetics were inadmissible, and particularly in cases of chronic or subacute glaucoma with atrophic wasting of the iris and permanent dilation of the pupil. The advantages of sclerotomy were—1, the rapidity with which it could be executed; 2, the absence of bleeding into the anterior chamber; and 3, the absence of risk of injuring the lens, especially in those cases in which the iris was drawn backwards and attenuated, as in old standing cases of chronic glaucoma. He considered that there would be no risk in iridectomy of producing a staphyloma, but there would be in sclerotomy, and staphyloma would be likely to set up irritation, and so induce sympathetic ophthalmia in the other eye. Experience would show which cases were best adapted for sclerotomy and which for iridectomy.

GLYCOSURIA FOLLOWING CEREBRO-SPINAL CONCUSSION.

Dr. BUZZARD related the case of a tradesman, aged 41, who descended from a train one night in January, 1875, alighting on the permanent way instead of the platform. The depth of this unexpected step was three feet, and he came with great violence on to the soles of his feet. There was a numb feeling in his neck at first, and a week afterwards loss of power in both legs and one arm. Two months after the accident, when Dr. Buzzard saw him in consultation with Mr. Shurlock and Dr. Charles Bennett, there was still some want of power in his extremities, tremulousness of the jaw, thickness of utterance, and a somewhat rapid pulse. These symptoms pointing to a lesion of the medulla oblongata, Dr. Buzzard suggested that sugar would probably be found in the urine; and this was found to be the case on examination. The amount of sugar, which was small at first, increased during the twelve months following. The presence of the sugar was constant, except for a few weeks whilst the patient was on a restricted dietary. The patient made a claim against the railway company, and the cause came on for trial last November, but was settled when he had been examined by the company's medical advisers. At the present time, the muscular symptoms had almost entirely disappeared, but the urine was still saccharine, and, when recently examined by Dr. Pavy, contained nearly nine grains to the ounce. The important question from a medico-legal point of view was of course whether the glycosuria resulted from the fall, or had existed previously. There was no distinct history of illness preceding the fall; and the plaintiff's weight, which when he was first examined was a fair one for his height, decreased by one stone during the first three months that he was under observation. Had this rate of decrease been going on for any length of time, Dr. Buzzard pointed out, the man must have been at quite a recent period a much bigger person than the evidence showed that he had been. Dr. Buzzard attributed the glycosuria to the injury, described the probable mode of its production, and raised the question whether saccharinity of urine of traumatic origin, when it was not a transitory symptom, developed into typical diabetes.

Dr. A. S. DONKIN thought it unfortunate that there was no evidence concerning the condition of the urine before the accident as without it there was no proof whether or not the glycosuria depended upon the accident. When glycosuria was produced in animals by experiment it was not of long duration. He had only known one case under his treatment which could have resulted from an injury. He looked upon diabetes not as a neurosis, because he had found it so amenable to a dietetic treatment, and only to that treatment.

Dr. PAVY considered diabetes as a neurosis and associated with affections of the nervous system. He thought that Dr. Buzzard's case assisted to prove that diabetes was connected with injuries of the nervous system. Dr. Buzzard's case was he considered one of glycosuria which was quite different from idiopathic diabetes. He referred to the case of a man who fell upon the back of his head, and soon after became the subject of glycosuria, from which he recovered on being placed upon restricted diet. In many cases of true diabetes, especially in young people treatment was of no avail and they terminated fatally. Patients had been under his care who had been elsewhere treated dietetically and had been said to be cured, but he had found them not cured.

Sir WILLIAM JENNER said there was not sufficient evidence that the glycosuria resulted from the injury. The man was previously in ill-health—possibly owing to glycosuria. He agreed with Dr. Pavy in the utter worthlessness of all known treatment in some cases of diabetes. Some cases were curable, but he was quite unable to say in what consisted the difference between curable and incurable cases. He referred to the case of a gentleman whose glycosuria was always amenable to treatment but recurred after any error in diet, and yet that gentleman had lost a son from the same disease. Just as in neurotic affections, neuralgia for instance: articles of diet would produce the neurosis, so Sir William considered diabetes a neurosis sometimes amenable sometimes not amenable to treatment.

Dr. BUZZARD knew nothing of the family history of the case.

PATENT DUCTUS ARTERIOSUS, ATTENDED BY A THRILL AND TWO MURMURS.

Dr. HEADLAM GREENHOW related the case of the patient, a girl, aged 17, who had been treated in the Middlesex Hospital. Several members of the girl's family had died of phthisis, and she herself had had a cough from childhood, which had, for about a year before her admission to the hospital, become much more severe. During that time, also, she had been losing flesh, had had shortness of breath, and oftentimes hæmoptysis. The catamenia had scarcely appeared. The girl was small and ill-nourished; had a contracted chest, clubbed fingers; pulse 130, and temperature 99·6 deg. There was marked dulness upon percussion over the upper part of the left lung, and gurgling and pectoriloquy were heard at the same region upon auscultation, with tubular breathing at the right apex; and moist crepitation throughout the remainder of both the lungs. The visible area of the heart's impulse was extended; and in the second, third, and fourth left intercostal spaces close to the sternum, especially the second, a purring thrill was heard. In this same space also a harsh systolic bellows murmur was heard, followed by a continuous humming murmur, which was audible throughout the remainder of the period of the heart's action until the bellows murmur recurred. The patient's phthisical symptoms abated somewhat, and she then left the hospital; but was readmitted a fortnight subsequently, with crepitation throughout the lungs, of which she shortly died. At the necropsy, the left lung was everywhere adherent to the parietal pleura; and in its upper lobe were numerous cavities, evidently of old date; elsewhere there was lobular consolidation. A large mass of indurated glands closely surrounded the pulmonary artery and arch of the aorta. The upper part of the right lung was consolidated. The right ventricle of the heart was enlarged, and its walls were thick and firm. The right auricle was also dilated. The foramen ovale was closed. In the pulmonary artery, close to its bifurcation, was a small orifice, of the size of a crowquill, its margin being almost surrounded by a valve-like fold of the lining membrane. This was the aperture of a patent ductus arteriosus, about a quarter of an inch in length, that opened into the lower wall of the aorta just beyond the left subclavian artery. The aortic opening was about double the size of the other opening, and was also guarded by a reduplication of the lining membrane. The left cavities of the heart were natural; the valves were normal. The aorta was somewhat constricted just below the subclavian artery. Dr. Greenhow remarked that it had been difficult, during the patient's lifetime, to form any conclusive opinion as to the exact cause of the thrill and the two murmurs, though they were (from their situation) evidently connected with the pulmonary artery, but not with narrowing of the pulmonary orifice. It is true both aortic and pulmonary orifices were

smaller than natural; but they maintained their normal ratio to each other, and also probably to the diminutive stature and imperfect development of the patient. Dr. Greenhow had thought the thrill and murmur were due to pressure upon, and displacement of, the pulmonary artery, resulting from the chronic lung-disease. As regards the humming sound, he could form no satisfactory theory during life; but it appeared now to have been probably produced by the passage of blood from the aorta to the pulmonary artery through the open ductus, and over the semi-lunar valve-like folds which surrounded its extremities. That the stream took that direction, he thought was evident from the absence of cyanosis, and from the larger size and funnel-shape of the aortic orifice of the duct. Dr. Peacock had seen the specimen, and had suggested that the ductus arteriosus might have been prevented from closing by the constriction of the aorta beyond the left subclavian artery; in which situation the vessel, in such cases, was sometimes found entirely obstructed.—In answer to the President, Dr. Greenhow stated that there was no possibility of the humming sound having been produced in the vena cava, as it was limited to the second left intercostal space.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS OF IRELAND.

THE Society met on Wednesday March 8th,

Dr. GORDON, President, in the chair.

Dr. T. W. GRIMSHAW communicated a

CASE OF ABDOMINAL ANEURISM TREATED BY ACONITE AND REST.

The patient was an engine fitter, aged 34, and was admitted to Steevens' Hospital on April 7th, 1875, with a large tumour occupying the upper part of the abdomen, filling the epigastric region. The tumour was pulsating violently, the impulse having the well known expansile character of an aneurismal sac. There was a loud bellows murmer audible over the tumour and along both sides of the spine behind; the tumour was quite immovable either vertically or from side to side. The feel and appearance of the tumour were positively alarming, and the patient complained of much pain in it, of oppression in the abdomen, and intense pain in the back, especially to the right side of the spine in the lower dorsal region, with pain and numbness in the legs, and occasionally swelling of the feet. At night he got frequent and severe attacks of pain and pulsation in the tumour, waking him suddenly with the belief that he was going to die. The patient's sleep was generally interrupted by these attacks, which were aggravated when his bowels were less free than usual. The bowels were tolerably regular, but the intervals between motions rather longer than normal. There was a slight tendency to diarrhœa on one or two occasions, but at no time was it found necessary to treat him for any bowel derangement. The pulse presented nothing remarkable, and except during the above-mentioned attack, of pain, did not depart from the normal frequency and force. There was little difficulty in diagnosing the disease to be abdominal aneurism, either of the aorta itself, or of one of its larger branches. It was believed to be aortic. The aneurism was one of great size, and it was evident that the patient's life was in imminent danger. Mr. Tufnell's method of treatment was suggested, but as there was no doubt that the patient would not submit to such rigid routine, it was decided to adopt a somewhat modified plan, which consisted of rest in the recumbent position, the patient being allowed to turn on his side and to move about to a considerable extent, but in the recumbent position. From the beneficial, though not successful results which he had experienced from the use of aconite in two cases of thoracic aneurism, he determined to use the drug in this case, believing that by its use accompanied by complete rest, the life of the patient would be prolonged for some time, and possibly, though improbably, a cure effected. Five minims of the tincure of aconite were—with the diet before mentioned—ordered every three hours, and this continued for a week, the drug meantime developing its specific effects. The pulse was now very slow and weak, and the limbs had a tendency to become cold, but the pulsation of the tumour much less than on admission. However as at this time the symptoms of poisoning were unpleasantly marked, the dose of aconite was reduced to one-half, and for three months the treatment was continued, the plan adopted being to interrupt the administration of the drug whenever tingling sensations were felt by the patient at the extremities. Meanwhile the improvement in the condition of the tumour was steady, but scarcely noticeable, from day to day. In July a considerable improvement had taken place in the tumour, but the patient's general strength was failing, and his diet was in consequence increased by the addition of meat and stirabout. On the 24th of August, having previously been diminished, the aconite was abandoned and Parrish's syrup substituted. The tumour continued to decrease in size, the symptoms steadily diminished, and the murmer also became almost inaudible. The tumour was examined on November 7th, and no murmur was heard; its bulk was probably not one-third what it had been when the patient was admitted, but there was still some pulsation. Another examination was made on November 14th, when it was found that pulsation ceased, the tumour felt solid, and the patient did not complain of pain. The patient left hospital on December 8th in good general health, but, complaining of slight pain in his back and some weakness of his limbs. Dr. Grimshaw said he saw the patient in February, 1876, when on examination he found the tumour solid, without pulsation or murmer. In none of the superficial arteries at the ankle could pulsation be detected, and at the popliteal and femoral arteries it was feeble, and the patient complained of constant coldness of the feet. Dr. Grimshaw said in conclusion that he fully appreciated the feebleness of conclusions drawn from single cases, but nevertheless he believed that the result of the case he had detailed was suggestive of a mode of treatment of internal aneurism, which might probably prove successful in other cases. From what he had both seen and read of the result of Mr. Tufnell's plan of treatment, he was strongly of opinion that the combination of the aconite with Mr. Tufnell's method of treatment would give the best chance of a favourable result in these cases. He (Dr. Grimshaw) knew that the sugges tion of the employment of aconite was not an original one, but he did not know of any published case where the symptoms appeared substantially to diminish as a result of the use of aconite, nor did he know of a case where cure had followed the employment of the drug.

The PRESIDENT said he did not know of any case in which aconite had been used so steadily and in such large doses as Dr. Grimshaw had alluded to. This disease was one of the hardest to diagnose. There could be no doubt of the success of the treatment that had been described.

Dr. HENRY KENNEDY said the subject was one of great importance. With regard to the result of that single case, they should never forget the fact that aneurisms, no matter in what region of the body, were capable of cure *per se*. There were plenty of examples on record of cures even in the brain; and if a person died of aneurism of the arteries of the brain, as they frequently did, it was not from the bursting of the aneurism, but from the aneurism causing disease of the cerebral structure around it. Under peculiar circumstances, the disease was capable of curing itself, without, he might say, any effort being made on the part of the physician or surgeon to cure it. Dr. Grimshaw's case was an important one, as bearing in a particular way on the treatment of the disease. In alluding to Mr. Tufnell's method of treatment, of position and restricted diet, Dr. Kennedy said he did not think it necessary to carry the starving plan quite so far as Mr. Tufnell did. Dr. Grimshaw's case appeared to have involved the spine, for the symptoms of weakness of the limbs pointed to the engagement of the vertebræ. The non-mobility of an aneurismal tumour in different positions of the body was an important point in the diagnosis of abdominal tumours.

Dr. GRIMSHAW said, in the course of his reply, that in his case the patient felt a tingling in the arms as well as in the legs, but the latter might have resulted from the backward pressure of the tumour. He believed the man's spine was seriously injured, and doubted if he ever would recover from that affection. The murmur had, however, quite subsided. The patient was in the hospital for nearly a month before both pulsation and murmur had ceased.

Mr. LAPPER (by permission of the Council) read a paper

ON THE ANTISEPTIC POWER OF SALICYLIC ACID AND CERTAIN OF ITS COMPOUNDS COMPARED WITH OTHER ANTISEPTICS THERAPEUTICALLY CONSIDERED.

Dr. FOOT said that, looking at the subject of antiseptics from a medical point of view, he thought that, although salicylic acid, when rigidly tested, might prove inferior to some of the other agents in the list, yet it might be practically more useful from the readiness with which it could be procured, and the facility with which it could be administered. On this account he had at once employed it in a variety of cases in

which its freedom from disagreeable taste or smell and absence of causticity made it more eligible than carbolic acid.

The PRESIDENT alluded to a case of empyema with pulmonary fistula which was dressed daily with salicylic acid spray. The purulent matter decomposed very rapidly, but the acid produced a marked effect in delaying any decomposition for ten days in a portion of the fluid to which it was added. The case recovered faster than any similar one he had ever before seen.

Dr. DUFFEY thought there was little doubt now as to the value of salicylic acid as an antiseptic and deodorant. He (Dr. Duffey) was at present using the pure acid in a case of chronic otorrhœa in a young child. By sprinkling the acid on a thin layer of finely-carded cotton-wool, and rolling this up in a small pledget, he was enabled to introduce a considerable quantity of the acid into the meatus, and thus keep it in contact with the source of the discharge. So far, the result was satisfactory, the discharge being considerably lessened, and its fœtor entirely removed. The application did not cause any pain or irritation. Salicylic acid appeared to have a great many advantages in addition to its antiseptic properties. Dr. Ewald, of Berlin, in a paper published in this month's *Practitioner*, states that his experience—extending over upwards of one hundred cases, mostly of enteric fever—proves the superiority of salicylic acid over all other known antipyretics. It has also been recently recommended in the treatment of acute cases of rheumatism; and Stricker reports that it has a most marked and certain effect in reducing the fever and relieving the articular pains of this disease in an incredibly brief space of time.

Mr. H. G. CROLY then related a case of idiopathic glossitis, after which the Society adjourned.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 17, 1876.

THE COMING MEETING OF THE GENERAL MEDICAL COUNCIL.

BEFORE our next number is issued the Medical Council will have assembled for its Session for 1876, too late to be of much use for legislative purposes, but early enough for the discussion of the routine of the session.

After the introduction of the four new members of the Council who have been appointed since its last meeting, the President, Dr. Acland, will deliver his opening address, or speech from the throne. This done, and committees having been appointed, the Council will proceed to elect a treasurer in place of Dr. Bennett, and will receive the resignation of the Registrar, Dr. Hawkins, and enter on the discussion of the duties and emoluments of the new officer. It has been suggested, we believe, that a non-medical man might be appointed, a job which, if perpetrated, would be an outrage on sense and propriety. It is hardly to be conceived that a non-medical man would be likely to possess a superior knowledge of the duties required of him, and it would be an unmerited slight to the profession if the Medical Council were to choose for their executive officer a non-medical person. The principal debates in this year's meeting of the Council will arise on the reports of visitors of examinations, on the conjoint scheme of examination for England, and on the "woman doctor" question, which will be brought under notice by means of a letter from the Obstetrical Society of London to the President. The Council will have before it for discussion the responses of the following licensing bodies to the Visitors' reports—The two London Colleges, the Universities of Oxford, Edinburgh, Aberdeen St. Andrews, and Dublin, the College of Physicians of Ireland, and the Irish Apothecaries' Hall, The reply of the latter body to the uncompromising strictures of the visitors cannot but be interesting reading.

The business which was before the Executive Committee the week before last, and which we epitomised in this journal on that occasion, will also be discussed. The question of certificates of proficiency in vaccination, the distribution of the "Medical Register" to registrars of births and deaths. Mr. Cowper-Temple's Bill for the legalising of the foreign diplomas of lady doctors. Mr. Edward Gibson's Bill for the opening of Irish county infirmaries to all qualified surgeons, and for the registering of the State Medicine degree of Dublin University.

All these will be the subject of debate. Last and most important will come the English conjoint scheme which, despite the prognostics of the no-reform party, has assumed a practical form, and may almost be regarded as a settled affair. The coming meeting promises to be a lively one, and we shall do our best to inform our readers as to its proceedings.

THE METROPOLITAN ASYLUMS BOARD.

IT is very seldom that the work done by "Boards" is of so satisfactory a nature, or is so deserving of public attention, as that which can be placed to the credit of the Metropolitan Asylums Board; and it is all the more satisfactory to be able to make this statement, considering that when this board was first established under Mr. Gathorne Hardy's Act of 1867, the London parishes were almost unanimous in protesting against the extravagance of building large asylums for the sole reception of patients suffering from fever, small-pox, or imbecility. Actuated by the short-sighted policy and the prejudices which so often characterise the discussions of our parish authorities, the latter could not see why the poor imbecile, or the patient lying prostrate with fever, should not, as heretofore, be treated along with the other inmates of our workhouses. Nor can we regret that their protests were in vain, and that buildings have been erected which are alike a credit to humanity and to science. We say "to humanity" advisedly, for surely it is with some feelings of shame we must confess that, in this great metropolis, with its from three to four millions of closely-packed

human beings, there was, before the Board commenced its work, only one fever hospital, namely, the old institution in the Liverpool Road. However, fresh asylums were built, and, judging from the review which the chairman of the board, Dr. Brewer, has made of the work done during the five years it has been established, it is very gratifying to find that not only was the board able to cope with the emergencies entailed by an exceptionably severe epidemic, and to afford more humane and rational treatment for the imbecile poor, but it has had, through its asylums, a very marked effect in lessening the attacks of zymotic disease in the metropolis. The board has established two large asylums for the treatment of epidemic diseases, one at Stockwell, the other at Homerton; while in case of emergency it has secured sites for more asylums at Fulham and at Deptford. Even for the treatment of imbeciles, of whom the board have as many as 5,000 under its care, there are at present four asylums—one at Caterham, capable of holding 2,000; one at Leavesden; a temporary one at Hampstead; and a temporary one at Clapham for children. Scarcely had the board commenced operations before the need of such an establishment was forcibly demonstrated, and its energies taxed to the very utmost. An epidemic of typhus fever had broken out, and they were obliged, with the help of the London Fever Hospital, to erect temporary buildings for the isolation and treatment of the patients. Soon after that, in 1871, they had to cope with the virulent epidemic of small-pox which occurred in that year, and during which more than 2,000 patients were at one time under their care. "This epidemic," observes Dr. Brewer, "which rose to its crisis at the period when the managers were constructing their permanent hospital, while it tested their resources to the utmost, furnished them with much valuable experience touching the treatment of the disease and the management of their establishments, of which they were not slow to take advantage; . . . and the combined experience of the several hospitals in regard to vaccination was collected by a special statistical committee, and extensively published."

There are no circumstances under which the services of this board would be so indispensable as in the event of an invasion of the metropolis by cholera. In fact, in 1873, when there was some fear of such an epidemic occurring, the board undertook to deal with the epidemic, should it break out, but with the understanding that they should not be considered "responsible for meeting any outbreak occurring in the whole of the metropolis, or as relieving the local authorities of the responsibilities attaching to them in the event of an outbreak." And, as it is shown that the isolation of typhus fever cases by the board led to a marked diminution of that disease, we may expect that a like care and vigilance on their part would, in conjunction with other measures and the help of the local authorities, check the spread of the still more dreaded cholera pestilence. The fact that cholera radiates more from infecting neighbourhoods, or from certain foci of infection, is not likely to be lost sight of by the board, who, in the event of a future invasion of cholera, will no doubt act in the same manner as they did in the case of the typhus epidemic, and at once direct the attention of guardians to any quarter from which they may receive into their asylums patients afflicted with that dreadful disease.

At all events, the amount of work done in so short a time, and the success resulting from it, are very remarkable, and the exertions of the board in the interests of the public and of the unfortunate patients themselves are such as to deserve the hearty sympathy and support of all those who are interested in the good and honest management of our metropolitan charities. Even the devotion shown by the members of the board in the performance of their duties shows the zeal with which they carry out the task committed to their care; and when we hear that the chairman, Dr. Brewer, was himself stricken with fever during the epidemic of 1870, and that the vice-chairman, Mr. Suter, was, under the same circumstances, attacked with small-pox, our sympathy for them and their work is all the more due to them; while we are insensibly reminded of the self-sacrificing devotion that has been shown under similar trying circumstances, and of the penalties that have been incurred, by many of the staff attached to our general hospitals.

Notes on Current Topics.

The Health of Hastings.

HAVING on one or two occasions recently referred to the water supply of this important health resort as likely to affect the wellbeing of its inhabitants, and of the many patients sent there by the profession, we are happy to accede to the request of the medical officer of health to give space to the quarterly report issued by him last week, in order to place before our readers a fair and official statement of the health of the town at the present time.

"During the quarter ending March 31st, there were registered the births of 142 males, and 117 females, being a birth-rate of 29·6 per 1000. There were only 155 deaths during the quarter, against 182 in the corresponding one of 1875, and 177 in 1874. Of these, 30 were between the ages of 60 and 80, and 7 80 and above. There were six deaths from the zymotic class of disease, viz.: Variola, 1; diphtheria, 1; measles, 3; typhus, 1. Constitutional diseases caused 30 deaths, viz.: Cancer, 4; tabes, 3; phthisis, 22 (eight visitors), hydrocephalus, 1. Eighty-eight deaths are attributed to local diseases, viz.: Diseases of the brain and nervous system, 24; of the organs of circulation, 16; respiratory organs, 28; digestive organs, 10; urinary organs, &c., 10. Developmental diseases caused 24 deaths, chiefly from premature birth and diseases of nutrition (8), and old age, 13.

"The past quarter, therefore, has been distinguished above its corresponding predecessor of 1875 by a higher birth, and a lower death-rate. Allowing for the usual increase of population, the death-rate per quarter is 17·7 per 1000 per annum, and if the deaths of visitors (35) be excluded, we have the remarkably low death-rate of 13·71; and even this might legitimately be lowered to 12·9, as seven of the deaths occurred in public institutions outside the borough. There are few towns in England can show such a low death-rate. That Hastings and St. Leonards will compare favourably with any seaside resort, both in respect to mortality and sickness during the term mentioned, is my firm belief. The mortality is shown above, and the small amount of sickness in these towns of any serious character is proverbial. Of the few zymotic cases of sickness, there has apparently been no exciting local cause productive of them, and several of the cases were imported."

Chromic Acid for Warts.

THREE or four applications of this acid says *l'Union Médiiale*, will cause the disappearance of warts, however hard, large, or dense they may be. The application gives rise to neither pain, suppuration, nor cicatrices, the sole inconvenience being the production of a dark brown colour.

Sewage in the London Water.

AT the monthly meeting of the Teddington Local Board, the clerk, Mr. J. Russell, reported that the Thames Conservators had that day served notices on the sanitary authorities of all parishes on the banks of the Thames discharging sewage into the river to discontinue such discharge, otherwise proceedings would be taken. By far the larger part of London, and also a vast number of other towns and villages receive their water supply from the Thames, and above the neighbourhood from which most of the water companies have their intake, the excrement of some eighty thousand people is discharged daily into the river. There are no means of ridding the water of this sewage excepting some of the largest solid particles, which are separated by filtering through sand; so that all the water distributed through the pipes of those companies which draw from the Thames is tainted with sewage. The quantity may be small, but still it is polluted water, oftentimes perhaps containing germs from the excrement of fever patients.

Up to the present time the people of London have not even murmured at being compelled to drink sewage-polluted water, though doubtless many have succumbed to fever and diarrhœa, so induced. Thanks to the press, both the people and the authorities have been stirred up to take action in the matter, and the result has been that the Thames Conservators have issued a notice that in future no parish will be allowed to pour its sewage into the Thames. It is a matter of congratulation to those who are supplied with Thames water that, though at times the water may still be turbid, or may swarm with animalculæ or even fish, yet it will at least be free from sewage.

The Public Press and Quackery.

IT will be a long time before the lay press will exert themselves to overthrow quackery. Many country papers are actually supported by the advertisements of quack doctors, dentists, quack medicines, &c. We are glad to see that some of the lay press are alive to the fact that, though they may gain by such advertisements, the public suffer. The *Leisure Hour* has inserted an interesting little anecdote, which, whether true in its details or not, is an illustration of cases which occur daily in the hands of quack dentists, and its publication will serve to warn the readers against a class of practitioners who constantly make the public to suffer both in purse and in person:—

"The following incident known to us may serve as a warning against some of those who prey upon the public. General ———, an old Indian, and a wealthy man, has a stick with a gold top, which he often shows, with the question, 'What do you think that bit of gold cost?' After silence, or a wide guess: 'Why, sir, it cost me a hundred guineas!' And then he tells us how, on seeing an advertisement in the *Times*, he was attracted by its liberal promises, and pleased with its frankness of offering 'advice gratis,' and so on. His case, he was told, was one of extreme difficulty, but might, with great skill and care, be managed. Ignorant of the ways of these gentry, the general submitted himself meekly to the operator, who managed him as rich patients are usually managed. A duplicate set was prepared, which the general was told was the usual practice, when not otherwise specified. The general began to think there was 'sharp practice,' when the dentist stated that credit was never given, but that payment must be made before the teeth were taken away. On writing the cheque for £100, the watchful trader said his charge was a hundred *guineas*, and the general had to pay that sum. After some trial, the teeth were found utterly unserviceable, causing intense misery; but rather than have anything more to do with the advertising dentist, the general went to a qualified practitioner. Being properly fitted by him, the gold of the old sets was melted to make the top of the stick, which he displays good-humouredly as a monument of his own folly, as well as a warning to others."

Contaminated Wells.

AT Guildhall, the owner of premises in Queen Victoria Street attended in answer to a summons taken out by the Commissioners of Sewers, charging him with having on his premises a well for domestic purposes which was impure and totally unfit for household use. Four analyses of the water had been made, the average result showing that it contained 99·1 grains per gallon of solids, against 17·0 of the New River Company; 9·2 grains per gallon of chlorine, against 1·2 of the New River Water; 8·20 parts per million of ammonia, against 0·03 of the New River water, and 1·9 of albuminoid ammonia, against 0·06 of the New River water.

It is important that the public should know that, in consequence of the number of burial-grounds, sewage contamination, &c., the subsoil in most parts of London is so impregnated with impurities that the water in nearly all the wells is, by permeation of these impurities, rendered unfit for domestic purposes.

In this case, the owner of the premises gave a guarantee that the water of the wells should not be used for drinking purposes.

The London College Primary Examination.

THE *Students' Journal* in its last publication remarks upon the fact that the examiners at the College of Surgeons dealt rather hardly with the candidates at the last "primary" examination. Nearly one-half were "plucked." It seems strange that such a large proportion should fail, spite of the "test" examinations, and all the pains that are taken with the candidates. "In some hospitals," says our contemporary, "anatomy is well taught, but practical physiology is much neglected. Numbers of otherwise very good men have, I am told, failed lately, because they know little or nothing about microscopic anatomy."

Memorial to the Late Dr. Parkes, F.R.S.

AT a meeting of Army Medical Officers, held in the Mess-room at Netley, 20th April, 1876, the Principal Medical Officer in the Chair, the following resolutions were unanimously agreed upon:—

1. Proposed by Surgeon-General Longmore, C.B., seconded by Surgeon-General Maclean, C.B.: "That it is desirable to establish a permanent memorial of the late Dr.

Parkes, Professor of Hygiene in the Army Medical School."

2. Proposed by Surgeon-Major J. Coates, M.D., seconded by Surgeon-Major G. Pain : "That the memorial consist of a portrait, to be painted by an eminent artist, which should be placed in the Mess-room of the Head-Quarters of the Army Medical Department, whether at Netley or elsewhere ; and of a replica of the bust of Dr. Parkes now at University College, to be placed in the Lecture-room of the Army Medical School ; and, further, if the fund collected admit of it, the foundation of a Parkes Scholarship, or Prize, to be competed for in the Army Medical School."

3. Proposed by Surgeon-Major J. H. Porter, seconded by Surgeon J. O'Reilly, M.B.: "That all Medical Officers in the Army, Naval, and Indian Public Services be requested to subscribe ; and that contributions be also received from any other friends and admirers of Dr. Parkes, who wish to join in the memorial."

4. Proposed by Surgeon-Major D. Cullen, seconded by Surgeon-Major Rattray, M.D.: "That the subscription from Officers be limited to one day's pay."

5. Proposed by Surgeon-Major J. Coates, M.D., seconded by Surgeon-Major W. M. Webb : "That the following gentlemen be appointed to act as a local committee to carry out the objects of the meeting:—President—Surgeon-General Longmore, C.B. Members—Surgeon-General Maclean, C.B.; Deputy-Inspector General J. D. Macdonald, F.R.S., R.N.; Surgeon-Major J. Coates, M.D.; Surgeon-Major J. H. Porter; Surgeon-Major W. M. Webb; Surgeon-Major D. Cullen, M.D.; Surgeon-Major C. Rattray, M.D.; Surgeon-Major W. Cherry ; Surgeon-Major F. Welch ; Surgeon A. B. Robinson ; Surgeon J. O'Reilly, M.B.; Dr. Aitken, F.R.S.; Surgeon-Major C. D. Madden; Surgeon-Major G. Pain ; Surgeon-Major T. M. Bleckley, M.D., C.B.; Staff-Surgeon W. F. C. Bartlett, R.N.; Surgeon-Major R. Waters, M.D.; Surgeon-Major T. W. Wright ; Surgeon-Major S. G. White, M.D.; Surgeon J. Fleming, M.D.; Surgeon R. Bowman, H.M.'s Indian Medical Service ; Surgeon A. S. Lethbridge, H.M.'s Indian Medical Service. Treasurer—Surgeon-Major F. S. B. F. De Chaumont, M.D. Secretary—Surgeon G. E. Dobson, M.B."

A Small-pox Outbreak.

An alarming outbreak of small-pox has occurred at Bulkington, a small village in Warwickshire, about six miles from Coventry. The disease is said to have been imported from Manchester by a young man, and in spite of all precautions has spread rapidly through the v illlage. all the schools have been closed in consequence, and handbills have been issued cautioning the public not to go into the locality.

The New Medical Warrant.

Since our last issue our attention has been called to certain matters of detail affecting the conditions under which candidates are invited to enter the army, and which, if not altered, will, we fear, deter many from coming forward. We have been advised that under clauses 10, 11, and 12, an officer who may not serve five years, and is permanently disabled from ill health contracted in and by the service, to resume his duty, receives no compensation whatever. Such cases would possibly be of rare occurrence ; still, when they do occur, some provision should have been made for the contingency. A very general objection has also been made in the schools against the clause limiting the selection for promotion to *six* annually. The general feeling seems in favour of the clause being altered so as to allow continuance in the service to be the rule rather than the exception. We have already expressed our opinion that the clause as it now stands must become a dead letter. In the meantime, the War Office by such unfortunate omissions risks the success of a scheme which has as a whole many points of excellence to recommend it. Short service, with the non-selection of the minority whom it might not be deemed advisable to retain in the department, would, in our view, meet the difficulty to which our attention has been directed. It has also been objected that the reduction of the maximum of daily pay receivable from 27s. to 25s. will reduce the rate of voluntary retirement after twenty-five years' service in the executive ranks to a lower figure, seven-tenths of 25s. being less than seven-tenths of 27s. The question of Indian pay and allowances, and of having two scales of pay for the older and newer officers, must lead to jealousies which it would have been more prudent to allay. There are matters of detail, not very seriously affecting the general principle of the new warrant, which are worthy of the consideration of her Majesty's War Office.

Science at South Kensington.

In a recent issue we referred to the exhibition of scientific apparatus in preparation at South Kensington Museum which was shortly to be opened. On Saturday last her Majesty the Queen, accompanied by the Empress of Germany, visited the building, and after a short inspection formally declared the exhibition open. The collection is of very varied character, and if we except one or two branches is fairly representative. Its utility, however, is not to be limited to a mere display of models; conferences of allied subjects are being arranged, and much valuable knowledge is expected to accrue therefrom. This week conferences in the Section of Physics are being held, the opening address to which was delivered by the President of the Section, Mr. W. Spottiswoode, M.A., F.R.S. Papers are also expected from Mr. W. Huggins, D.C.L., F.R.S., "On the present State of Spectroscopic Research relating to the Stars and Nebulæ ;" Mr. Norman Lockyer, F.R.S., and Captain Abney, R.E., "On Spectroscopic Research in Solar and Molecular Physics ;" M. le Professeur Soret, "On a Spectroscope with a Fluorescent Eyepiece ;" Professor Bellamy Clifton, M.A., F.R.S., "On Interference, and Instruments for the Measurement of Optical Wave Lengths ;" Mr. H. C. Sorby, F.R.S., "On the Original Form of the Spectrum Microscope and the various subsequent Improvements and additional Apparatus ;" the Earl of Rosse, D.C.L., F.R.S., "On Zollner's Photometer ;" Professor Sir W. Thomson, LL.D., F.R.S., "On the Principles of Compass Correction in Iron Ships ;" M. Sarasin-Diodati, "On De la Rive's Researches in Static Electricity ;" and the President (Mr. W. Spottiswoode, M.A., F.R.S.), "On some recent Forms of Polariscopic Apparatus."

Dissemination of Disease by Milk.

The Eagley and other epidemics have established, outside the possibility of doubt, the fact that disease may be, and probably has, very frequently been introduced into families through the agency of "the cow with the iron tail," whose patronymic is "Simpson." It certainly ought to be one of the privileges of a free Briton to get water and not

sewage as a diluent for his milk, especially as he pays 5d. a quart for the luxury; but the milkmen don't appear disposed to indulge the free Briton to that extent, if we may judge from recent revelations in the London Police-courts. We observe that at the Worship Street Police-court, last week, the vestry clerk of Shoreditch attended to support summonses taken out against several dairymen and cowkeepers for having on their respective premises foul wells, containing water in such a state as to be a nuisance and injurious to health. Samples of the water had been submitted to Dr. Stevenson, Guy's Hospital, and to Professor Wanklyn. On analysis, the water was found to be highly polluted, and both Professor Wanklyn and Dr. Stevenson agreed in describing it as "diluted sewage." Its condition was illustrated in court; a sample of the well-water, and another from the New River mains, were put into tubes by Dr. Stevenson, and the different appearance was then observable by the naked eye. Nessler's test was then applied, which speedily turned the well-water sample to a thick yellow colour, with a deposit at the bottom of the tube; whilst the New River sample was perfectly unaffected. The magistrate made an order for the closing of the wells within fourteen days.

The report informs us further, that the water was "in use on the premises for all drinking and domestic purposes,' which we interpret to mean for the drinking of the customers and the domesticity of the dairyman. Perhaps the best solution of the difficulty would be to afford facilities for the dilution of milk at some central depôt, under the superintendence of Mr. Sclater-Booth and Mr. John Bright, the patrons of adulteration.

Army Medical Report, 1874.

The new volume, giving details upon the health of the army for the year 1874, is shorn of much of its former proportions, and become far harder as a book of reference. The army circulars, details of the various examinations, and statistical tables of individual diseases, have been altogether expunged, and the appendix only contains a few departmental papers.

From among 86,837 non-commissioned officers and men serving in the United Kingdom, there were 73,004 admissions and 735 deaths, the average number of men constantly sick throughout the year being 3,351. The ratios were in excess of those of the previous year, the causes of which are very clearly set forth. Affections of the constitutional group, and diseases of the digestive, respiratory, urinary, and cutaneous system preponderated largely over all other affections, the admissions in these several headings being as below:—

Constitutional	12,617
Digestive	10,636
Cutaneous system	8,947
Respiratory	7,770
Urinary	6,553

Dockyards and arsenals, and the large manufacturing twons, afforded the largest number of admissions. Dublin shows the lowest ratios of admissions and deaths:—

792·7 and 8·62 per 1,000 respectively. No group of stations was free from enteric fever. Outbreaks occurred in three stations—Newbridge, Dublin, and Limerick. In each of them there was evidence of the strictly local character of the epidemic. In every group there was an increase in the ratio of admissions from syphilis. The ratio per 1,000 constantly in hospital from primary venereal sores in 14 stations under the Act is 3·21, and 6.89 in 14 stations not subject to special legislation. 20,500 recruits were inspected by army medical officers during the year. 2,175 invalids passed through Netley Hospital. In Ireland the quality of the water supplied to the hospital at 16 stations was pronounced unfit for drinking purposes. Among recruits, diseases of the eyes and eyelids caused the largest number of rejections. Continued fever at Malta and the typhoid of temperate climes are stated to be one and the same disease, the intestinal lesions being similar in both.

In the great tropical dependency of Bengal the ratio of admissions and deaths was 1416·7 and 15·20 per 1,000 respectively, as against 840·7 and 8·79 respectively in the United Kingdom. Affections of the febrile group were largely in excess of all other diseases,—21,115 admissions out of 37,911 men. The average daily sick in each regiment was 55·59 per 1000. Dr. Watts' "Contribution to the Medico-Military Topography of the Persian Gulf and Valley of the Euphrates and Tigris" is the most practical and valuable of those contained in the appendix.

Chloroform Administration.

From time to time we observe statements in the daily press as to the criminal use of chloroform, which show that the public are under a mistaken impression as to the subject. Last week a young woman made an application at the Woolwich Police-court to order a parade of the whole of the Horse Artillerymen (about 1,000 in number) stationed at Woolwich. She stated that she came to see a relative in Greenwich, and two artillerymen spoke to her. She turned away from them, when one of them took out a bottle and poured something from it on a handkerchief, which he pressed to her face. She became insensible, and remembered nothing more till she was roused up at two o'clock yesterday morning by the military police, who found her lying on the grass on Woolwich Common, a distance of three miles from where the men accosted her.

The inference was, of course, that the soldiers had administered chloroform for a criminal purpose, and the same allegation has been put forward in many other instances. It seems necessary for the medical press to assure the public that such an administration of chloroform or ether may be said to be so improbable as to be almost physically impossible. Under the most favourable circumstances a patient cannot be anæsthetised in much less than five minutes, and frequently the time occupied by administration is considerably more. There is commonly an intoxications tage to be overcome, and, even if the anæsthesia were produced, it would be barely possible to keep it up while the patient was carried three miles. When a prosecutrix tells a tale of chloroform administration it may usually be assumed that she is unworthy of credit.

Physical Education.

In a recent article we referred to the necessity of adding physical education to military training. We are glad to see that the London School Board have taken the subject into consideration, and have determined to introduce it as a branch of public education.

We learn from the *Globe* that the London School Board have recently agreed to proposals emanating from Mr. Macgregor and the Rev. J. Sinclair. The former gentleman desires to see swimming recognised as a branch of public education, and suggests that lessons in the art, when imparted by a competent master, shall count as school attendance up to one hour a week, or ten hours in the year. Few will be found to contest the advisability of encouraging the rising generation to practise swimming. It is an anomaly, if not a scandal, that a pre-eminently maritime people like the English should be singularly deficient in the art. Even among sailors it is by no means uncommon to find complete ignorance of what, to them, is a vital branch of knowledge. There can be little question, therefore, that Mr. Macgregor's motion is right in principle, however difficult it may be found to give it practical effect, owing to the comparative paucity of swimming baths in the metropolis. The proposal of Mr. Sinclair is that "attendance of girls at lessons in physical exercises for not more than two hours a week and forty hours a year may in a day school be counted as school attendance." There cannot be much difficulty in carrying out this small amount of training, nor need the expense be otherwise than inconsiderable. Some simple gymnastic apparatus, adapted to the strength of growing girls, would be quite sufficient for all practical purposes. If this were provided in every day school, it would be easy enough to organise a regular course of training, up to the full number of hours allowed to count as school attendance. The necessity of some provision of this sort is beyond question. Not only would physical education render them more capable of doing hard work in after years, but whether called upon to perform hard work or not, physical education is an absolute necessity for the proper development of the frame.

Scarlet Fever in Melbourne.

It was hoped that scarlet fever, which was prevalent in Melbourne and the suburbs about four months ago, was abating, but it has lately broken out with new virulence in the country districts, and fatal cases are continually occurring in isolated spots supposed to be the healthiest in the colony, and safe from infection. The disease seems to work its way as readily in the pure air of the mountains as among streets and alleys, and often in a malignant form which carries off its victim in a day. It is proposed to again close the State schools. The churches are to set apart a day for humiliation and prayer, and Parliament is considering a Public Health Bill. In the meantime there is great mortality among children, and the poison is spreading itself unchecked by any effectual antidote.

Poisoned Milk.

The *Manchester Guardian* says that the sanitary authority at Oldham has discovered that the prevalence of typhoid fever in that town is in all probability largely due to the adulteration of the milk supply with poisoned water. The medical officer has presented to the Health Committee a report on the state of several dairy farms, which is even more disgusting than the revelations which followed upon the outbreak of typhoid at Eagley. During April there were 46 cases of typhoid fever in the town, and 17 deaths. The dairy farms in several cases appear to have been used as "tips" for town refuse and the offal of the slaughter-houses. The same reckless disregard of sanitary laws has just been exposed at Moss Side.

The Conveyance of Fever Cases.

We have on several occasions referred to the danger of spreading infectious diseases by the use of public vehicles. The case which came before the City magistrates on Saturday last, and in which a poor woman was fined £3 and costs was of a different character to those we usually hear of. According to the evidence of Dr. Alexander Collie, medical officer of Homerton Fever Hospital, two or three weeks ago the defendant arrived at the institution with her child in a cab, and the child, when admitted to the infirmary, was found by him to be suffering from scarlet fever. He gave notice to the cabman and to the police, and the cab was immediately taken in charge to the yard for disinfection. The witness added that the child had been in the German Hospital, Dalston. Dr. Collie added that it was right the magistrate should be made aware of the conduct of the authorities at the German Hospital. The defendant had been ordered to remove the child, but if she had carried it through the streets there would have been greater risk to the health of the public than by taking the cab, as the poor woman did. There was an ambulance kept by the parish for such cases, and the hospital authorities should have informed her how to get it for the conveyance of her child. There is manifestly gross carelessness somewhere in this case, and the sooner the hospital authorities purge themselves of the charge the better for their reputation. Here was an ambulance provided by the parish, yet no one, not even hospital authorities, to tell the poor woman of its existence.

Science in the City.

On Saturday evening the Lord Mayor of London entertained at a gorgeous banquet the representatives of science, English and foreign, together with a numerous and distinguished general company. Nearly 300 guests had the honour of invitation; Medicine and Surgery being represented by many distinguished members of the profession. Amongst those present were Dr. Hooker, the President of the Royal Society; Sir John Hawkshaw, President of the British Association; Sir George Airy, the Astronomer Royal; the Earl of Rosse; General Sir Henry Rawlinson, President of the Royal Geographical Society; Dr. Risdon Bennett, President of the Royal College of Physicians; Mr. Price, President of the Society of Apothecaries; Dr. Acland, President of the General Medical Council; Dr. Routh, ex-President of the Medical Society of London; Professor Duncan, President of the Geological Society; Professor Adams, President of the Royal Astronomical Society; Dr. Warren De la Rue,

Mr. Haywood, F.R.S., Mr. Sorby, Sir John Lubbock, Sir Joseph Whitworth, Sir Charles Locock, Sir George Burrows, Professor Tyndall, Sir Henry Cole, Sir Alex. Armstrong, Sir Henry Thompson, F.R.C.S., Sir Joseph Bazalgette, Sir Francis Hicks, Treasurer of St. Thomas's Hospital, Mr. Reed, C.B., Professors Ramsay, Erasmus Wilson, Stokes, Owen, Geikie, Carpenter, Morris, Story Maskelyne, Frankland, Guthrie, Goodeve, Percy, Warrington, Smyth, Edgar, Abel, Tennant, Reinold, Thistleton Dyer, Barrett, and Leone Levi, Prof. Blaserna, and many other distinguished foreign representatives of science; Drs. Birch, Bowman, Priestley, Gladstone, Swaine Taylor, Maudsley, George Johnson, Wilks, Wakley, Sedgwick Saunders, Lloyd Birkett, Brodie-Sewell, Farre, Garrod, and Sieveking; Mr. Prescott Hewitt, Mr. John Birkett, Mr. Spottiswoode, Mr. Huggins, Mr. Bentham, Mr. Glaisher, Mr. Frank Buckland, &c., &c.

Militia Surgeons.

We understand that pending the report of a committee now sitting, the appointment of militia senior surgeons has been discontinued.

Suppression of Illegal Practice in England.

At a meeting of the Council of the Medical Defence Association, on April 21st, a letter was read from the Secretary of the Royal College of Surgeons of England, in which he stated that the College Charter gave that body no exceptional powers to prosecute unqualified persons for practising surgery, and therefore, the College of Surgeons could not assist the Defence Association in suppressing the illegal practice of surgery.

The Obstetrical Society's Conversazione.

The Obstetrical Society held their annual conversazione at the Royal College of Physicians the evening of May the 10th, when the rooms were crowded by members of all branches of the profession, including most of the leading men. The entertainment of the visitors was most completely provided for. In the first place the band of the Grenadier Guards discoursed a selection of music in the entrance hall, an ample supply of excellent refreshments was supplied, the handsome apartments were adorned by numerous valuable paintings and works of art lent for the occasion, and lastly, but most important, a large collection of both the most ancient and the most modern appliances used in the obstetric art was exhibited, as well as many models, drawings, and preparations illustrating the anatomy and pathology of the subject.

Mr. Hardy and the Medical Officers.

We have reason to believe that if the details of any cases of hardship to individual officers are brought to the notice of Mr. Hardy personally there is every disposition on his part to have them carefully looked into, and, if possible, remedied.

International Congress of Hygiene.

On the 15th of June next an International Exhibition and Congress of Hygiene is to be opened at Brussels. The exhibition is to be divided into ten classes. One of these is to be devoted to Medicine, Surgery, and Pharmacy.

The University of Durham.

The *Students' Journal* observes that at the last graduation ceremony at the University of Durham there were two medical graduates, or rather one graduate in medicine and one in surgery. "It is a question," it says, "whether a university that does so little for the education of the country as is done by the University of Durham should be allowed to exist. A deal of money must be spent in professorships, &c., and the country is scarcely benefited by it. Here is a subject for inquiry and sweeping reform."

A Rare and Valuable Book.

In the library of the Medical Society of London there exists a copy of a work by Servetus, "Christianismi Restitutio—De Trinitate Divina."

Every original copy of this work except one, which was retained by Colladon, one of Servetus's judges, was burned along with the author by the implacable Calvin, for which copy the late Duke of Valiese paid nearly 400 guineas, and it sold at his sale for 3810 livres to the King of France.

The edition, a copy of which is in the library of the Medical Society, is without name of place, printer, or date. It is said to have been printed in London, in the year 1723, by Palmer, in Swan Alley, for Thomas Osborne, bookseller, but before it was completed was seized upon by John Kent, *Messenger of the Press*, and Wm. Squire, *Messenger in Ordinary*, on the 27th May, in the above year, at the instance of Dr. Gibson, Bishop of London, and burnt, a very few copies excepted.

In this book is contained the first account of the circulation af the blood—nearly 80 years before the immortal Harvey published his discovery—(page 143 to page 151).

Dr. Willis suggests that the copy which is now in the National Library of France was the one which belonged to Colladon, the advocate who prosecuted Servetus at the instance of Calvin, and must have been given to Colladon by Calvin to prepare himself for the case, the passages on which Servetus was arraigned being underlined most probably by Calvin.

Phyllocyanin, the blue principle of the iris and the violet, is stated by Sig. G. Pellagri to be a most delicate test for alkaline reactions.

Notice has been given that an examination of candidates for thirteen appointments as surgeon in the Indian Medical Service will be held in London in August, 1876.

The Gold Medal of the Dublin Pathological Society has been awarded to Mr. Beattie, Steevens' Hospital, Dublin, for his essay on "Bursitis."

A dinner is to be given to Sir Joseph Fayrer at St. James's Hall, Piccadilly, on May 24th, by his friends of the Indian Medical Service.

Surgeon-General Sir Joseph Fayrer had the honour of being presented to Her Majesty the Queen on Friday last, on his return from India with H.R.H. the Prince of Wales.

Dr. Chadwick, of Bolton, who has lately died, has left £5000 to the infirmary of the town, and the like sum to the corporation for a public museum. This makes £32,000 he has given to Bolton.

Announcement is made in the *Répertoire de Pharmacie* that Professor Chevallier finding himself compelled to give up the direction of the *Journal de Chimie Médicale* which he has edited for fifty years, these two journals will be combined.

The lectures at the London College of Surgeons will be resumed on Monday, June 5th, by Professor R. Brudenell Carter, F.R.C.S., who will deliver six lectures "On Questions in Ophthalmic Surgery." Mr. Turner, M.B., F.R.S.E., Professor of Anatomy in the University of Edinburgh, will deliver three lectures "On the Comparative Anatomy of the Placenta," in continuation of his course of last year.

The *Manchester Examiner* states that overtures have been made to the corporation of Salford by a wealthy gentleman connected with the borough, for the transfer to the corporation of a suitable site and buildings outside the borough for the purposes of a convalescent hospital. The value of the proposed gift is estimated at £20,000. The *Norfolk Chronicle* also states that the friends of the Norfolk and Norwich Hospital will hear with pleasure that the Lord Lieutenant has promised £5000 towards the extension of the building, provided that £30,000 additional is promised within twelve months' time.

The anti-vivisectionists in Italy have achieved a small victory in having driven Professor Schiff, the distinguished experimental physiologist, from the chair which he occupied at Florence with so much industry and so great advantage to humanity. His departure, says the *Gazetta Medica di Lombarda*, is not only a blow to science, but to common sense and true philanthropy. But the Florentine "Società Bestiofila" will have little cause for rejoicing at its victory, since neither is Prof. Schiff the originator of vivisections, nor will his successor, whoever he may be, be able to do without this now indispensable condition of progress of biological science.

The spiritualists have laid claim to the dignity of martyrdom on the ground that science has refused or omitted to investigate their phenomena, and condemned them unheard. They can no longer complain of being thus ignored, for the Physical Society of St. Petersburgh has taken the subject in hand and gone into a thorough investigation of the statements put forth by the spiritualists and the phenomena which they display. The result of this inquiry is the conclusion to which the Society has given expression, "that those so-called spiritual manifestations proceed from unconscious movements, or from a conscious imposture, and the spiritual doctrine is a superstition."

In connection with the exhibition of scientific instruments at South Kensington, a conference in biology will be held on the 26th and 29th of May, and will relate chiefly to the following subjects:—1. The methods of measurement and registration which are applicable to the vital phenomena of plants, animals, and man; 2. The methods and instruments employed in physiological optics and acoustics; and 3. The modes of preparing the tissues of plants and animals for microscopical examination. Explanations of apparatus and instruments, will be given by the Chairman (Dr. Burdon Sanderson), Drs. Donders, Hering, Marey, Crum-Brown, Michael Foster, M'Kendrick Messrs. Flower, Thiselton Dyer, Liebreich, Pritchard, Mosso, Gaskell, and others.

On Wednesday last the degrees were conferred at the London University. Lord Granville said that there was one point to which he must call the attention of the Senate, and that was as to the possibility, either with or without modification, of giving a fair trial to the experiment of admitting women to medical degrees. It was clear that women were getting more into practice than before, and that more were studying abroad and preparing themselves for such practice. He thought this was a subject which, without anticipating any decision, it would be very difficult for the University not to take at some early period into their very earnest consideration. Mr. Lowe, the member for the University, said he rejoiced to hear the opinion of the Chancellor, that the time had nearly come when the right of women to be admitted to the medical profession could fairly be attended to. He could not help thinking, from the last debate on the subject, that Parliament was entirely of that opinion.

We quoted recently a statement that a noted homœopath in the East End of London, was publicly said to be a member of the Council of the British Medical Association, and that the Medical Defence Association had called the attention of the Council to the circumstance which, we expressed our hope and belief, would be authoritatively denied. We are glad to observe that, at the last meeting of the Council of the Defence Association, a letter was read from the General Secretary of the British Medical Association respecting a medical man who is publishing objectionable handbills on homœopathy in the East End of London, and whose name appears in Churchill's *Medical Directory* as a member of the Council of the British Medical Associtaion, in which he stated that the person referred to *was not a member of the council, and was not in any way connected with the association.*

The Messrs. Churchill must do themselves and their *Directory* justice by expunging from it the name of a person who deliberately deceived them by a false statement.

Correspondence.

PHARMACEUTICAL CHEMISTS AND THE NEW JURIES BILL.

The following letter has been forwarded to the Chief Secretary by direction of the Council of the Pharmaceutical Society of Ireland:—

Pharmaceutical Society of Ireland,
6 Kildare Street, Dublin,
May 5th, 1876.

Sir,—On the 5th of February last I wrote to you by direction of the Council of the Pharmaceutical Society of Ireland,

enclosing a copy of the following resolution unanimously adopted by the Council at its meeting on February 2nd, viz.: —

"Resolved—That the Council request the Chief Secretary for Ireland to exempt Pharmaceutical Chemists in Ireland from service on juries in the new Juries Act, as is the case at present in England."

On the 18th April Mr. J. T. Holmes, a member of the Council, wrote to you drawing your attention to the fact that amongst the list of persons exempt from juries in the Juries Amendment Bill he did not see pharmaceutical chemists mentioned. To this letter he received a reply stating that the request should receive consideration.

I am again directed by the Council to bring the matter under your notice, and to express an earnest hope that you will grant the request conveyed by the resolution.

I have the honour to be, Sir,
Your obedient servant,
HUGH JAMES FENNELL, Registrar,
Pharmaceutical Society of Ireland.

Sir Michael Hicks-Beach, Bart., M.P.,
Chief Secretary for Ireland.

The following reply has been received: —

Irish Office, London,
May 6th, 1876.

Sir,—I am desired by Sir Michael Hicks-Beach to acknowledge the receipt of your letter of the 5th inst., and to state that, as at present advised, he does not see sufficient reason for extending the exemption for service on juries to pharmaceutical chemists. I am to request that you will acquaint the Council of the Pharmaceutical Society in Ireland accordingly.

I remain, Sir, your obedient servant,
MARCUS CAULFIELD.

Hugh J. Fennell.

A meeting of pharmaceutical chemists was held on Monday evening, when it was resolved to request some private member to move in the matter. Mr. Holmes was requested to communicate with Mr. Errington, M.P. The following letter has been forwarded:—

30 Upper Baggot Street, Dublin,
May 13, 1876.

Mr. Errington, M.P.,

Dear Sir,—I have been directed by the members of the Pharmaceutical Society of Ireland to ask you to assist us in having pharmaceutical chemists included among the exemptions from jury service in the Juries Bill at present before Parliament. I enclose copy of correspondence which has taken place on the subject, by which you will see exactly how the matter stands. I could bring strong arguments before you in favour of our view, but consider that the fact that pharmaceutical chemists in England are exempt makes further argument unnecessary. No doubt the Chief Secretary's reason for declining to accede to the request of the Pharmaceutical Council is not to limit unnecessarily the number of intelligent jurors, but as it is not likely that Ireland will support more than one thousand pharmaceutical chemists, that is, one to about five thousand inhabitants, this small addition to the exemptions would scarcely be felt. I shall be greatly obliged if you will do your utmost in the matter.

Your obedient servant,
J. T. HOLMES.

Literature.

CONTRIBUTION A L'ETUDE DES TUMEURS DU TESTICLE. (a)

DR. G. NEPVEU is favourably known to English pathologists for his various communications made to learned societies in Paris concerning infusoria in the blood of erysipelatous patients, and of bacteria in subcutaneous abscesses, &c. The pamphlet before us is one which will add greatly to the reputation of this most able microscopic inquirer and pathologist.

It is composed of nine chapters. In chapter i. the author treats of pearly tumours of the testis, and epithelioma of the testicle; in chapter ii. of encephaloid tumours; in chapter iii. of scirrhus of the testis; in chapter iv. of tubercle; in chapter v. of benign fungus of the testis; in chapter vi. of gummy tumour; in chapter vii. of hæmorrhagic vaginitis; in chapter viii. of myoma; and in chapter ix. of tumours of the scrotum.

Dr. Nepveu is of opinion that pearly tumours of the testis arise from the epithelium of the organ, and that the cysts which accompany them have for their origin the canaliculi. Epithelioma, adenoma, and atheroma have, he thinks, the same origin. Encephaloid of the testicle is for the most part a mixed tumour. The different epitheliums of the seminal parenchyma, the vasular, lymphatic, and testicular epitheliums, are affected at the same time as the connective tissue, the lesion of which is the most important. Most generally the base of these encephaloids is lymphoid sarcoma, which is named by some authors embryoplastic sarcoma, medullary sarcoma, or embryoplastic tumour. They commence on the wall of the tubes themselves.

He gives cases of true scirrhus of the testicle, which has been said by some authors never to occur.

According to Dr. Nepveu, we find tubercles of the testis in three forms—grey granulation, fibrous tubercle, and disseminated tuberculosis. The two first forms may be isolated or united in masses.

The study of diseases of the testis is still rather obscure, and this is easily explained by the composition of the seminal gland and the manifold elements met therein, as well as by the nature of the tumours ususlly found in it, which are of doubtful character in many cases, and about which many disputes have arisen among authors. Most of the nineteen observations recorded in this book are either from the wards of La Pitié Hospital, and were under the care of that eminent surgeon Dr. Verneuil, or were seen in the practice of the late Dr. Demarquay. One of them was under the care of M. Ricord, whose observations on syphilitic testicle are well known.

Pearly tumours of the testicle were first described in 1829 by Cruveilhier, who noticed them in a testicle attacked by alveolar cancer. M. Nepveu emits the hypothesis that these pearls have for origin the tubuli seminiferi. He asserts that these tumours, wherever situate may be arranged under three groups—epithelioma, atheroma, and adenoma of pearly aspect. It is impossible to diagnose their occurrence on the living subject, and they are never generalised. Two years after the ablation of a testicle with this form of tumour the patient was in good health.

In France, pathologists separate epithelioma from cancer, since the first of them clearly is derived from the epithelium. In Germany, on the other hand, another tendency is manifest, and an attempt is made to unite them; the epithelial character of the cancer cells resembles carcinoma of the epithelium. One author, Waldeyer, arrives at the conclusion that cancer arises also from the epithelium. There are, according to this writer, three varieties of cancer—cutaneous cancer, superficial and deep, cancer of the mucous membrane, and glandular cancer. In organs such as the mammary gland, liver, and testicle, the cancer arises from the glandular epithelium, he thinks.

According to Dr. Nepveu, there are no less than six theories as to the origin of cancer. Robin speaks of its free formation in a blastema; Cohnheim asserts that it is formed at the expense of the white blood-globules; Pagentecker, that it is formed by the movable cells of the connective tissue; Virchow, from the fixed elements of the tissues; Waldeyer, from the epithelium already existing; and Langhaus has a mixed theory.

After giving some examples of epithelioma and encephaloid of the testicle, which are beautifully illustrated by carefully drawn plates, Mr. Nepveu adds that the abla-

(a) "Contribution à l'Etude des Tumeurs du Testicule." 2me edition. Par le Dr. G. Nepveu, Chef de Laboratoire de la Pitié. Paris: Delahaye. 1875. Pp. 100, with two plates.

tion of such tumours gives sometimes excellent results. Thus, M. Verneuil cites in his clinical lectures two cases seen in private practice, which he sees from time to time, castration in one of these cases dating eight years back.

Scirrhus of the testicle is rather rare; it is accepted by Curling, but doubted by Rindfleisch, although Cooper and Curling give cases of it. In chapter iii, M. Nepveu gives a clear case of this disease. In the observations there were found under the microscope enormous trabeculæ with hard and resistant connective tissue, extending from the corpus Highmorianum to the tunica vaginalis, and containing in their nets small foci, in which are contained cells of evident polymorphism and well marked.

The difficulties which surround the study of tubercle of the testis are rather numerous. Virchow only considers the grey granulations as tubercles; Rindfleisch has never seen it in the testicle. The grey granulation has been pointed out in the connective tissue, in the epithelium of serous membrane, in the pleura, in the endothelium of the lymphatics, in the epithelium of glands, in that of the follicles of the thyroid gland, and in the sheath of the small vessels. Virchow asserts that proliferation of the connective tissue is the origin of tubercle; Cohnheim asserts that it originates from the white blood-corpuscles or lymphatic elements; Rindfleisch, from the epithelium. Of late years the theory of the origin of tubercle by a kind of lymphatic neoplasm has been received with much favour.

Is nothing tubercle except the grey granulation? Is the fibrous nodosity with cheesy centre tubercle? We find the latter in the brain and testicle. Billroth remarks that tubercles vary essentially with the organs where they arise; those of the epipiloon have a great tendency to become indurated and surrounded by a capsule, whilst those of the lungs early soften; in the kidneys they are localised or disseminated.

Miliary tubercles are rare in the testicle, but Dr. Nepveu has met with them sometimes. Rindfleisch did not find them, and remarks that tuberculosis occupies in the testicle the region where a rich network of lymphatic vessels has been demonstrated to exist, and that the origin of the neoplasm was from the lymphatic endothelium. It therefore seems probable to him that in the testicle, if tuberculosis, in place of presenting itself in the form of granulation, rather puts on the diffuse form, this is due to the fact that the minute phenomena take place within the lymphatics, and are only distinguished from ordinary miliary formation by their more diffuse aspect.

In observation xii. M. Nepveu found in the testis a mass of little atrophic fibromata with cheesy degeneration in the centre, coinciding with a manifest tuberculosis of the kidney. He therefore asserts that side by side with the grey granulation we must place the fibrous tubercles; each of these lesions may exist and form, united in groups, great tubercular masses. There exists also in the testis a disseminated tuberculosis, as in the kidney.

In chapter vi. our author gives us a case of gummy tumour of the testis. He remarks truly that it is rare that we are enabled to study the syphilitic lesions of the testicle, special conditions being required—as when an eminent syphilographer like M. Verneuil makes a mistake and extirpates a syphilitic tumour. Such an error is difficult to avoid, especially when the general characters of the tumours are far from being those of the gummy tumours of the testicle, and when we have in vain tried the touchstone *par excellence* of syphilis, the iodide of potassium.

In observation xvi. the author gives the case of gummy tumour in a man aged 37, who had no clear history of syphilis. The patient was examined with the greatest care by M. Verneuil, who came to the conclusion that the tumour was a sarcocele, without specifying the nature. The tumour had none of the characteristics of syphilitic sarcocele; and, besides, the patient had taken without effect the iodide of potassium for several months. The tumour was gradually enlarging. When the operation was concluded, M. Verneuil incised the mass, and immediately recognised all the characteristics of the venereal testicle—dense, elastic tissues, almost cirrhotic, with yellowish masses diffused and non-united in distinct foci, but circumscribed. The microscopic examination of the tumour, which was of elastic consistence, without foci or softening, but of a yellowish hue, which was peculiar and characteristic, taught nothing further.

The tissue of the tumour was in great part formed of granular and fatty masses, in which it was possible to recognise some fibroid tissue, and some atrophied cellular elements. Around these lesions there were seen embryo cells in great quantity, either in long file along the vessels, or disseminated. Beyond this zone several masses of star-shaped cells were seen, surrounded by connective tissues of variable aspect. No seminiferous tubuli were anywhere visible, and the operation had thus removed an entirely fictitious testicle.

The epididymis and lower part of the cord had disappeared in the mass of the tumour, which was very little vascular. The case was, then, an interstitial orchitis of syphilitic origin in its cheesy state. The diagnosis was at last confirmed. In a few weeks there appeared on the left tibia a syphilitic exostosis. With regard to this point, M. Verneuil observed in his clinical lecture that traumatic lesions give a shake to the whole economy, and reawaken long-forgotten diatheses. Thus, he has often seen, after an operation, a latent syphilitic diathesis suddenly become revealed by exostosis, or lesions of the same order. One of his most distinguished pupils, Dr. Petit, has taken this subject for his thesis, entitled "Traumatic Lesions and their Relation to Syphilis." This is a most interesting and excellent thesis.

Summing up, says M. Nepveu, the characteristic aspect of the testicle on a fresh incision of the organ, the presence of ulterior syphilitic accidents, and the existence of an interstitial orchitis, in the cheesy condition, these are the reasons which compel us to say that this was syphilitic sarcocele. Nevertheless, we may remark that the microscope is of but little aid in such a case as this. There is not in interstitial orchitis of syphilitic character, when arrived at the cheesy stage, any tissue proper to syphilis, and which immediately proclaims its nature.

The cheesy conditions of the testicle are also observed in many circumstances: in pure fibroma, in tubercle, in simple interstitial orchitis, in the most of the tumours of the organ, such as sarcoma and cancer. When once the microscope has demonstrated the absence of special lesions, tubercular granulations, or characteristic signs of cancer or sarcoma, we find ourselves in presence of hyperplasiæ of simple nature, the nature of which can only be made clear by clinical experience, and rarely by the microscope.

M. Nepveu's work is the clearest and most able *résumé* of the subject of diseases of the testicle which has yet appeared, and will doubtless become a standard of reference.

Medical News.

Royal College of Physicians of London.—The following gentlemen were admitted Fellows of the College on Monday last, May 15th:—

Anthony, John, M.D., Birmingham.
Barry, John O'Brien Milner, M.D., Tunbridge Wells.
Bateman, Frederic, M.D., Norwich.
Brodie, George Bernard, M.D., 56 Curzon Street, W.
Brunton, Thomas Lauder, M.D., 23 Somerset Street, W.
Cavafy, John, M.D., 2 Upper Berkeley Street, W.
Hollis, William Ainslie, M.D., Brighton.
Paine, William Henry, M.D., Stroud.
Woodman, W. Bathurst, M.D., 6 Christopher St., E.C.
Yeo, Isaac Burney, M.D., 44 Hertford Street, W.

Vital Statistics.—From the Registrar-General's return we learn that during last week 6,176 births and 8,589 deaths were registered in London, and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the

average rate of 23 deaths annually in every 1000 persons living. The annual death-rate was 25 per 1000 in Edinburgh, 21 in London, 29 in Glasgow, and 26 in Dublin. The annual rates of mortality during the same period in the other large towns were—Norwich 18, Hull 22, Leicester 21, Portsmouth 16, Newcastle-upon-Tyne 21, Birmingham 21, Brighton 16, Leeds 24, Wolverhampton 31, Bradford 29, Sheffield 26, Plymouth 19, Bristol 22, Oldham 29, Manchester 31, Salford 29, Nottingham 22, Sunderland 21, and Liverpool 26. The annual death-rate from the seven principal zymotic diseases averaged 3·4 per 1000 in these towns, and ranged from 0·6 and 0·7 in Norwich and Plymouih, to 6·3 and 6·8 in Portsmouth and Salford. The high zymotic death-rate in Portsmouth was principally due to fever, and that in Salford to small-pox. Fourteen more deaths were referred to small-pox in Manchester and Salford, where 171 fatal cases have been recorded since 1st January last, exclusive of those occurring in the Monsall Hospital, situated without the city of Manchester. In London, the 1,416 deaths included 2 from small-pox, 53 from measles, 48 from scarlet fever, 5 from diphtheri, 75 from whooping-cough, 16 from different forms of fever, and 15 from diarrhœa; thus to the seven principal diseases of the zymotic class 214 deaths were referred, against 247 and 217 in the two preceding weeks. These 214 deaths were 26 below the corrected average number from the same diseases in the corresponding week of the last ten years, and were equal to an annual rate of 3:2 per 1000.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Mr. G. B.—We commend our correspondent, who forwards us a little work on "Spiritualism," to Messrs. Maskelyne and Cooke, at the Egyptian Hall in London, where he will find some very marvellous and astounding miracles performed by those clever magicians without the aid of spiritualism or supernatural agency. We can scarcely believe that even the most zealous upholder of the doctrine would not come away convinced against his will and wishes that what before he had faith in was nothing more than "humbug."

Dr. Evans, Reading.—Complaints have reached us from more than one quarter of the annoyance occasioned by a person styling himself Dr. Evans, of Reading, Berkshire, sending a pamphlet headed "A Pure Mind in a Pure Body," through the post to their houses. This individual, whom we have reason to believe has no legal right to dub himself "Dr.," dedicates his pamphlet to "Dr. George Washington Evans, LL.D., F.S.A., M.R.C.S.England," his son, who, strange to relate, resides within smell of the parental food, and whom we trust is a worthy son of a worthy scion. This said pamphlet informs those whom it may concern that Dr. Evans has taken a London house for the convenience of his patients, where he can be consulted on certain days, winding up with an appeal to those who receive the book "to send it to their friends"—not a bad idea of "killing two birds with one stone." We commend the subject to the authorities of the Royal College of Surgeons, and also to the Medical Defence Association. We know for a fact that this *soi-disant* Dr. Evans, of Reading, has been carrying on this same sort of practice for the last twelve or fifteen years.

Mr. J. Needham will bring forward a case of "Cirrhosis of Child's Liver" on Friday next, at the meeting of the Medical Microscopical Society, at 8 p.m.

Legislation for the Intemperate.—We are asked to announce that a mass meeting will be held in Hyde Park on Whit Monday, for the purpose of strengthening the hands of Sir Wilfred Lawson in his endeavour to carry the "Intoxicating Liquors Bill" through Parliament. The moral and material aid of the medical profession will be acceptable.

Messrs. Bircham and Co., Solicitors to the Southwark and Vauxhall Water Company, have sent us another letter on the subject of "The Richmond Water Supply." As, however, it contains nothing which has not been already said, and we have devoted considerable space to the discussion, we are unable to find space for further correspondence.

Tooth-drawing at the Antipodes.—Perhaps some of our friends in the dental profession will thank us for the following clipping from the *Melbourne Medical Record*, as illustrating the ease with which teeth may be drawn with the aid of forceps:—"A Melbourne doctor, who is very fond of giving calomel, asked a patient, who had been taking it in pretty large doses for several days, if his teeth were affected. 'I don't know,' hissed the poor slobbering patient, 'but I have brought all I had in this paper for you to see.'"

Expected Operation, London Hospital, Wednesday, May 17th.—*Osteotomy.*—Mr. Maunder will perform Subcutaneous Section of the Femur below the Trochanter on Wednesday, the 17th May.

The Jacksonian Prize for 1877.—The subject for competition will be "The Disease of the Lymphatics."

A Curious Mistake.—In the *Lincolnshire Chronicle* of Saturday last occurs the following:—"Mr. J. B. Jacobson, son of Dr. Jacobson, of Sleaford, last week passed the preliminary examination at the *Agricultural Hall*, London, as required by the Medical Council of candidates for the medical profession." Readers of this paragraph need not be timorous that our governing body have added the science of producing turnips to the already stiff curriculum, nor need they wander to Islington, as Mr. Jacobson appears to have done, the Apothecaries' Hall is the only Hall whose whereabouts they need trouble themselves to find for their preliminary.

Communications, Enclosures, &c., have been received from—Dr. Carpenter, Croydon. Dr. Delawarre, Paris. Dr. Dalton, New York. Dr. Ogilvie Will, Aberdeen. Dr. Julius Althaus, London. Dr. Handsel Griffiths, Dublin. Mr. Porter, Dublin. Dr. Davis, Newport. Dr. Middleton, Westmeath. Dr. Drysdale, London. Dr. Dickinson, London. Dr. Abrath, Sunderland. Mr. Bremridge, Pharmaceutical Society. Dr. Ashenden, Hastings. The Registrar-General. Mr. Haden, London. Mr. Bircham, London. Dr. Despailles, Contrexville. Mr. Fleming, Chatham. Mr. Brown, Islington. Mr. Browne, Newport. Mr. Crawford, Edinburgh. Dr. Parke, Aghalee. Dr. O'Neill, Dublin. Dr. Whittaker, Broadway. Dr. Thompson, Bray. Dr. Scully, Clonmel. Dr. Symes, Skerries. Dr. Welsh, Ballyshannon. Dr. Barry, Limerick. Dr. Browne, Dungannon. Dr. Morton, Castleblaney. Dr. Whilta, Monaghan. Dr. Stoney, Abbeyleix. Messrs. Graham and Co., Dublin. Dr. Thornley, Newry. Dr. E. Rawson, Carlow. Dr. Langley, London. Dr. Booth, Chesterfield. The President of the Medical Society of London. Dr. Charlton Bastian, London. Dr. Bayes, London, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED

The Medical History of Our West African Campaigns. By Albert A. Gore, Surgeon-Major, M.D., &c. London: Baillière, Tindall, and Cox.

Ziemssen's Cyclopædia of the Practice of Medicine. Vol. IV. London: Sampson Low and Co.

Medicinal Plants. Part VIII.

Handbook of the Theory and Practice of Medicine. By F. T. Roberts, M.D. London: H. K. Lewis.

Meteorology in India in Relation to Cholera. By Colonel Puckle, M.S.C.

The Army Medical Department for 1874. Vol. XVI.

Some Falacies in the Death-rate of Dublin. By Dr. Cameron.

Fourteenth Annual Report of Food Examined in Dublin. By Dr. Cameron.

El Antifeatro Anatomico Espanol. The Practitioner. The Obstetrical Journal. The Veterinary Journal. Le Progres Medical. La France Medicale. The Clinic. The Sanitarian. Le Paris Medical. Pacific Medical Journal, &c., &c.

VACANCIES.

Royal Infirmary, Liverpool.—Medical Superintendent of the Lunatic Asylum. Salary, £2 0, with £50 for wife, as matron, with board and residence. Applications to E. Gibbon, Esq., at the Infirmary.

Keighley Union.—Medical Officer of Health for Sanitary Inspection. Salary, £50 per annum. Applications, endorsed "Medical Officer of Health," to be sent to the Town Clerk's Office, Keighley.

Cancer Hospital, Brompton.—Surgeon. Also an Assistant-Surgeon to out patients. Honorarium. 100 guineas and 50 guineas respectively. (See Advt.)

Ashton-under-Lyne Infirmary.—House-Surgeon. Salary, £80, with board. Testimonials to Mr. Hugh Mason, Ashton-under-Lyne.

Westminster Hospital Medical School.—Demonstrator of Anatomy. Salary, £75. Address the Dean.

Ipswich Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board, &c. Address the Medical Superintendent.

Bournemouth General Dispensary.—House-Surgeon. Salary, £120. Testimonials to R. T. Hearn, Esq., at the Dispensary.

Brighton Lying-in Institution. House-Surgeon. Salary, £120. Applications to the Chairman of the Committee.

Knighton Union.—Medical Officer for the Leanbister District. Salary £100, with fees extra. Testimonials, &c., to the Clerk to the Guardians.

Newport Union, Achill Dispensary District.—Medical Officer. Salary, £100, with £10 extra as Sanitary Officer. (See Advt.)

APPOINTMENTS.

Bigger, S. F., M.R.C.S.E., M.B., Assistant Resident House-Surgeon to the Liverpool South Dispensary.

Boreham, W. T., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Winfrith District of the Wareham Union, and Medical Officer of Health.

Brown, T. Ll., M.R.C.S.E., L.S.A.L., House-Surgeon to the Warneford, Leamington, and South Warwickshire Hospital.

Browne, T. J., A.B., M.B. (Univ. Dub.), L.R.C.S.Ed., L.M., Medical Officer, Public Vaccinator, and Registrar of Births, Deaths, and Marriages to the Dungannon Dispensary District, Dungannon Union.

Burgess, R., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer, &c., for the Coagh Dispensary District of the Cookstown Union, co. Tyrone, Sanitary Officer for the Coagh Sub-district of the Cookstown Rural Sanitary District, and Medical Attendant to the Royal Irish Constabulary, Coagh.

Clibborn, W., B.A., M.B., Assistant Resident House-Surgeon to the Liverpool North Dispensary.

Cogan, L. F., M.R.C.S., L.R.C.P.Ed., a Medical Officer of Health for the Borough of Northampton.

Cundell, G. R., M.R.C.S.E., Medical Officer for the Kew District of the Richmond Union, Surrey.

Iliffe, W., M.R.C.S.E., L.S.A.L., Medical Officer of Health for the Derby Urban Sanitary District.

McEwen, W., M.D., a Surgeon to the Royal Infirmary, Glasgow.

Madden, A.D., L.R.C.S.I., L.A.H.D., Medical Officer for the District comprising the Parishes of Harlow, Sheering, Matching, and Magdalen-Laver in the Epping Union.

Marriages.

EARDLEY-WILMOT—WHITBY.—On the 3rd inst., at the parish church, Ottery St. Mary, Devonshire, Robert Eardley-Wilmot, M.B., of Petworth, Sussex, to Frances Gwynne, eldest daughter of C. W. Whitby, M.B., of Ottery St. Mary.

MARSH—BEAVAN.—On the 3rd inst., at the parish church of St. Chad, Shrewsbury, Walter Alfred Marsh, M.R.C.S. Eng., of 2 Dante Road, Newington Butts, S.E., to Alice Matilda, fourth daughter of Mr. John Beaman, of Garmstone, Salop.

Deaths.

ARTHUR.—On the 2nd May, at Commercial Road East, John Arthur, L.R.C.P.Ed. & F.R.C.S.E., in his 71st year.

DIGBY.—On the 30th April, at Hunter Street, Brunswick Square, W.C., Edward Digby, M.R.C.S.E., aged 68.

GREEN.—On the 26th April, at Highgate, Kendal, Thomas Green, M.B., M.R.C.S.E., L.S.A., and L.M., in his 55th year.

INMAN.—On the 3rd May, at Clifton, Thomas Inman, M.D., late of Liverpool, aged 56.

MASON.—On the 27th April, at Sunnyside, Ayr, Dr. James Mason, formerly of St. Anne's, Montreal, aged 81.

PATTERSON.—On the 26th April, at Foulmire, Cambridgeshire, Mervyn Patterson, L.S.A.L., aged 74.

RUSSELL.—On the 5th May, at Greenfield, Rathfarnham, Dublin, the residence of her father, Henry Croly, M.D., F.R.C.S.I., after a long and painful illness, Isabel, the beloved wife of J. Russell, 2 Park Road, West Brompton, London.

RUST.—On the 28th April, Henry Rust, M.R.C.S., of Weathersfield, Essex, aged 59.

ST. MARY'S HOSPITAL MEDICAL SCHOOL, Paddington, W.—October, 1876.—Scholarships in Natural Science, Classics, and Mathematics, ranging in value from £120 to £20.—For further particulars apply to the Dean.

A. B. SHEPHERD, M.B., Dean of the School.

GENERAL NURSING INSTITUTE for TRAINED HOSPITAL NURSES.
5 Henrietta Street, Covent Garden, W.C.
A. EBSWORTH, F.R.C.S., Director.

MEDICAL PROFESSION.—WANTED, a Catholic Qualified Medical Practitioner, a good Accoucheur, to carry on an established house in Thurles, the Proprietor being over-worked in another neighbourhood. Will pay a fair salary. Testimonials required. Address M. J. C., 28 Ely Place, Dublin.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 9, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develop the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £40 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c. can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

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Surgeons and Chemists supplied with an excellent Aperient Pill (the formula for which will be forwarded), covered with a thin non-metallic film, rendering each pill perfectly tasteless, at 1s. a gross. Postage free. They present an elegant pearl-like appearance, and may be kept in the mouth several minutes without taste, yet readily dissolving, even in cold water, in an hour. Any formula dispensed and covered, and samples, with a list of pills, from 500 different forms which are kept in stock, will be forwarded free on application.

Twenty years' success, as proved by unsolicited testimonials from Medical men in almost every town and village in the kingdom, has produced imitation likely to bring an useful invention into disrepute.

ARTHUR H. COX and CO., Tasteless Pill Manufacturers, Brighton.

ROYAL MEDICAL BENEVOLENT COLLEGE.—Notice is hereby given that the Annual General Meeting of the Governors of the College will be held at the Office of the College, 37 Soho Square, on Thursday, 25th May, at 3 o'clock precisely. Ten Members of the Council will go out of office on that day, in accordance with the provisions of the Act of Incorporation, and it will be proposed to the Meeting that nine of these gentlemen, viz., H. J. Burford Hancock, Esq., Dr. John Hogg, C. F. J. Lord, Esq., N. Montefiore, Esq., Dr. Julius Pollock, B. W. Powys, Esq., J. Lumsden Propert, Esq., Dr. Stamford Felce, and Erasmus Wilson, Esq., be re-elected for a further period of three years, and that John Birkett, Esq., be elected to fill the vacant seat.

The Meeting will also elect a Treasurer in the place of Henry Hancock, Esq., who resigns.

By order of the Council,
ROBERT FREEMAN, Secretary.
37 Soho Square, London, May, 9th, 1876.

India Office, 3rd May, 1876.

INDIAN MEDICAL SERVICE.—Notice is hereby Given, that an Examination of Candidates for thirteen appointments as Surgeon in Her Majesty's Indian Medical Service will be held in London in August, 1876.

Copies of the Regulations for the Examination, together with information regarding Pay and Retiring Allowances of Indian Medical Officers, may be obtained on application at the Military Department, India Office, London, S.W.

A further notice will be issued when the exact date of examination has been fixed.

T. T. PEARS, Major-General,
Military Secretary.

IRISH CIVIL SERVICE PERMANENT BUILDING SOCIETY.

OFFICES—52, LOWER SACKVILLE STREET, DUBLIN.
PRESIDENT—ALEX. PARKER, Esq., J.P.
(Firm of Ferrier, Pollock, and Co.)
VICE-PRESIDENTS:
C. G. Burke, Esq., Master Court of Common Pleas.
T. F. Brady, Esq., Commissioner of Fisheries

NOTICE.

The present rate of interest allowed on Deposit Receipts is 3½ per cent. per annum.

Depositors have the following guarantees, viz.:—

The entire funds must, under the Act of Parliament, be invested on mortgage of freehold or leasehold property.

The total amount receivable on deposit is limited by the Act to two-thirds of the balance due to the Society on its mortgages.

The Paid-up Capital exceeds £135,000.

Remittances may be made by cheque or bank order, payable to the undersigned.

Prospectuses and every information will be forwarded, post free, on application to

ALFRED H. MERCER, Secretary.

NEWPORT UNION.—ACHILL DISPENSARY DISTRICT.—MEDICAL OFFICER WANTED.—The Committee of Management of the Achill Dispensary District will, on Tuesday, the 23rd day of May, 1876, proceed to Elect a properly qualified Medical Gentleman to discharge the duties of Medical Officer in the Achill portion of said District at a Salary of £100 a year, and £10 a year as Sanitary Officer, as also Registration and Vaccination Fees.

There are four Coast Guard Stations in the District, and one Police Barrack, as also private practice.

Applications accompanied by Diplomas and Testimonials, to be forwarded to the Honorary Secretary, Patrick Sweeney, Esq., Currane, Mulranny, Newport, or to the Vice Chairman, J. Potts Brice, Esq., Achill Sound, Newport, Co. Mayo.

By Order, D. BROWNE,
Board Room, Newport, Clerk of Union.
5th May, 1876.

THE DUBLIN DENTAL DISPENSARY,
MIDDLE ABBEY STREET.

Consulting Physician—THOMAS. P. MASON, Esq., M.B., London, F.R.C.S.I., Physician to Mercer's Hospital.

Consulting Surgeon—EDWARD LEDWICH, Esq., F.R.C.S.I., Surgeon to Mercer's Hospital.

Surgeon Dentist—H. CLIFFORD ESKELL, Esq., L.D.S., R.C.S.E.

Anæsthetist—F. ALCOCK NIXON, Esq., L.R.C.S.I.

Secretary—MR. JAMES GERAGHTY.

&c., &c.

This is the first institution of its kind established in Dublin especially devoted to the gratuitous relief of poor persons suffering from diseases of the teeth. It is conducted on perfectly unsectarian principles, where all absolutely poor persons, independent of their creed, will be entitled to, and can obtain qualified dental advice and assistance gratis.

The Dublin Dental Dispensary is intended to be supported by voluntary subscriptions and donations, the success of the movement being entirely dependent on the liberality of the Public.

It is unnecessary here to dilate on the numerous advantages to be derived from the opening of this Institution, which will rank amongst the most deserving of the Dublin charities. Prospectuses, giving full particulars, can be obtained gratis and post free from the Secretary.

The dispensary is open to the public from 9 to 10 o'clock daily (Sundays excepted).

On every Wednesday morning. Anæsthetics will be administered, when medical men are specially invited to be present.

Donations or Annual Subscriptions (however small) will be appreciated, and gratefully acknowledged by any of the officers of the Institution, or by the Secretary (Mr. James Geraghty), to whom Post-Office Orders may be made payable, and cheques may be crossed to Messrs. Ball and Co., Bankers to the Dublin Dental Dispensary.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 24, 1876.

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THE NATURAL HISTORY OF PULMONARY CONSUMPTION. (a)

By A. B. SHEPHERD, M.A., M.B., F.R.C.P.,

Physician to the Victoria Park Hospital for Diseases of the Chest; Assistant Physician to St. Mary's Hospital; &c.

CHAPTER I

MR. PRESIDENT, FELLOWS, and GENTLEMEN,—There are moments, I suppose, in every young man's life when an idea—to himself seemingly a fresh one—stamps itself upon his mind as true, and therefore to be worked out to its full meaning. Such a time occurred to myself, when, one afternoon, I accompanied into one of his wards at Guy's Hospital the late Dr. Barlow, sometimes Goulstonian Lecturer and Censor of this College. I had been working clinically and microscopically at cases of so-called—more commonly, perhaps, in that day than this—"tubercular phthisis". I remember asking him, with the audacity of a student, not always to be reprehended, what was the difference between this "tubercular phthisis" and fatal cases of acute pneumonia, except in the much slower march of the former, and the absence to a very large extent, in it of the pungent heat of skin always present in the latter. I told him that in both I had found what seemed to me very often to be the same microscopical appearances. His answer—the answer of one who had been a fellow-worker with Addison—was that he recognised their great similarity. The thermometer was then unknown; and neither of us had in our minds cases of acute miliary tuberculosis, but cases only of acute primary lung-affection on the one side, and, on the other, cases of chronic primary lung-disease. It needed but little later reading to learn the existence of a discussion—at that time even by no means new, by no means even yet satisfied—the discussion as to the *rôle* of inflammation in phthisis. In the course of events, I became connected with a hospital where, more than before, I was brought face to face with a disease which already had for me great interest; and also with one which gave me large opportunities to observe and watch to its end the occurrence of general tuberculosis in children; side by side have I worked at these cases of "tubercle" in the child, of what I believe to be the same so-called tubercle in the adult, and those much more common cases of so-called "tubercular infiltration" in the latter; and these, Sir, are the sole grounds of excuse for bringing this well-worn subject ouce more before the College.

Since that day of my first wakening to its importance, attention has been paid tenfold to a subject the literature of which in England had slumbered almost since the time of Morton, till the works of the brilliant writers of France stirred the pens of Carswell and Addison; in France itself had interwined round their central point of work the names of Bayle, Portal, Laennec, Louis, Broussais, and Andral; and in Germany had passed on from these, through the hands of Rokitansky and others, the steady flame of increasing light. And every one of the last ten years has added more and more to that literature, in every tongue, till the united voices of all medicine, to use the words of the Latin poet, (a) "tractim susurrant" of "phthisis" and "tubercle." And yet, withal, it has seemed to me for some time that this question of the minute anatomy of pulmonary consumption—this ever-recurring disputation as to the origin and signification of tubercle and its degenerations, which has been, and still is, looked upon in many quarters not only as the most frequent, but the sole, cause of that pulmonary consumption—has overshadewed almost entirely the clinical history and the clinical symptoms. Tubercle has been worshipped, and the patient has been forgotten. And however much it may have seemed so to my mind before,

(a) Goulstonian Lectures.

(a) Virgil., *Georg.* iv. 260.

the discussion on "tubercle" at one of our learned societies not long ago, would, I think, have opened the eyes of most of us to the utter vagueness and confusion in which the subject is encouraged to lie; to the absence of definition and precision in the use of simple words; to the professedly larger knowledge which has not advanced so very much beyond that of the great Frenchmen I have already mentioned—aye, and of Morton himself.

The word "tubercle" has come to be so loose in its usance, both clinically and pathologically, that the most ordinary thinker is bewildered by the variety of its meaning. To quote a late instance—not that it is by any means an uncommon one—Volkmann (*a*) in a paper written last year on the relation of lupus and tuberculosis, looks upon the former as a "granulation-tumour," and so far to be classed with the latter. From the clinical point of view, he thinks it is not very exceptional to find lupus combined with cheesiness of the lymph-glands, &c., in its neighbourhood; and he is of opinion that "tuberculosis of the lungs"—I leave the term, as he does, undefined, though I have a very strong theory as to what he does mean—is no infrequent occurrence in the members of families afflicted with lupus. It is yet, as Rokitansky put it years ago: "The question of old—What is tubercle?—must at this day be changed into, What is this particular tubercle?" (*b*) To some of us who are teachers the matter is brought yet closer; the student, perplexed by the uncertain use of the selfsame word, cries in vain for some definition of "tubercle" and "tubercular"; begs in vain to see this "tubercle," amid the contrariety of opinion, in its supposed development and degenerations; and in time departs from us with only that glib vagueness for which we, his teachers, are most to blame. Yet, once more, the friends of patients affected with early signs of pulmonary consumption, ask us, "Is it tubercle?" and, with a readier judgment than some of us may have intended, place at once the seal of fatality on a disease which is not by any means absolutely hopeless.

My desire in these lectures would be to make an attempt—however feeble—to bridge over the chasm which at present seems to exist between the pure microscopist and the clinical worker; to weld together, if that were possible, and as is much to be desired, the knowledge of the histologist and that of the bedside worker—the real τέλος, as I take it, of the true physician. And in any attempt of this kind—ambitious and difficult as the task be—it is surely of the highest importance to follow out, as far as possible, the dictum of Morgagni, quoted by Andral, as the motto of his incomparable work: "Nulla est alia pro certo nocendi via, nisi quam plurimas et morborum et dissectionum historias, tùm aliorum, tùm proprias, collectas habere, et inter se comparare." (*c*) After this fashion, however imperfectly, I intend to lay before the College the results, not of much original work on my part, but of the comparison of other men's experience and observations, weighed with such justice as my own small knowledge of bedside work and after-death dissections enables me to have. And as I shall try to be precise in my use of language throughout these lectures, I shall not shrink from defining the exact meaning which attaches itself to certain terms in my own mind. Morton in the very first chapter of his *Phthisiologia* (*d*) has accurately laid down what he intended by the name, the English rendering of which, rather than any Latin equivalent, I have purposely placed in the title of these lectures. "*Phthisis Pulmonaris* est consumptio partium universalis a morbido affectu seu infarctione, tumore, inflammatione et exulceratione Pulmonum primum orta, indeque tussi, dyspnœâ, aliisque ejusmodi symptomatis thoracis ab ipso initio stipata, et cum febre primum lentâ, et hecticâ, dien inflammatoriâ, et tandem putridâ intermittente conjuncta (*op. cit.*, p. 3)." On those words, "primum orta," "ab ipso initio stipata," hang more of the natural history of this disease than may be at first suspected. That definition I accept with but small reservation. Had its terms, thus accurately laid down, been followed by later writers, we could never have had the confusion which even still exists in some minds between cases of undoubted phthisis and cases of as undoubted miliary tuberculosis. I shall show presently, from the histories and examinations given by various writers of a more distant as well as of the present day, that the two clauses of Morton's definition on which I have laid stress cannot in any way fairly be applied to cases which are classed by these authors under pulmonary phthisis.

And thus I am led up to a statement—which it is necessary to make to clear my way—of what I believe pulmonary phthisis never to be. And the points to which I shall address myself to-day are these: Firstly, that the primary "tubercle" to which pulmonary consumption was considered to be due was, according to older writers, and is still, according to some writers of the present day, an interstitial growth: Secondly, that this interstitial, extra-alveolar, growth is not the commencement of ordinary consumption. In my other lectures, I shall hope to show that, with certain exceptions to which I shall draw attention, these particular interstitial growths play but a slight, and that a secondary, part in phthisis; and I shall hold, with authorities equal at least in reputation, if not in number, to those who support the contrary, that the pulmonary consumption of this country consists primarily in intra-alveolar changes.

It is impossible not to be struck, in reading works published since the time of Laennec, with the manner in which men's minds, prejudiced already by what seemed an easy, and certainly a very enticing, explanation of the origin of pulmonary consumption, argued, not from fact to fact, but from theories as to facts to further theory. The φυμάτα ἄπεπτα of Hippocrates and Galen had been recognised as the pathological results of phthisis since the early dawn of medical observation; and the general theory of their development and course in the lungs, down to the very moment almost of Laennec's statement, may, I think, be summed up in the words of one whom I have already quoted, and shall frequently quote again. The writer of the *Phthisiologia* lays down (*op. cit.*, p. 73): "Gradus hujus morbi sunt quæ sequuntur, sc. 1°. Infarctio Pulmonum a sero sanguinis inibi copiosè secreto. 2do. Tumor renitens, præsertim vero in partibus Pulmonum glandulosis, ab eodem sero partes istas nimis distendente, et difficilem exitum habente. Qui tumor videtur mihi esse Tuberculum crudum a Galeno memoratum: Quæ tubercula sive crudos, et glandulosos tumores, sæpe in Phthisicorum cadaveribus deprehendi, cum ceteræ pulmonum partes Apostematibus et exulcerationibus essent obsitæ." In his address to his reader, he had already said: "Quin et tubercula per pulmonum parenchyma hic inde dispersa, quæ serius, vel citius inflammata, atque exulcerata funestam phthisim tandem inducunt, nihil aliud sunt quam glandulosæ tunicæ vesicularum pulmonarium quædam intumescentiæ a sero copiose nimis inibi secreto, ibidemque coagulato efformatæ" (*op. cit.*, third page of preface). Here, at any rate in word, though not in fact, was already a foreshadowing of the lymphoid and perivascular theories of Broussais and of to-day; there can, however, I think, be no doubt that these "tubercula cruda" were the old φυμάτα ἄπεπτα—the latter crude, yellow, infiltrated tubercles of Laennec. And probably to Laennec's theory as to the genetic connection between these infiltrations and the grey miliary nodules, which he described as "nascent tubercle," is due the largest part of the uncertainty of thought, and therefore of language, of to-day.

It is, I think, worth while to consider what Laennec's position really was—a position which very largely explains, as I take it, his strong opposition to the views of Brous-

(*a*) "Lupus und Tuberculose." *Berliner Klinische Wochenschrift*, 1875, No. 30.

(*b*) *Path. Anat. Syd. Soc. Translation*, vol. i. p. 294.

(*c*) *De Sedibus et Causis Morb.*, lib. iv. Proem.

(*d*) *Phthisiologia seu Exercitationes de Phthisi* Tribus Libris comprehensæ. Authore Ricardo Morton, Med. D. —Londini: MDCLXXXIX.

sais in reference to inflammation. To Laennec, the "peculiar form of accidental product"—to quote his own words (*a*)—to which modern anatomists have especially applied the name of tubercle, which aforetime was given indiscriminately to every kind of abnormal tumour or protuberance," was essentially extra-alveolar, extra-bronchial. M.Thaon (*b*) credits Laennec with what he considers to be a praiseworthy silence as to the original seat of "tubercle." But his idea of its seat is to be gathered, not, so far as I can remember, from any direct statement, but from the general description which his work conrains. For instance, Laennec distinctly lays down what he conceives to be the difference between excavations in the lung due to ulcers, and those due to tubercles. He asserts (*op. cit.*, i. 20) that a cavity due to ulceration spreads by corroding the tissue in which it is formed; while tubercular cavities, the result of the spontaneous destruction of an accidental product which has discarded and pushed aside, and not destroyed the pulmonary tissue, have no tendency to grow at the expense of the latter. The original words are strong: "Qui a écarté et refoulé, et non détruit le tissu pulmonaire." (*c*) He proceeds to show how the tubercles, at first miliary, develope into crude tubercles; how, "about this period, the lung-tissue, which had been untouched up to that moment, becomes dense, greyish, and semi-transparent, from an infiltration of tubercular matter in its substance; till, on its complete softening, this tubercular matter makes its way out into one of the bronchi"(p. 21-23). Again, he holds (p. 25), that the bronchi are scarcely ever to be distinguished in the tubercular masses, though the direction in which they open into cavities, however small, shows that they must originally have traversed the tubercular matter; not, like the vessels, pushed aside by it, but enveloped by it, and destroyed by compression. These views had been, also, the views of Bayle, in his comparison of tubercular with ulcerous phthisis: he held that, in the former, the lung-tissue was simply compressed, not destroyed by the tubercles. In addition to these tubercles, and a form of infiltrated tubercles (cf. esp. *op. cit.*, ii. 13), Laennec had noted tuberculous masses, not round like ordinary crude tubercles, but irregular and angular, paler, duller, and less distinctly marked off from the lung-tissue (p. 30) than the ordinary ones; these masses he calls tuberculer infiltration, and allows that he has found them by themselves in lungs affected with pneumonia. So far this third kind was evidently due to lobular pneumonias—a fact borne out even by the pathology of our day.

But Laennec, misled even with his eyes open—for he confesses his surprise (*op., cit.*, 2nd edition, 1826, tome i. 538) (*d*) at finding only crude yellow tubercles in cases which he states had presented, during life, all the signs of phthisis—misled, further, by the apparition, side by side in some cases, of certain pathological results which he himself (*op. cit.*, 2nd ed., i. 553) had distinguished, only less accurately than some of us to-day are able to distinguish them, as extra-alveolar and intra-alveolar; and misled, also, as I believe, by confounding the "miliary granulations" of Bayle with the former, the extra-alveolar product, came to that conclusion, which, after him, took fast hold upon the minds of men; and, seeing in the yellow infiltration only the degeneration of the primary nodule, laid the foundation for that mass of generalities which the words "tubercle" and "tubercular" call up. This argument of causation, founded on coincidence of place, led at once to the result of imperfect observation. Bayle (*e*) had noticed, in what he called his "tubercular miliary granulations," a small opaque point in the centre, black or white. Laennec (*op. cit.*, 2nd ed., i. p. 538), in remarking on this in a footnote, claims it at once as evidently the sign of their commencing softening. Andral, (*a*) commenting on Laennec, holds that this central point is the lumen of a bronchus; and here, at last, we come upon an experimental proof which, thirty years afterwards, Virchow, in his *Krankhaften Geschwülste*, following in the wake of Carswell, who had pictured it in 1838, and Addison, who had drawn it even more accurately in 1845, is late to recognise.

Well, indeed, may Dr. Wilson Fox (*b*) say, referring to two distinct views as to this so-called "tubercle," "if tubercle be only the grey granulation, its demonstrable part in the destruction of the lung-tissue is small; if tubercle be a diffused growth passing into or causing caseous change, its part in the production of phthisis is large." And this very alternative impressed me at the time I mentioned my difficulty to my teacher, Dr. Barlow, with the importance of distinguishing between extra-alveolar and intra-alveolar products—a distinction like that made by Buhl into "superficial" and "parenchymatous." For some time I have held and taught that there is no developmental connection between these grey miliary extra-alveolar nodules and the intra-alveolar and intra-bronchial changes which are the commonest results found in the pulmonary phthisis of this country, in the sense that the former are a first stage of the latter—that the two changes are dependent the one on the other I do not deny; to that point I shall return presently; I have held and taught that these grey miliary extra-alveolar nodules never undergo the cheesy change; that the most ordinary form of consumption in this country, as Addison years ago pointed out, consists in slow degenerative changes, which commence in the epithelial lining of the bronchi and alveoli. I should not, perhaps have been so bold in stating these views, which, though already accepted, at least in part, by some, will naturally meet with opposition, had it not been for the publication of the second part of Professor Klein's book on the "Lymphatic System," which to some extent supports me in holding them. As the results of his work must carry more authority than my humble efforts in the same direction, I make no apology for quoting from his book the points in which we both agree. I must refer for the moment to his statement of the results found by himself in the lungs of guinea-pigs in cases of artificial tuberculosis, in elucidating the pathology of which affection writers in this country have borne a very large part. Dr. Klein says (*op. cit.*, p. 53): "The granulations of a lung, which is so far advanced in the process of artificial tuberculosis that the bronchial glands have undergone already necrotic changes, may be distinguished into three kinds: (A) nodules of a more or less well defined outline, being in connection with the wall of a bronchiole; (B) cord-like structures; and (C) nodular structures of a conical or irregular shape." He shows further on that the cord-like structures are due to perivascular cords in connection with the minor branches of the pulmonary artery, or of the pulmonary vein, most probably of the former (pp. 55, &c.); and that the third form of granulations, the nodular structures, owe their origin, as Dr. Burdon Sanderson had already stated, to catarrhal pneumonia. And he asserts (*op. cit.*, p. 53) that "all these three kinds of granulations are of the peculiarly semi-transparent aspect; only the third kind undergoes a cheesy transformation, marked as an opacity in the centre." The argument drawn from these statements in confirmation of my own work was the more strengthened when I came to read a little later on (*op. cit.*, p. 60) that not only are there "cases of artificial tuberculosis in guinea-pigs . . . whose lungs contained miliary granulations, due *only and exclusively* to perivascular cords of adenoid tissue;" but that the professor had "seen a case of 'natural' tuberculosis in a guinea-pig, where the spleen and the liver, and likewise the lungs, but not to such an extent as the former organs, were penetrated by numerous very minute miliary granulations. The mesenteric glands were distinctly, the liver, spleen, and bronchial glands (*c*) only slightly, en-

(*a*) *Auscultation Médiate*, Paris, 1819, tome i, p. 10.
(*b*) *Recherches sur l'Anatomie de la Tuberculose*, Paris, 1873, p. 6.
(*c*) See *ib.*, p. 30, line 10 from top.
(*d*) This copy was presented by the author to the College of Physicians.
(*e*) *Recherches sur la Phthisie Pulmonaire*, Paris, 1810.

(*a*) *Clinique Médicale*, Paris, 1840, tome, iv. p. 3).
(*b*) Pathological Society's Transactions, vol. xxiv., p. 296.
(*c*) Professor Klein allows me to make this correction of a merely clerical error in the original.—A. B. S.

larged. In the lung the "miliary granulations were found to be due *entirely* to the presence of perivascular adenoid cords;" that is to say—and I am no longer quoting Professor Klein—to the presence of structures of which probably Rokitansky (*op. cit.*, i. 326) spoke with his usual correctness: "This tubercle is subject to no metamorphosis." So far as *post-mortem* facts go to show it, Rokitansky's sentence apparenrly applies to other products, which, as it seems to me, are quite as secondary as these lymphatic, perivascular productions, but seem, if I may be allowed the term, to have had no time to undergo this change. I had hoped at one time to prove, at any rate to my own satisfaction, as others (Deichler, Colberg, Rindfleisch) had professed to demonstrate, that the miliary nodules found in acute tuberculosis, whether in children or adults, were due to perivascular nodules, or at least to proliferation of the capillary nuclei; the unique guinea-pig of Dr. Klein was the type I had hunted for. What I had found, at any rate in the acute tuberculosis of children, was certainly perivascular growth, accompanied generally by slight catarrhal, vesicular products and lobular collapse. And I had noticed, as any man may notice, that especially at the two ends of life—in the general tuberculosis of childhood, and the bronchitic and emphysematous phthisis of advancing age—there were to be found, not only the true perivascular nodules, not always easy to be defined, but products, often themselves alone—products to all naked-eye appearance resembling the "tubercle" of authors—the "grey granulations" of Bayle, which Andral (*op. cit.*, vol. iv., p. 10) recognises, and rightly, as the results of "vesicular pneumonia," and Buhl describes as "lobular foci of desquamative pneumonia." Thus far the results found by myself in these cases differ but slightly from the facts stated by Dr. Klein.

ON THE RIGHT OF THE STATE TO OBTAIN EARLY INFORMATION OF THE APPEARANCE OF EPIDEMIC OR INFECTIOUS DISEASE IN A GIVEN DISTRICT—OUGHT THE MEDICAL ATTENDANT TO BE THE INFORMER?

By Alfred Carpenter, M.D. Lond., M.B., &c.

Probably, in the case of a wilful and atrocious murder, or in the case of wilful injury inflicted upon some unoffending and helpless person, the medical man would decline to be the confidant of the wrong-doer. Even then if the information came to him in the practice of his profession, it would not be *contra bonos mores* to be passive in the matter, just as a barrister who, whilst defending the same man before the court, and who had become aware of his client's guilt, would not be called upon to publish it and thus ruin his client's chance of escape. There would, however, be this difference in the case in point—the medical man would not be allowed to plead privilege in the witness-box, whilst the barrister's plea would be immediately accorded. The medical attendant upon a case of scarlatina should be in a similar position to the medical man in the former case—not called upon to disclose the fact unless he is actually interrogated by some one who has a right to demand the information. We could scarcely put the medical officer of health in the place of the judge and give him a judicial authority over his fellow-practitioners. But still, in the event of such information being demanded in a given case and false information afforded, it would, if my conclusions are adopted, be only right that the private practitioner should be subject to a penalty for so doing.

I think it, however, imprudent to place restrictions upon the confidence which should exist between doctor and patient. The Legislature has very properly declined to place the duty of giving information to the registrar of births and deaths as to the actual fact of a birth or a death upon the medical attendant. A medical man is bound to afford informaiton as to the cause of death in a given case, because he alone is able to certify upon that point, but the fact of the death itself has to be communicated to the registrar by some other person. To make it incumbent upon the medical man alone to give the information was felt at the time the Act was passed as likely to lead to evils worse than those for the correction of which the Registration Act was passed, and as it became necessary to place the duty somewhere, it was not necessary to include in the enactment two classes of persons whilst one class was sufficient. It would not conduce to perfect knowledge to enact a law which should compel medical men to give information to medical officers of health. Another class of persons would have to be included in the Act, and as that other class would be cognisant of every case known to the medical attendant, it is not necessary for perfect knowledge to make both contribute the information.

It is certainly important that medical officers of health should have the earliest possible information as to the appearance of infectious disease in their district, and that early measures should in all cases be taken by the local sanitary authority for its localization and for preventing its spread, and for its eventual destruction.

This information is at present not forthcoming. The domestic and the social habits of the people are in opposition to the promulgation of the required information. The privacy of the family circle is at present so sacred that the medical officer of health has no correct and certain means of getting at the truth. Yet, just as in the case of a birth or a death, there is always some one besides the medical attendant who becomes cognisant of the fact almost as soon as, and often long before, the medical man, and who stands in the position of parent or guardian, or who is responsible to the patient himself for the correct governance of the household during the illness of the head of the establisnment; there is always some one responsible for the sick person's safe keeping, and that person should be obliged to afford the requisite information to the medical officer of health. It is recognised on all hands that the registrar of births and deaths is entitled to demand the information as to a birth or a death from a particular class of persons, and there can be no reasonable objections made to the same class of persons being obliged to give information to the medical officer of health as to the occasion of a case of infectious disease in their establishment as soon as it comes to their knowledge.

Indeed, the law is already in force as to disease of a similar character among cattle. The owner is obliged to give immediate notice to the inspector of his district in the event of infectious disease appearing on a particular farm, and the inspector at once visits the place and gives his instructions. It is no argument against the law that as far as cattle diseases are concerned it is useless towards prevention, because the laws which regulate the spread of infectious diseases among cattle are all but totally disregarded by the farmer, notwithstanding the instructions given by the inspector. But the fact of the law remains, and there is no reason whatever why the rule, which has been made absolute in the case of cattle, should not have a similar effect as regards human beings.

Any medical man holding a public appointment of any kind would assuredly find it to his interest to give the requisite information to the medical officer of health of cases which he met with in the performance of his duty, and no sacred tie would in such cases be interfered with and no possible injury could arise; but these cases are not the most dangerous. Neither the privacy of the family circle nor the privileges of a profession ought to be a bar to the enactment of benificial laws, if there was no other way of reaching the evil; the enactment making it compulsory upon the parent or guardian or the occupier of the premises in question to give the requisite information would meet the case and be sufficient for the purpose, whilst the fact that the medical attendant would be bound, if interrogated by a proper authority, to answer correctly, would prevent the chance of frequent attempts being made to keep medical officers of health in the dark

as to the actual presence of particular diseases in given spots, and be ample for the purpose.

A question is sometimes most broadly put as to why a medical man, being a public servant, should not be bound to give the required information? It is said that the medical man is bound to attend upon the public when called upon, and that he ought, therefore, to be called upon to give information which may protect the public from the danger which infectious diseases produce to the community at large.

The argument, however, is not sound, for the medical man is not a public servant, and cannot be called upon to attend upon a given case unless he sees fit to do so. He is no more called upon by law to visit a sick person than a lawyer is called upon to defend a blackguard before a bench of magistrates, whether he will or no; or a baker to let a beggar have bread without paying for it; or a butcher to let a poor person have the best meat in his shop when he knows that the person in question cannot pay for it.

The public servant, such as is the union medical officer, or the surgeon to a dispensary or a public hospital, whilst performing his public duties, is in a different position, and might be called upon to give the requisite information without loss of dignity, and without betraying the privacy of the family circle, or breaking the tie which ought to exist between doctor and patient, but the public servants are not equal to the occasion.

There is a class of cases in which it is rightly insisted on that information must be afforded at once, viz., in the invasion of the country by a fresh outbreak of cholera or plague; in such case it must be the duty of the medical attendant to give such information at once to the medical officer of health, because in such cases the medical man is certain to be the first to get the knowledge of the fact itself. It could scarcely happen that any medical man or any family would decline to give the medical officer of health the required information under such circumstauces. This duty is rightly demanded at our outports. The small amount of possible private wrong cannot be allowed to stand in the way of a great public benefit.

The Local Government Board, in the General Order, November 11th, 1872, considered it desirable that the guardians should instruct their clerk to copy from the district medical officer's report-book the new cases which are reported at each meeting of the guardians, and forward the same promptly and regularly to the medical officer of health within the union.

"It is very important (says the Order) that this information should reach the medical officer of health without delay, and the Board trust that arrangements will be made for the regular transmission of the copies referred to as early as practicable after each meeting. The board also recommend that the guardians should request the Poor-law medical officer to give the medical officer of health or inspectors of nuisances acting within their respective districts the earliest possible information of *dangerous cases* of infectious disease under their charge."

These orders are comparatively useless for the purpose; they only recommend that clerks to boards of guardians should do that which it is notorious that clerks do not do. It only recommends that cases of dangerous disease should be reported to the medical officer of health, whilst it is absolutely necessary *that all cases* should be so reported, whether dangerous or otherwise. However, whilst the Local Government Board is not in earnest in affording early information for its own officers, it is scarcely to be expected that the general public, or even boards of guardians themselves, will act more energetically.

Whether Parliament will force on the Local Government officials more work than the heads of that department think to be required in the case remains to be seen; it is certain that clerks to local boards and boards of guardians will not do additional work without additional pay, and until the country is more bountiful, or, indeed, more just, towards its sanitary staff than is the state at present, I much doubt whether legislative enactment, even in the direction indicated, will bring satisfactory results.

The "love of his subject" enables the medical officer of health "par excellence" to triumph over many obstacles; he does so from real love of his work; but the majority of men only follow a particular profession as a means of livelihood, and it is not to be expected that they will continue to perform gratuitous work for the benefit of the public alone, and with the natural result to themselves of public odium and ill-merited abuse. Any legislative action, therefore, which provides extra work for Local Government officials must also provide for extra pay; if information of a special kind is also expected from private individuals of any profession those persons ought to be paid for it. Let it be made incumbent upon the parent or guardian or the head of an establishment to give immediate notice to the medical officer of health of the advent of infectious disease in a given house. The medical officer of health should also have power given him to apply to the private medical attendant in a given case for such information as he may really require after the knowledge of that case has reached him. In such case the medical attendant furnishing a report should be entitled to a fee for it, and it should be obligatory upon the reporter to make a true answer to his interrogator.

A regulation of this kind would provide for the the immediate discovery of all infectious diseases, and thus would place upon the medical officer of health the responsibility of advising measures for preventing its further extension, and for taking such measures as he may deem requisite for the safety of the commonwealth, whilst the ordinary medical attendant would restrict his duty to the case of his patient and his patient's friends alone, and save him from the evil consequences which would follow if he were obliged to be a common informer.

TWO NEW MEDICINES: SALICYLIC ACID AND NITRITE OF AMYL.

Translated from *l'Union Médicale*, by FRANCIS M. LUTHER, M.D., Cappoquin.

AN antiseptic and a calmative, two agents which may be destined to render great services in therapeutics, in which we have so often to battle with contagion, and to soothe morbid irritability.

Salicylic acid appears to be, in fact, an excellent type of an antiseptic agent. In its pure form it is a white powder, little soluble in water, soluble in alcohol and heated glycerine. It is the result of various distillations of phénol.

From Muller's comparison of this agent with carbolic acid, it appears that, contrary to the latter, its behaviour towards mucous membranes is so favourable, that it is perfectly tolerated by the stomach and digestive organs. Moreover, it has no odour, and its taste is insipid, rather sweetish.

It is easily absorbed, and two hours after its ingestion Kolbe has been able to demonstrate its presence in the urine by means of perchloride of iron, which colours it deep violet. It is then evidently eliminated by the kidneys, and probably mainly by them.

Now at every point of its passage through the economy this agent plays its antiseptic *rôle*. Neubauer has shown that it is an antiferment, in experimenting with it upon must, mould, &c., and he believes it is destined to be turned to account in the preservation of articles of food and drink. W. Knop has proved that it can even arrest nutrition in the roots of maize and germination in seeds. These facts induced its antiseptic efficacy to be tested as a dressing for wounds. Thiersch has applied it in this manner, and has frequently substituted it for carbolic acid in the dressings practised after Lister's method. Its effect as a disinfectant has always been most satisfactory, in all cases at least in which the state of the wound did not demand a stimulating topical application. Wagner

also remarks that salicylic acid is insufficient for the dressing of venereal ulcers, which require more powerful modifying agents, often even cauterising ones.

I do not know what to think of the use which Wagner has made of it in eczema of the face, but he has found it serviceable in this case too.

The antiseptic power of salicylic acid appears to be exerted in the *primæ viæ*, and even all along the gastro-intestinal tube. That is why Wagner has recommended it in all affections of this apparatus in which there is a tendency to abnormal or excessive fermentation. Stepsanides especially has recognised its efficacy in chronic diarrhœa in general, and dysentery in particular.

With still more reason should it be useful in septic affections of the mucous membranes of the upper portion of the tube; accordingly Wagner has experienced its efficacy as a topical remedy for diphtheria. Frontheim has administered it with apparent advantage as a prophylactic.

From its power of checking fermentation in the contents of the intestinal canal, its exhibition appears to be especially indicated in typhoid fever. Fürbringer, who tried it with this intention, experienced the beneficial effect of its antiseptic action. The modification that the febrile heat seemed to undergo under its influence made him think that it had also some antipyretic influence. Bult came after him, and he attributed to salicylic acid this latter effect. In our present state of knowledge upon this subject its antiseptic properties cannot be doubted. The experiments of Fürbringer have proved that these effects are produced not only in the *primæ viæ*, but even in the blood itself. Thus by injecting salicylic acid directly into the circulation of rabbits whom he had inoculated with pyæmia and putrid infection of the blood, he enabled them to resist the poison, and even get well, thanks to the intervention of this agent, as was proved by several comparative experiments in which salicylic acid was not given, and the infected animals succumbed.

But if it has been clearly demonstrated that the antiseptic action of this medicament extends even to the blood, it is likewise probable that the antipyretic effect or lowering of the febrile heat is rather a secondary than a primary action, and the direct consequence of the destruction of the pyrogenic germs.

This action as an antiferment extends farther. I have said that salicylic acid is eliminated by the urine; now its presence in this product of excretion suffices to arrest the ammoniacal fermentation of the urine (Furbringer), and it becomes on that account an excellent remedy for catarrh of the bladder. Crede gave it also with advantage in uterine catarrh; but in that case it is its topical effect that is wanting; and it is employed in irrigations and injections in puerperal and post-puerperal cases. It is more difficult to explain its efficacy in diabetes; and still Muller and Erbstein succeeded in attaining good results from its use. Must one suppose this due to its power of checkIng fermentation? (*a*)

Salicylic acid is given in doses varying from 2 to 4 grains up to 15 grains and more. Kolbe took, five days running, 20 grains without experiencing any inconvenience. It may be given in solution (it is but slightly soluble), or in powder, by itself or mixed with powdered starch. For dressings it is applied with wadding, like carbolic acid.

Nitrite of amyl, discevered by M. Balard in 1844, is a yellow-greenish, very volatile liquid, with a fruity perfume, obtained by the reaction of nitric acid upon amylic alcohol.

Among the questions that the physiological action of this body raises, that of ascertaining if it is a poison acting on the muscles (Brunton), or on the blood (Gamgee), is not the least important. Now, if the facts of paralysis proved by experiment incline one to see in it an agent that paralyses the muscles or the motor extremities of the nerves, it is also sure that it decomposes hæmaglobuline, as Hope Seyler has succeeded in showing by spectral analysis. One may suppose that such is its essential action, and that it is only secondarily a paralyso-motor.

The effects that it produces are: First, an acceleration of the pulsations of the heart, with dilatation of the capillaries, particularly of the head and neck. Secondly, greater frequency of respiration also. Thirdly, the temperature is lowered; as regards the nervous system there is a cerebral stupefaction. The eye sees a yellow spot according to Pick and Crichton Browne, it has an influence upon the centre of motion of the mouth, and this influence is betrayed by yawns or attempts at this sort of instinctive movement. Under this same influence the urine augments and becomes strongly diabetic.

Stillé, who has classified these data in his "Treatise on Therapeutics," relates that nitrite of amyl has been employed with success against spasmodic maladies. It has been given in angina pectoris (Anstie, Brunton), in spasmodic asthma, (T. Jones), and even in cardiac asthma (?), in tetanus, trismus, and also in syncope (Hunt) (?), and in melancholy (Hosterman).

More extended and more numerous experiments have been collated regarding its effects in epilepsy, and especially the *petit mal*. Bourneville, who has employed it with this aim at Salpétrière, in Charcot's wards, in imitation of Crichton Browne, Pick, and Stecketec, considered that its action was transient and its exhibitions difficult. Perhaps it may be more effective in the treatment of puerperal convulsions (Jenks), and in migraine. Mauzi has given it with success in facial neuralgia, and Fuckel in gastralgia. Lastly, it is a good antidote to strychnine.

Bourneville, alluding to the modes of exhibiting it, remarks that its administration by the stomach is a faulty method; Amez-broz has found the hypodermic injection uncertain. The simplest mode to employ the nitrite of amyl is by inhalation; five drops on a handkerchief is the dose for an adult (Stillé). It is evidently an agent requiring delicate handling. What is chiefly important is to watch the state of the heart during the administration of the drug. Stillé, however, appears to consider of less importance the dangers that it might bring upon the central organ of the circulation than its effect upon the peripheric circulation, should the capillaries be atheromatous or diseased.

In *résumé*, if the employment of salicylic acid as an antiseptic appears simple, easy, and efficacious, it is not by any means so with the nitrite of amyl, which, though doubtless efficacious as a stupefying agent, does not appear to be yet sufficiently withdrawn from the domain of experiment to be classed amongst practical remedies. New essays may soon enable us to draw more favourable conclusions.

(*a*) M. Bouchardat's last theory is worth quoting: "The gastric juice of diabetics, instead of containing only *gasterase*, which, aided by a weak acid, dissolves flesh and albuminous matters, secretes also *diastase*, dissolving amylaceous substances. Let us suppress or considerably diminish for a time the use of amylaceous food. The nature of the fermentible substance being changed, the ferment itself will become modified by degrees, and will insensibly resume the properties which characterise it in the physiological state, that of dissolving fibrinous and albuminous matters without acting on the amylaceous ones."—*Translator.*

Transactions of Societies.

MEDICAL SOCIETY OF THE IRISH COLLEGE OF PHYSICIANS.

The sixth meeting of the Session of this Society took plase on Wednesday, April 12th, 1876, Dr. Gordon, President of the College of Physicians, in the chair.

After the transaction of some formal business, the adjourned discussion on Dr. Hayden's paper on Biliary Colic took place

Dr. Hayden having given a brief *résumé* of the points touched upon in his paper, an abstract of which has already appeared in these columns,

Dr. Grimshaw said he had not very much to say with regard to Dr. Hayden's paper. The fact was that the paper was so full and extensive, the cases given were so well detailed,

and the theories and points treated of in the paper so ably dealt with, that there was scarcely any room left for discussion. He (Dr. Grimshaw) had an opportunity since he heard the paper read of seeing a case which was one of those that had often escaped notice on other occasions, and which had been, he was aware, diagnosed as gastralgia. He had seen the lady on two other occasions suffering from pain, which he now believed to have been owing to the condition which she laboured under when last he saw her. On the last occasion there was no doubt that she was suffering from biliary calculus —though he did not get the calculus ; but he could assure the meeting that Dr. Hayden's remarks on the subject threw a great deal of light on the case, and helped him (Dr. Grimshaw) in his diagnosis. He thought the Society should be indebted to Dr. Hayden for bringing forward a paper of the description that he had read—a paper in which a group of cases had been brought forward, when they had so often to form conclusions from one or two cases.

Dr. HENRY KENNEDY said that one of the exact symptoms of gall-stone might be and had been produced by hydatids and not biliary colic at all. In another case that he had to do with when he was doing duty at the South Dublin Union Workhouse, a robust girl 25 years of age was suddenly attacked with pain at the right side of the stomach. The pain was wonderfully localised. Suddenly vomiting set in, and he was conscious of a tumour developing itself exactly over the liver. The symptoms went on, and did not yield to treatment, and the girl died in 36 or 40 hours afterwards. He felt the tumour during life, and subsequently found that a very ragged biliary calculus had got so far through the duct that it led to peritonitis. The calculus was excessively rough. With regard to the diagnosis, he had never found it as simple as a good many supposed it to be. He had seen a considerable number of cases, but he could not say whether they were biliary calculi or not. They had most of the symptoms, but there was no evidence, as Dr. Hayden had said, of their having passed away. In many cases biliary calculi did not come away. It was merely when calculi got into the ducts and stretched them that great suffering was given rise to. The treatment might be divided into two parts, during the attack, and between the attacks. One of the famous men of the last century—Sir Walter Scott—was a terrible sufferer in the latter part of his life from the disease, and on account of the individual in whom it occurred, the case attracted considerable notice. He was seen by a number of surgeons, and they were all in doubt as to the exact nature of the disease. Well, in that case an army surgeon suggested the use of calomel. He (Dr. Kennedy) was not sure whether Dr. Hayden alluded to that medicine, for he believed it could be made of very great use indeed. He had found a single dose of it have quite a specific effect. He thought that by calomel or blue pill a great deal could be done. The treatment which had been used in the intermediate stage had been ether with turpentine, given with the view of dissolving the stone, and still later an attempt had been made with chloroform. An American physician had proved that chloroform given in such doses as the stomach would bear had proved very useful.

The PRESIDENT said he would take the opportunity of adding to the number of cases enumerated by Dr. Hayden as those for which biliary calculus might be mistaken, and would add cholera, from the fact that he had a perfect recollection of having some time ago been called to see a lady, and he was told she was suffering from a sudden attack of cholera, and he had no doubt after examining her that what she was suffering from was biliary calculus. He did not know whether Dr. Hayden in his paper made mention in any of his cases of the administration of chloroform. Dr. Kennedy had spoken of its administration internally, but not by inhalation. The case he (the President) had mentioned was characterised by marked intermissions, and the moment after an intermission there was intense pain. There was the collapse and a return of the agonising pain, and during the intervals of pain he administered chloroform, giving it pretty freely and at length with perfect success. He supposed that the effect produced was, while under the influence of chloroform, the spasm subsided and at length the calculus passed through. He administered it four different times at short intervals, and as he had before observed, it was eventually most successful. He adopted that method of treatment in consequence of a case that Sir Dominic Corrigan told him he had had a few nights before—that Sir Dominic had been called to see a gentleman suffering from intense biliary colic, agonising pain, vomiting, and then collapse. By the administration of chloroform, the case was completely relieved.

Dr. HAYDEN did not consider that any question had arisen in the course of the discussion to which it was necessary for him to reply, and he had no further observations to make.

Papers were then read by Dr. Grimshaw, "On an Outbreak of Small-pox," and by Dr. Churchill (for Dr. King Kerr, by permission of the Council), entitled, "Notes on some Epidemics in the district of Coagh, Co. Tyrone," upon which discussion took place.

The Society then adjourned.

DUBLIN OBSTETRICAL SOCIETY.

SURGEON-MAJOR JOHNSTON read an interesting paper upon a case of

INTESTINAL OBSTRUCTION,

in which he made an exploratory incision into the abdomen and opened the cæcum. The woman recovered, and after eight months regained the natural use of the bowels. The salient points of the case are that the woman was delivered of her second child in June last year. During the latter half of that pregnancy she suffered from most obstinate constipation, and never had the free use of her bowels after her confinement, even although she took strong purgative medicines. In August and the beginning of September she ate large quantities of damsons, and swallowed the stones and skins. These damson stones appear to have become imbedded in the clayey fæces accumulated in the colon, and to have caused complete obstruction. She was under Dr. Johnston's care for three weeks before the operation was performed, but enemata, opium, belladonna, galvanism, &c., failed to relieve the bowels. On the 13th of October the distension was very great and her sufferings severe. Drs. Banks and Kidd were asked in consultation, and as they also failed to pass the long tube any distance, the latter suggested that the lower bowel should be explored by hand. This was done under chloroform. Dr. Kidd passed his hand through the anus into the rectum and up through the sigmoid flexure into the descending colon. Having met with no obstacle he passed the long tube beyond his hand, and a large quantity of water was then injected towards the transverse colon. No feculent matter came away. No tumour or accumulation of solid fæces could be detected whilst she was under chloroform. When admitted into the Dublin Hospital for Soldiers' Wives, on the 25th September, she retched frequently, and suffered from constant pain and tenderness on the right of the umbilicus, and from intermittent pain a little on the left of it. The fixed pain soon subsided under treatment, and never returned, but the intermittent spasmodic pains became most intense towards the middle of October, and on the 17th were so agonising and incontrollable that her life was considered to be in imminent danger. It seemed impossible she could live many hours. All hope of a natural evacuation taking place was evidently gone, and it was considered a duty to give her the only chance of life.

There being still a doubt as to the seat of obstruction, it was decided to make an anterior exploratory incision. She was therefore placed under chloroform, and an incision, about six inches long, was made from the umbilicus to within an inch and a-half of the pubis. The small intestines protruded and were found to be free from obstruction ; the cæcum and ascending colon were however greatly distended with semi-fluid fæces, and as it now appeared that the obstruction was in the transverse colon, which could not be reached unless the incision was extended upwards, the cæcum was opened and stitched to the lower part of the opening in the abdominal wall. In doing this much difficulty was experienced in preventing the overflowing of the putrescent fæces with the peritoneum, but this danger was apparently obviated, and free vent was then given to the intestinal contents which poured out in great quantities for several days.

About the 12th day the sutures, which were of strong silk, were removed, and the union of the bowel to the abdominal wall was found to be satisfactory. She sat up for five hours on the 21st day after the operation, and her subsequent convalescence was almost uninterrupted. A few days after the operation several damson and raisin stones and skins and vegetable marrow seeds were seen in the discharged matters, and numbers of damson stones were subsequently washed out

of the colon by the enemata which were used in trying to restore the communication with the natural outlet.

Up to the 1st, her urine had to be drawn off very frequently, but on that day and afterwards she passed it naturally.

On the 29th of April of this year she discharged flatus per anum and on the 1st of May she had a hard stool. This was followed by a slight diarrhœa, and since that ceased she has had a natural motion every day. The sphincter ani has quite recovered its injury and contracts firmly. The artificial opening was prevented from contracting by means of a plug of gutta percha attached to a plate of the same material kept in position by a bandage. This was removed once or twice a day. Since the communication has been restored, the plug has been discontinued so as to allow the opening to contract. The woman is in robust health. Two excellent water colours of the case in different stages were submitted to the Society, and a temperature chart, the novel feature of which was, that most of the observations had been made in the cæcum through the artificial opening.

THE VIVISECTION BILL.

The bill "to prevent cruel experiments on animals," which was recently presented to the house of Lords by the Earl of Carnarvon, has been printed. The preamble declares the object of the bill to be to extend the law relating to cruelty to the cases of animals which for medical, physiological, or other scientific purposes are subjected, when alive, to experiments calculated to inflict pain, and the following are the principal clauses by which it is sought to effect that result:—

A person shall not perform on a living animal any experiment calculated to give pain except subject to the restrictions imposed by this act. A person performing or taking part in performing any experiment calculated to give pain, in contravention of this act, should be guilty of an offence against this Act, and shall, if it be the first offence, be liable to a penalty not exceeding £50, and if it be the second or any subsequent offence, be liable, at the discretion of the court by which he is tried, to a penalty not exceeding £100, or to imprisonment for a period not exceeding three months.

The following restrictions are imposed by this Act with respect to the performance on any living animal of an experiment calculated to give pain; that is to say—1. The experiment must be performed with a view only to the advancement by new discovery of knowledge which will be useful for saving or prolonging human life or alleviating human suffering; and 2. The experiment must be performed in a registered place; and 3. The experiment must be performed by a person holding such licence from one of her Majesty's Principal Secretaries of State, in this Act referred to as the Secretary of State, as in this Act mentioned; and 4. The animal must, during the whole of the experiment, be under the influence of some anæsthetic of sufficient power to prevent the animal feeling pain; and 5. The animal must, if the pain is likely to continue after the effect of the anæsthetic has ceased, or if any serious injury has been inflicted on the animal, be killed before it recovers from the influence of the anæsthetic which has been administered; and 6. The experiment shall not be performed as an illustration of lectures in medical schools, hospitals, colleges or elsewhere; and 7. The experiment shall not be performed for the purpose of attaining manual skill.

"Provided as follows, that is to say:—1. Experiments may be performed under the foregoing provisions as to the use of anæsthetics by a person giving illustrations of lectures in medical schools, hospitals, colleges, or elsewhere, on such certificate being given as in this Act mentioned, that the proposed experiments are absolutely necessary for the instruction of the persons to whom such lectures are given with a view to their acquiring knowledge which will be useful to them for saving or prolonging human life or alleviating human suffering; and 2. Experiments may be performed without anæsthetics on such certificate being given as in this Act mentioned that insensibility cannot be produced without necessarily frustrating the object of such experiments; and 3. Experiments may be performed without the person who performed such experiments being under an obligation to cause the animal on which any such experiment is performed to be killed before it recovers from the influence of the anæsthetic on such certificate being given as in this Act mentioned, that the so killing the animal would necessarily frustrate the object of the experiment, and provided that the animal be killed as soon as such object has been attained; and 4. Experiments may be performed not directly for the advancement by new discovery of knowledge which will be useful for saving or prolonging human life or alleviating human suffering, but for the purpose of testing a particular former discovery alleged to have been made for the advancement of such knowledge as last aforesaid on such certificate being given as is in this Act mentioned that such testing is absolutely necessary for the effectual advancement of such knowledge.

"The substance known as urari or curare shall not for the purposes of this Act be deemed an anæsthetic.

"Notwithstanding anything in this Act contained, an experiment calculated to give pain shall not be performed on a dog or cat.

"Any exhibition to the general public, whether admitted on payment of money or gratuitously, of experiments on living animals calculated to give pain shall be illegal. Any person performing or aiding in performing such experiments shall be deemed to be guilty of an offence against this Act, and shall, if it be the first offence, be liable to a penalty not exceeding £50, and if it be the second or any subsequent offence, be liable at the discretion of the court by which he is tried to a penalty not exceeding £100, or to imprisonment for a period not exceeding three months. And any person publishing any notice of any such intended exhibition by advertisement in a newspaper, placard, or otherwise, shall be liable to a penalty not exceeding £1. A person punished for an offence under this section shall not for the same offence be punishable under any other section of this Act."

By the subsequent clauses it is enacted that the licence is to be granted for such time as the Secretary of State may think fit, and may be revoked. Any licensed person is to make such reports as may be required, and all registered places are to be visited by inspectors. Rules are given as to the certificates of scientific bodies, and the judges are given power to grant a licence for an experiment when it may be necessary in a criminal case. With regard to the legal proceedings to be taken against offenders, it is provided that any justice may grant a search warrant, and the prosecution is to be in any court of summary jurisdiction. An accused person may elect to be tried on indictment before a jury, and in England, if summarily convicted, he may appeal to the quarter sessions.

Surgeon-General James Mouat, V.C., C.B., in accordance with a new Medical Circular which makes retirement compulsory on reaching a prescribed age, has relinquished the position of chief medical officer of the Southern Military District, in which office he has been succeeded by Deputy Surgeon-General H. Lionel Cowen. In causing the above information to be published in orders, Lieut.-General Sir Hastings Doyle, Commanding-in-Chief, remarks that he cannot allow Surgeon-General Mouat to leave the garison without his receiving from him an expression of his deep regret at losing his valuable services, and of his high sense of the zeal and energy invariably displayed by the doctor in the performance of his onerous duties.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 24, 1876.

THE STUDY OF FORENSIC MEDICINE.

When in our article upon the "Conjoint Board" we insisted on the necessity of candidates showing a fair knowledge of forensic medicine before obtaining their certificate to practise, we little thought that the truth of the principle we then inculcated would be so soon and so forcibly attested as it has been by the mysterious death which has recently occurred at Balham. When commenting on the new conjoint scheme we took occasion to regret that forensic medicine was not put down among the subjects on which the future candidate would be examined by the Board. The comparatively unimportant subject of medical botany was specified in connection with materia medica, but no mention was made of forensic medicine and toxicology. We were the more surprised considering the great practical importance of a knowledge of this department of medicine to gentlemen engaged in general practice, and considering "that the candidate has scarcely obtained his diploma before he may be called upon to recognise and to treat a case of poisoning," or to have his knowledge of forensic medicine put to the test in some other way. The sad and very lamentable occurrence at Balham shows how suddenly the general practitioner may be called upon to give a really practical demonstration of his skill and promptitude in handling a case of acute poisoning—what serious consequences might result from his failing to recognise the nature and gravity of such cases, and how possible it may be even for the ends of justice to be defeated through the ignorance or negligence of the medical attendant. We cannot, perhaps, in the exercise of our profession fall into a more serious error than that of mistaking a case of poisoning for one of natural disease, or a case of natural disease for one of poisoning. And yet, as we all know, there are cases which may puzzle well-educated and experienced members of the profession, much more those whose information in this department of medicine is very imperfect, or which has never even been tested. With respect to this case at Balham, which is by no means so obscure as some that have happened, a leading public journal went so far as to say that until one of the witnesses, an eminent physician, was called in, there was no suspicion that the unfortunate gentleman had taken poison, and that had he not been in the position to pay for the best advice in London, his death would have been ascribed to dysentery or to some form of cholera, and no inquest would have been held. We are glad to see that this hasty and intemperate statement has been contradicted, and we quite believe Dr. Harrison when he says that both he and Dr. Moore "were convinced that the deceased was suffering from the effects of some irritant poison some time before he was seen by any other medical men." But still it must be admitted that what has been erroneously asserted in respect of this case has really happened over and over again, and would happen more frequently were it not that forensic medicine has been long recognised as a separate branch of study at all our medical schools, and were it not that the majority of general practitioners have the certificate of a licensing body which has never neglected that important branch of practical medicine.

Although tartar emetic is one of those poisons the effects of which may be, and often have been, mistaken for those of disease, we are not surprised that in this particular instance the suspicions of the medical attendants were very soon aroused. All the more reliable symptoms of poisoning were present. The symptoms came on suddenly without any warning, and were very alarming in their severity. They came on soon after a meal in a man who was previously in the best of health, and who had not been exposed to any of the ordinary causes of disease. Moreover, the irritating and depressing nature of the poison was shown by the great failure of the heart's action, the vomiting and purging, the severe pains and cramps in the stomach and bowels, the distressing tenesmus, and the admixture of blood with the vomited matters and the fæces. At the same time there was much to make a medical man hesitate before pronouncing such a case to be unmistakably one of acute poisoning, and some of the symptoms just mentioned might at the outset have been attributed by a careless observer to an attack of English cholera, or to enteritis, or even to dysentery. Many years ago Dr. Taylor remarked that "many acquittals on criminal charges have taken place from the great difficulty which exists in distinguishing English cholera from arsenical poisoning, and that if in any case medical evidence rested upon symptoms alone, it would be scarcely possible in some instances to draw such a clear distinction between the symptoms of this disease and those of poisoning as the law would deem absolutely necessary for conviction." Now what has been said in respect of arsenic is far more true in respect of antimony, a poison whose effects upon the system are far more likely to be attributed in almost any case to those of natural disease than arsenical poisoning would be, and which, for that very reason, has been more frequently used for criminal purposes than for the sake of self-destruction. It is not only quite possible, but very probable, that had Mr. Bravo been attended by only one medical man, and had that medical man had no suspicion of the real nature of the case, the death of the deceased gentleman might have been set down to natural causes, and might have even

escaped the scrutiny of a coroner's inquest. It is, however, this very element of uncertainty in the diagnosis of some cases of poisoning that makes it all the more imperative for those who are responsible for the qualifications of the general practioner to see that his credentials to practise are such as to reduce to a minimum the chance of his committing in such cases any grave mistake, and perhaps of his becoming unconsciously an abettor in the screening of a criminal from the punishment he deserves. But this security cannot be ensured if the study of forensic medicine as a special department of medical education be neglected, and if examining boards fail to demand from their candidates a fair knowledge of that important branch of practical medicine.

This affair at Balham is all the more shocking from the peculiarity of the circumstances attending it, and the mystery in which it appears to be involved. But out of such evils some good often arises, if only they show that no part of a general practitioner's education can be neglected any defect in which would be in the least wise prejudicial to the interests of society.

"HODDING."

Our readers will recollect that some months ago a pharmaceutical *furore* was excited in England by the publication of a Report by Mr. Allen, the Public Analyst for Sheffield, of the result of his examination of a number of bottles of medicine dispensed according to a given prescription in various pharmacies in his town, which investigation divulged the fact that hardly one of the dispensers had taken the trouble to weigh the ingredients, and several of them had grossly defrauded the customer and the prescriber by omitting or curtailing some of the constituents of the prescription. This report of Mr. Allen excited—as might have been anticipated—a tempest of protestation on the part of the pharmaceutists and their journalistic representatives, who affirmed that their trade ought not to be judged by the acts of a couple of dozen dispensers in a low locality of a manufacturing town, and they called for vengeance on the analyst who had identified them with such practices.

Within the last fortnight, however, Mr. William Thomson, of the Manchester Royal Institution, has published the result of nearly 200 analyses of prescriptions, compounded, not in any one town, or in any one locality, but throughout all parts of England and in eighty-one separate establishments, and he has placed it beyond doubt that, as a rule, great irregularity and carelessness exists amongst English pharmacists, amounting in some instances to dishonest subtraction of important ingredients, greatly to the prejudice of the medicine prescribed, and no doubt to the disappointment of the physician who prescribed it. The prescriptions were a mixture of potassium iodide and spirit of chloroform and a lotion of sulphate of zinc.

Mr. Thomson says:—"In looking over the above table it will be seen that only two druggists out of the eighty-one have given the exact weight of potassium iodide; thirty-four have given *more* than the prescribed amount, and forty-five *less*; but it may be of further interest to notice that when the whole of the quantities of potassium iodide given by the eighty-one different druggists are added together the total quantity comes to 220½ grains less than it would have been if each druggist had dispensed the exact quantity. Again, in the lotion, only one druggist out of the eighty-one gave the exact weight of zinc sulphate; forty-three have given *more* than the prescribed amount, and thirty-seven *less*; and when the whole of the quantities of the zinc sulphate given by the eighty-one different druggists are added together it comes to only 12½ grains *more* than it would have been if each druggist had dispensed the exact quantity."

In other prescriptions, containing quinine, nitrate of silver, and other expensive drugs, the errors were shown to be much larger, and always on the side of a subtraction of the costly ingredient, the 60 grains of silver nitrate or quinine being represented in some instances by 42 and 44 grains, while in the case of the potassium iodide solution the 120 grains prescribed were reduced by some of the pharmaceutists to 44 or 60 grains. In several instances other ingredients were omitted altogether, the result of which was the deposition of a sediment or the insolubility of the quinine. Finally, it appears that, as to price there is an extraordinary diversity of practice; for the potassium iodide and the zinc sulphate prescriptions the prices varied between 9d. and 2s. 9d. Of the eighty-one prescriptions, sixteen cost not more than 1s. 6d., while sixteen others cost 2s. 6d. or more.

This inquiry is of much interest to the medical profession in England, and we give publicity to it because we observe that an effort has been made by the Pharmaceutical Society to withhold Mr. Thomson's facts from the public knowledge. The paper in which they were embodied was forwarded to the Committee of the Society, accepted by them—we suppose without careful perusal—and afterwards rejected on the day on which it was to have been read before the members. Consequently Mr. Thomson was obliged to read it before the Manchester Philosophical Society, where one of the debaters appealed to Mr. Thomson "not to publish it in the papers."

The investigation, which seems to us to have been carried out with an accuracy which leaves no room for doubt as to the facts, proves that while a certain small number of pharmaceutists, even in the best localities, are not only negligent, but dishonest in their dispensing of prescriptions, the great majority are guilty of no greater offence than that of "hodding," or guessing quantities which should be carefully measured or weighed. It also proves that medicines dispensed in such a way are liable to serious errors in quantity, even when as much care is exercised as is usual in the hasty compounding of a large pharmacy. Furthermore, it is plain that medical men have good occasion for suspicion when they find that a medicine containing a quantity of expensive drugs does not produce a satisfactory effect, and will do well to be vigilant in the interest of the patient and of their own good name. Lastly, it is pretty evident that a dispenser who gives 44 grains for 120 of potassium iodide, 8 grains for 40 of sulphate of zinc, or 42 for 60 of quinine, is a rogue, and when detected, should be prosecuted.

Altogether, Mr. Allen and Mr. Thomson have disenchanted the profession, and given them good reason for caution in pharmaceutical matters, and the Pharmaceutical

Society have added to these suspicions by endeavouring to "burke" the inquiry.

THE SURGEON-OCULIST TO THE QUEEN IN IRELAND.

THIS distinction, which has been the subject of competition between the leading ophthalmic surgeons of Ireland has been conferred on Mr. Charles Fitzgerald.

The selection is one which the MEDICAL PRESS AND CIRCULAR would fail in its duty if it recorded without comment as to its propriety. It is, or ought to be, the blue riband of ophthalmology in Ireland—was conferred on Sir William Wilde only when he had reached the summit of his professional success, and was held by him as, after the retirement of Dr. Arthur Jacob, not only the senior, but as admittedly the highest authority on eye surgery in Ireland. On his death the honour was sought by Dr. Archibald Jacob, an ophthalmic surgeon of sixteen years' standing, who is on the Council of the Royal College of Surgeons, and who has held the surgeoncies of public hospitals and other offices of honour in the profession; and by Mr. Wilson, the successor to Sir William Wilde in St. Mark's Hospital, the Professor of Ophthalmology in the Irish College of Surgeons, and Examiner in the University of Dublin, and whose standing in the profession is about equivalent to that of Dr. Jacob. Next in seniority to these gentlemen is Dr. Swanzy, who has been just ten years in the profession, and holds the ophthalmic surgeoncy of the Adelaide Hospital.

Mr. Fitzgerald, whom Her Majesty's adviser in such matters has selected, is three years Mr. Swanzy's junior, and is that gentleman's assistant in a small proprietary ophthalmic institution. He is also surgeon in charge of the ophthalmic speciality at the Richmond Hospital, without regular appointment, and with the charge of about four beds. His first entry into public ophthalmic practice was as Mr. Swanzy's assistant, five years ago, and his connection with the Richmond Hospital just three years. His announced contributions to ophthalmic literature consist of three papers in professional journals.

While we feel that justice to Mr. Fitzgerald's less successful competitors obliges us to state these facts, we emphatically repudiate the least desire to depreciate that gentleman's position. He is without doubt a young man of promise, who, by industrious application to his speciality for ten or fifteen years, might very probably merit Her Majesty's decoration; and no doubt the fact that his father is a judge and his uncle a bishop must have impressed Her Majesty's adviser with confidence in the future of a gentleman who possesses hereditary qualities of such value. The little that he has written or done gives evidence of culture and skill only requiring experience for its development.

We have reason to believe that he has been fully conscious that his professional standing gave him little claim to such a distinction, and he has not in any way forced his pretensions upon those authorised to make the selection for Her Majesty, his name having been put forward by friends whose action we consider to have been most injudicious. Sympathising with Mr. Fitzgerald's feeling in the matter, we the more regret that his pretensions should be exposed to public criticism, which cannot but prove adverse, but we touch the subject for the purpose of protesting with all vehemence against the present system of selection for the medical distinctions conferred by Her Majesty in Ireland.

Had the opinion either of the profession or of the public in Ireland, or even of any considerable section of them, been taken as to the surgeon entitled by attainments, position, or seniority to Her Majesty's consideration, we do not hesitate to say that Mr. Fitzgerald's name would not have occurred to any one's mind. If either Her Majesty's medical or her political advisers in Ireland had been allowed to give their verdict, we believe ourselves entitled to state that the same would have been the result. We hold that etiquette and expediency should both influence the Queen's adviser to consult the Queen's surgeons and physicians in Ireland on such a subject, and we are bound to say that the omission to do so has connected Her Majesty with a grievous mistake, which the profession in Ireland will interpret to be nothing less than an indefensible job. If surgical honours in Ireland are in future to be distributed at the suggestion of a London official who himself has only the most imperfect sources of information—if those who are acknowledged to be first in their speciality and in social position are to be set aside for youthful claimants whose qualities have yet to be manifested, these distinctions will cease to be an honour, and will be shunned by those whose position ought to entitle them to a mark of Her Majesty's approval.

THE GOVERNMENT VIVISECTION BILL.

WE give in another column an abstract of the Bill which Lord Carnarvon has introduced into the House of Lords entitled "An Act to Prevent Cruel Experiments on Animals." It appears that experiments "calculated to give pain" will henceforth have to be performed only in registered places by persons holding a licence from the Secretary of State, and "under the influence of some anæsthetic of sufficient power to prevent the animal from feeling pain," and if serious injury has been inflicted on the animal it must be killed before the effect of the anæsthetic subsides. This latter is a doubtful provision, and, of course, must add to the number of animals slaughtered during the year. The exception to the prohibition, however, is "demonstrational experiments absolutely necessary" for the instruction of students, and made with a view to their acquiring knowledge which will be useful to them for the purpose "of saving or prolonging human life or alleviating human suffering," and then even the anæsthetic state must be secured. The next provision is one calculated to give annoyance and trouble, for it is provided that whenever the object of an experiment intended for purposes of research cannot be attained without giving pain to the animal, a special certificate to that effect is to be required from a properly constituted scientific authority, who, we suppose, is to be the judge of the pain suffered by the animal. A good deal of official trouble will be involved if the clause remains which requires an accurate report to be made to the Secretary of

State of all experiments made, and if not given in a proper form, the licence may be revoked; and with singular perversity, the use of curari as an anæsthetic is to be prohibited, and dogs and cats are to be exempted from all experiments. Teachers of physiology must look closely to the provisions of the Bill, otherwise we fear they may find its requirements a long way beyond "the bounds dictated by humanity."

Notes on Current Topics.

Uncertified Deaths.

Attention is drawn by the Registrar-General to the fact that during the three weeks ending the 6th inst. the causes of no less than 13 per cent. of the deaths registered in Peckham were uncertified either by registered medical practitioner or by coroner. This unsatisfactory condition of the death register is, he says, mainly due to the employment of unqualified assistants by medical practitioners in that neighbourhood. It is pointed out that when patients are exclusively attended by unqualified assistants, no legal certificate of the cause of death can be obtained unless an inquest be held.

If it be true that the great number of uncertified deaths is due to the employment of unqualified assistants, some discredit must fall upon the employers. There are a large number of medical men throughout the kingdom employing unqualified assistants, and though we would gladly see such assistance discontinued, we see no means of avoiding it at the present time. We believe it to be the rule however that an unqualified assistant does not attend any case through an illness, but acting with his employer, sees the patient alternately with the qualified practitioner, or more or less often according to the particular circumstances of each individual case. Every case therefore is or ought to be literally under the care of the medical practitioner, and not under the care of the unqualified assistant, in which case the certificate of death would be signed by the practitioner. If any surgeon leaves a case entirely in the charge of his unqualified assistant, we cannot but think that he is greatly to blame. He is responsible to all his patients for their proper treatment, and if so heavily worked that he cannot attend to all, it is at least his duty to provide attendance by one who is recognisably qualified. If unqualified assistants are to be allowed to have sole charge of cases, it will be as correct to sanction the formation of dispensaries under unqualified medical officers. It would be a satisfaction to hear from the registered practitioners residing in Peckham that some error has accidently crept into the report of the Registrar-General; but if, on the other hand, the statement is correct, that the excessive number of uncertified deaths is due to the cases having been under the medical attendance of unqualified assistants, we must call the attention of those practitioners to an error in their practice which it is their duty at once to rectify.

Self-Development of Ova.

Dr. Moquin-Tandon, of Paris, gives some remarkable observations made on the unimpregnated eggs of frogs, showing a limited power of self-development. The process was more rapid than in fecundated eggs which were allowed to develope at the same temperature. Only a small number of the ova presented this evidence of commencing development; the majority died without sign of segmentation. In all cases the phenomena soon ceased, the spherules produced soon separated, and the whole mass began to decompose. M. Moquin-Tandon points out that the observation establishes incontestably that the ova of vertebrata not impregnated by spermatozoa may pass through the earliest stage of development in certain conditions, the exact nature of which is at present unknown. These facts may be placed beside those of the same kind observed by Bischoff on the sow, by Hensen on the rabbit, by Agassiz and Burnett on fish, and especially with the remarkable fact observed by Oellacher that in fowls kept far from a cock unfecundated eggs undergo segmentation in the interior of the oviduct.

Vitality of Ova.

The degree of cold which a hen's egg can bear without losing its power of development has lately been investigated by M. Colasanti. Having first observed that salt water at ordinary temperature did not affect the development of eggs, he buried some eggs in a freezing mixture of ice and ordinary salt. Of any three or four treated thus one or other always breaks its shell; and the contents both of these and of the unbroken ones were found solidly frozen. After remaining one to two hours in the mixture (the temperature of which quickly went down to —7 deg. to —10 deg. for 30 to 40 minutes, rising again to —4 deg. or —5 deg. by the end of the second hour), the unbroken eggs were taken out, washed and dried, and placed in the hatching oven, having a temperature between 36 deg. and 40 deg.; and after ten days they were examined. In every case a normal embryo was found to be developed, without the least trace of anomaly. They were in all respects like the normal embryos of eggs that had been placed in the hatching oven without previous exposure to cold. M. Colasanti remarks that the fact is in harmony with a large number of other natural history facts, which altogether show that the germs of organisms possess a considerably greater power of resistance than the completed organisms themselves.

Rapid Death from Snake-bite.

The last number of our contemporary the *Melbourne Medical Record* contains an account of the death of a man from snake-bite in the shortest time, we believe, on record. The person referred to, named Wilson, had placed his foot on a snake about seven inches from its head, put his hand down to seize it, and was bitten on the finger. He then took hold of the tail and lifted the snake, striking its head repeatedly against the door. He showed his finger where the marks of the bite were visible, but refused to allow it to be interfered with. He went out, and returned in a few minutes and fell into the arms of a man present. A few convulsive struggles and life was extinct. The time from the bite to the death was from eight to ten minutes.

Infusoria in Fever Stools.

Dr. Felix Marchaud, of Berlin, reports in Virchow's *Archiv* the case of a young man, aged fifteen, suffering from enteric fever, in whose stools, in addition to bacteria, he observed infusoria in a state of great vital activity several times during the early stages of the disease. They were of a roundish triangular form, compressed laterally, the posterior angle was elongated into a long cilia-like tail, and some long cilia were placed round a depression near the front of the ventral surface. To these structures the rapid movements of the animal were doubtless owing. In the interior were seen some granules and one or two vacuoles. In addition to these forms were others which exhibited motions rather of an amœboid character, but which, however, possessed cilia and vacuoles which the author regards as the imperfectly-developed condition of the former. The disease ran a moderately severe course, and ended in recovery.

Kryolite.

Epsom salts is very largely manufactured in Philadelphia from the mineral called kryolite. One house has the monopoly of this substance, which is obtained from the coast of Greenland. The importations since June, 1874, are valued at over 80,000 dollars. Kryolite is a soft magnesian mineral.

Liberation of Heat on Blood Coagulation.

It is well known that the passage of a body from the liquid state to the solid is accompanied with liberation of heat; and it is not surprising that the same should occur in coagulation of the blood. M. Lepine has been making exact experiments on this. He has demonstrated that the temperature of the blood of a dog, about four minutes after it has been taken from the artery, presents an elevation of several tenths of a degree (generally more than one degree), for about four minutes, and then the blood cools progressively. At the first moment of fall of the mercurial column, one may assure oneself, by drawing the thermometer from the vessel, that the blood is completely coagulated. Considering the small quantity of fibrin contained in the blood, relatively to the whole mass of the liquid, M. Lepine is disposed to doubt whether the heat observed is due solely to the physical phenomenon of change of state of the fibrin; and in some cases the heat observed was very small, almost *nil*. He thinks the phenomenon rather one of a chemical order.

The Skin and Bodily Temperature.

The *Philadelphia Reporter* quotes the following conclusions given by Dr. Winternitz, on the importance of the cutaneous function with regard to the heat of the body. His paper is given in Stricher's *Jahrbücher:*—

1. The increase and diminution of loss of heat from the skin can be stated approximately in figures.

2. Experiments show that the giving off of heat may vary more than 60° downward, and more than 92° upward.

3. Such a variation in loss of heat can compensate variations in the production of heat three times the normal amount.

4. The discoverable variations in the loss of heat suffice to explain the constancy of temperature, so far as it exists under the usual cooling and warming influences.

5. The diminution in the loss of heat, consequently its retention, after previous loss, even if the production remain constant, is sufficient to replace in a short time the loss of temperature.

6. A diminution in the loss of heat alone can in many cases explain a febrile rise of temperature.

7. The possible increased loss of heat of more than 92° explains the frequently observed rapid disappearance of fever.

8. There is, consequently, no doubt that one of the most important factors in the regulation of temperature is to be found in the function of the skin.

Small Pox and Vaccination.

The Toronto *Sanitary Record* says that nearly one-eighth of all the deaths in Montreal in 1875 were from small-pox. The number was 784, and of these 653 were French Canadians. There is a ready explanation of this wanton slaughter. A crusade was got up against vaccination mainly by one or two French physicians, who availed themselves of the ignorance and prejudice of the French Canadian population to foment a fanatical opposition to the practice, which even broke forth on some occasions into mob violence. Posterity should build a monument to anti-vaccinationists, constructed like some monuments we read of in Africa, of the skulls of their victims.

The Plague in Mesopotamia.

A bulletin of the Sanitary Board issued last week shows a serious increase of the plague at Hillah and Bagdad, but happily no extension of the epidemic outside the circle now enclosed by a sanitary cordon. At Bagdad, from the 16th to the 22nd April, there were 336 fatal cases, or an average of 48 per day. At Hillah, 159 deaths were registered during the same period, or an average of 22 per day. Some isolated cases, too, are reported from Imam-Mousa and Nedjef, but these localities are within the sanitary cordon, outside of which, up to the 22nd inst., no instance of plague had occurred. According to private information we have received, the number of deaths at Nedjef was 11 from the 16th to the 21st of April, and at Imam-Mousa (a village within an hour's distance of Bagdad) 7 from the 15th to the 19th.

The Typhoid Epidemic at Croydon.

The report of Dr. Buchanan to the Local Government Board on the origin of an epidemic of typhoid fever which occurred at Croydon in 1875 has just been issued. He thinks this was caused by the escape of infected air from the sewers, and remarks that hardly anywhere in Croydon can there be found an arrangement for severing the sewer from the air of the house-drain. There was also reason to believe that polluted water played some part in the phenomena of the epidemic; but he thinks the water had much less to do with the fever than the sewer gas. He makes a variety of suggestions to prevent a recurrence of the fever.

Sir John Cordy Burrows.

At an influential meeting at Brighton it was resolved to erect some public memorial to the late Sir Cordy Burrows, who was to have presided at the meeting of the British Medical Association in Brighton this year. An influential committee, comprising the borough members and member for East Sussex, was appointed.

Sewage Experiments.

In response to an invitation issued by the Sanitary Carbon Company, a number of gentlemen interested in the purification of sewage effluents met recently at Mr. Campbell's Model Sewage Works, Wandsworth Road, to witness some experiments illustrative of the disinfecting and decolorising action of a peculiar form of carbon, first introduced to public notice at the Social Science Congress at Brighton last autumn. This material, to which has been given the name of "Sanitary Carbon," is the residual coke obtained in the manufacture of gas from blackstone, or bituminous shale, a substance found in large quantities in Dorsetshire. This residue differs from ordinary coke in having a large admixture of earthy matters and possessing decolorising, deodorising, and purifying properties similar to those of animal charcoal, and is scarcely, if at all, inferior in its action. The purposes to which it is proposed to apply it are the final clarification by filtration through it of sewage effluents after the great bulk of their impurities have been removed by some one of the many precipitation processes now in use, and also the decolorisation and clarification of the waste liquors or effluents from dye-works, &c. The experiments performed under the direction of Mr. C. W. Wollaston conclusively proved the efficacy of the new filtering medium for the purposes referred to, raw and precipitated sewage and water darkly coloured by various kinds of dies and colouring matters, both vegetable and mineral, being thoroughly and rapidly rendered clear and colourless by a single filtration.

Accidental Poisoning.

An inquest was held at Wormleighton, near Banbury, on Saturday, on the body of the Rev. Reginald Hibbert, D.D., rector of the parish. It appeared that the deceased complained of a headache, and had been in the habit of using chlorodyne, but some chloral having been put in a chlorodyne bottle, he had taken an overdose of chloral by mistake.

The circumstances are somewhat curious. It appears difficult to mistake chloral for chlorodyne, or to take an overdose of the one—the supposed correct dose of the other. A verdict to the above effect was returned.

The New Metal, Gallium.

M. Wurtz has presented to the Académie de Sciences three specimens of the new metal which was recently discovered by M. Lecoq de Boisdandron. The new metal is solid and malleable, and of a silvery bluish-white colour. Its density is between those of aluminium and indium. It can be produced in a crystalline form, which is obtained by the electrolysis of gallium chloride dissolved in ammonia or potash. Unfortunately, gallium is the most fusible of all metals, and becomes liquid at a temperature of 29° (Centigrade). This, the *Paris Medicale* remarks, will render it of little use in the manufacture of spoons, unless for the purpose of eating ices. Gallium is therefore condemned to remain a curiosity of the laboratory until someone shall discover to what uses it can be applied.

Novel Treatment of Obesity.

The *Paris Medicale* discusses the treatment of obesity by the administration of sea-water combined with a residence at the sea-side. Sea-water, taken internally acts like diuretic and purgative salts, a remarkable fact being that the diuretic effect increases when the purgative diminishes. The water should be obtained, when possible, from some depth, and far from the shore. It is then to be left to settle for six to twelve hours, and filtered. It is to be taken three times a day in doses of a small tumbler glassful, or in half that quantity at a time with fresh water or milk. It is stated as a fact that sea-water thus used facilitates the oxygenation of the blood, and that it hastens the elimination of effete materials. In combination with this treatment sea-water baths are to be taken, free exercise is to be carried out, and at the same time fattening foods are to be avoided. Cases which have resisted other measures are stated to yield to this treatment.

Frauds upon Medical Men.

In a recent number we cautioned our readers that a woman was going the round of the houses of members of the profession, sending them upon a fool's errand to some very important case where she stated their presence was immediately required, and in their temporary absence pocketing any little articles upon which she could lay her hands. The extent of these frauds may be gathered from the report of a case which occupied the attention of one of the London magistrates on Friday last, and we rejoice that at least one of these female marauders is safely in custody. The thief in this instance is the notorious Mina Jury, one of the most prominent witnesses in the Tichborne case. She was charged with no less than twenty-two robberies, nearly every one committed at the houses of medical men.

The mode generally adopted by the prisoner was to make a statement at the house of one of these that his services would be required on the following day, upon which he called. She as a rule came when the doctor was absent, and, while waiting, managed to carry off various articles. The evidence showed that a few days back prisoner paid a visit to the house of Mr. Philp, surgeon, of Peckham, and after she left a gentleman named Cole, residing in the same house, saw some portion of a travelling rug extending beyond the folds of a large cloak worn by prisoner. The travelling rug of Mr. Philp was then missed from the consulting room in which the prisoner had been, and found in her possession, though upon being given into custody declared it was her own. Upon her was found two tobacco pouches, a cigar case, surgical instrument, and a box of cigars. These articles were identified as the property of Mr. Morden Wright, surgeon, of Walworth Road, and his assistant. It was shown that prisoner had paid a visit to Mr. Wright, and said he would be wanted to attend a lady. In the temporary ab-

sence of the assistant the prisoner managed to take the articles found upon her. It was now stated that on the 4th inst. the prisoner visited the house of Mr. Bebett, surgeon, of Cambridge Road, Hammersmith, and after she left a case of instruments valued at about £15 was missed. In the next case prisoner went to the house of Dr. Pink, of Croom's Hill, Greenwich, under the pretence that his services were required, and after she left a case of surgical instruments valued at £7 was missing. In another case the prisoner on May 9 went to the house of Mr. Jameson, dentist, of 30 High Street, Camden Town, and stated that a lady in Edward Street, Hampstead Road, required him to visit her. After she had left a large clock from the sideboard was missed. It was worth about £8. The prisoner declared that the rug said to belong to Mr. Philp was her own, and denied that she had ever been near any of the places mentioned by the witnesses. She declined to make any further defence. The magistrate strongly animadverted upon the carelessness of the pawnbrokers who had received the articles in pledge without proper inquiries; it was almost holding out a premium for dishonesty. He then committed the prisoner for trial at the next Old Bailey Sessions.

Typhoid Fever at Rome.

Sir Robert Rawlinson writes, warning persons visiting Rome of the risks incurred from typhoid fever in the present insanitary state of the city. The site of the city has a subsoil bearing the saturation of ages of human occupation; the houses are old and musty, and the hotels have in some instances sanitary appliances added without the necessary precautions to prevent atmospheric contamination. That fever should be the result is only in the natural order of things. To remove entirely all the sources of fever from Rome will be a laborious and costly proceeding, as new sewers and drains will be required, and if these are not designed and executed upon correct principles they had better be left alone, as stirring up old accumulations is about the most deadly operation men can be engaged in. Then as to the recent so-called improvements in hotels—that is, the introduction of modern water-closets within the body of the building, to be connected with old drains and cesspools—no more deadly contrivance could be invented, as the leaven of the old site and tainted subsoil will set up putridity in the matter discharged from the new closets, generating and pouring out noxious gases. Introducing English water-closets into old hotels, without a proper water supply, full ventilation, and proper drainage, will only make a new source of danger; and if these closets are within the body of the building and adjoining bedrooms the danger will be the greater. Reliance on disinfectants is never safe. If any Roman hotel proprietor wishes, however, to have English water-closets, let him place them outside the walls of the hotel, at the end of a corridor or passage, and let there be daylight, and full ventilation to the open air at the ceiling, and let the closet pipe be carried above the roof and have its full diameter open. Such a closet may then be used safely and the internal atmosphere of the hotel will not be contaminated. Closets in small rooms within the body of the hotel, having no daylight nor any ventilation, should be avoided as a dose of known poison would be avoided.

The London Water Supply.

Dr. Frankland reports that the excessive pollution of the Thames which occurred in March had somewhat abated, whilst that of the Lea had altogether ceased, when the samples were taken on the 18th of April. The water delivered by the Chelsea and Southwark and Vauxhall Companies was slightly turbid from imperfect filtration. These waters contained moving organisms, and that of the Southwark Company confervoid growths. The Kent Company's water from deep wells was clear, brilliant, and wholesome. We learn from a report in the papers that a Mr. Hopping, of High St., Barnes, was last week summoned at the instance of the Richmond Rural Sanitary Board for using polluted water drawn from a well on his premises. The medical officer of health said he had analysed the water, and found it very foul through percolation from a cesspool. In reply to the magistrate, the witness said it was more impure than the water supplied by the Southwark Company. The witness said he had no interest in the Water Company, beyond drinking their water and paying their rate. The defendant consented to an order to use the water for trade purposes only.

A Mysterious Death at Balham.

Mr. Charles Delauney Turner Bravo, a young barrister of wealth and position, was, on Tuesday, April 18th, taken suddenly ill with symptoms of poisoning, from which he died after an illness of fifty-six hours. An inquest was held upon the body at which important witnesses were not allowed to give evidence, and the jury, who were apparently dissatisfied with the evidence given, brought in a verdict "that the deceased gentleman died from the effects of antimonial poison, but how or by whom the poison was administered there was no evidence to show."

It appears that Mr. Bravo, in his usual good health and spirits, on the day mentioned dined with his wife and a widow lady who resided with them in the capacity of a companion to Mrs. Bravo. They partook of the same food in every item with the exception of some Burgundy wine, of which neither Mrs. Bravo nor the companion, Mrs. Cox, drank. Of this wine a quantity was left, but what became of the remainder was not made known. It is *stated* that Mr. Bravo went to his bedroom at *half-past nine*, and when there he called for some warm water. Mrs. Cox then found him vomiting *out of window*. It seems strange that he should have chosen to vomit out of window instead of into a convenient utensil; however, the vomit lodged on a parapet, and the quantity which was collected by order of Dr. George Johnson was found by Professor Redwood to contain over ten grains of antimony.

When Mrs Cox discovered that Mr. Bravo was ill she asked him what was the matter, and her account is that he replied, "Oh, I have taken poison; but do not tell Florence" (his wife). Dr. Moore and Dr. Harrison were sent for, and though in attendance, no mention of the poison was made to either medical gentleman for four or five

hours, according to the admission of Mrs. Cox, who stated in evidence that she had told Dr. Harrison four or five hours after, but on that gentleman denying it, she said she had perhaps told Dr. Moore. Dr. Geo. Johnson arrived at the house in company with Mr. Royes Bell at 2·30 a.m., when they found the patient unconscious, breathing deeply; pulse 100, heart sounds normal, and pupils natural size. He had vomited blood-tinged fluid, and a motion had passed in the bed involuntarily. About 3 o'clock consciousness partly returned, and he recognised Mr. Bell. He then denied having taken poison, but added that he had rubbed his gums with some laudanum. Vomiting and purging, with blood in the motions, continued throughout the day, but his intellect was *clear*.

In the evening he was seen by Sir W. Gull, who, with Dr. Johnson, again begged him to state if he had intentionally taken poison, suggesting that, if he should die, some one might be accused of murder, to which he replied he was aware of it, but could tell nothing more. He died at 5·20 a.m. on the Friday.

Professor Redwood found antimony in the vomited food, in the dark-coloured liquid evacuation, in the urine, and in the contents of the large intestine, but could find none solid in the stomach or intestine. It is strange to say that the coroner, who, we are glad to add, is not a medical coroner, was either totally incapable of dealing with the case, or else he, having in his mind concluded that it was one of ordinary suicide, refused to call evidence as to the food and other important matters, concerning which we must now remain in ignorance. The case is throughout veiled in mystery, but further inquiries are now being prosecuted by order of the Home Secretary.

The Medical Microscopical Society.

This young but useful society has just issued its third annual report, from which we learn that it is steadily progressing towards fulfilling the objects for which it was designed. We are glad to find also that it has proved of considerable advantage to the younger members of the profession in various ways. This society, however, seem to be hardly so well known and appreciated as it deserves which the Committee believes is mainly due to the non-publication of a volume of proceedings. But this cannot be done, owing to the want of funds, and in consequence of the large number of subscriptions being unpaid. Notwithstanding this drawback, its meetings have been well attended, and the discussions on the various propositions and papers brought before the society have been of a most instructive character. We trust to hear in another year that every third year's man in London has joined the Medical Microscopical Society, as they must find it of inestimable value in their pass examination at the College.

The Irish Registration Service.

We understand that Dr. Malachi Burke, the Medical Superintendent of Statistics under the Irish Registrar-General, has been advanced to the office of Assistant Registrar-General, in which capacity he will relieve Mr. Donnelly, the Registrar-General, of a portion of those duties which his age renders too onerous. It is also rumoured that the appointment of Medical Superintendent will not be filled up, but that eventually the office of Registrar-General will be made a medical one, an arrangement which cannot fail to be beneficial to the public service and to the efficiency of this most valuable department. Should such intention be carried out, no doubt Dr. Burke will be the first medical Registrar-General.

The Profession at the Levee.

The following gentlemen were presented to H.R.H. the Prince of Wales on Monday:—Surgeon Alges, R.N.; Surgeon-General Sir Joseph Fayrer, M.D.; Surgeon-General Francis; Fleet-Surgeon Gordon, R.N.; Surgeon T. Gray; Staff-Surgeon McDonnell, R.N.; Mr. Simon, F.R.S., C.B.; Surgeon-Major Thorpe; Surgeon R. Temple Wright, M.D.; and Staff-Surgeon H. C. Woods, M.D.

Foreign Surgeons for the Army.

Some weeks since a statement appeared in the *United Service Gazette* in reference to the future of the Army Medical Service, in the nature of a threat that, if the medical officers continued to give trouble by asking for redress of grievances, or if the profession continued to refuse the terms offered by Mr. Gathorne Hardy, the Government would call in the services of German and other foreign medical graduates, and fill the vacancies in the department with them. This statement would have attracted no attention, but that the *United Service Gazette* has been understood to speak—to some extent—upon the authority of the Medical Director-General, and its pronouncement was therefore looked upon as an unofficial hint on the part of those in authority. The subject having been brought under the notice of the Council of the Irish College of Surgeons, they requested Dr. Brady, M.P., to interrogate the War Minister on the subject. The honourable member did so last week, and received a satisfactory assurance that no such move was intended, and that there was no truth in the statement.

The Vacancies in the Medical Council.

The Crown nomination to the Medical Council, vacant by the death of Professor Parkes, has not yet been filled up; and another seat has fallen vacant by the resignation of Dr. Sharpey, who persists in his intention to retire, although urged to remain with the Council. We have several times urged the appointment of a pure surgeon to one of these vacancies, with a view of equalising in some respect the representation of surgery and medicine in the Council. *The British Medical Journal* demands the selection of a provincial general practitioner, and suggests the nomination of Mr. Simon to the other vacancy on his retirement from the Privy Council Office, which latter suggestion is a happy one, and will, we trust, be acted upon.

Registration of Foreign Degrees.

A petition will be presented to the General Medical Council next week, praying that foreign degrees may be registered if possessed by those who are already entitled to register their names as qualified to practise medicine. British physicians have from an early period of medical history graduated at foreign universities, and the

degrees granted by some universities have been acknowledged by the profession. Without enumerating such universities, we may say that examinations there held are superior to the examinations held at many of our own universities, and therefore the holders of such diplomas may naturally feel themselves aggrieved at not being able to register them.

At the present time there is a clause to the effect—

"That any Doctor of Medicine of any foreign or colonial university or college practising as a Physician in the United Kingdom before the 1st day of October, 1858, who shall produce certificates to the satisfaction of the Council of his having taken his degree of Doctor of Medicine after regular examination, or who shall satisfy the Council under Sections 45 and 46 of the Medical Act that there is sufficient reason for admitting him to be registered, may register the degree."

This clause, with slight modification and the omission of the date, would give the Council power to admit to the Register any diploma or degree which they might consider worthy of registration, and there is no reason why such power should not be vested in the Council.

If after due consideration the Council be willing to register certain foreign degrees, it will be better that an open clause remain, than that any particular degrees should be enumerated, for at the present time some foreign universities are vastly improving their examinations, and it must be admitted that certain cases are altered by circumstances.

The Elections at the Irish College of Surgeons.

The Fellows of the Irish College of Surgeons will meet on the 30th of May to receive from the Council the Annual Report, and will again assemble on the 5th of June to elect the Council for the ensuing year. Dr. Kidd, the present Vice-President, will, of course, assume the Presidential Chair, and Dr. Robert McDonnell will be unopposed in his candidature for the Vice-Chair. Mr. Edward Hamilton, the existing President, will seek re-election to the Council, and, if he be replaced, some one of its members who seek to hold their seats must give place. Mr. Corley, of the Richmond Hospital, is as yet the only candidate outside the Council, Mr. McDowel, of Mercer's Hospital, whose name had been mentioned, not having announced his intention to stand.

Reopening of the Children's Hospital, Chelsea.

On Saturday last, her Royal Highness Princess Louise, Marchioness of Lorne, supported by a distinguished company, formally opened the new building situated on the Chelsea Embankment of the Thames, which was commenced several months since, for the purpose of taking the place of the former private house used as a hospital since its foundation in 1866. The new structure will accommodate 65 beds, and we trust will efficiently fulfil its mission in the midst of a large and not over-wealthy population.

Charing Cross Hospital announces a vacancy on the staff as Assistant-Surgeon.

The office of Demonstrator of Anatomy at the Westminster Hospital is now vacant.

Mr. Salter, F.R.S., has been re-elected an Examiner in Dental Surgery in the Royal College of Surgeons of England.

Notice has been given that an examination of candidates for thirteen appointments as Surgeon in her Majesty's Indian Medical Service will be held in London in August next.

A prisoner in Cardiff gaol has been poisoned by the administration of a dose of carbolic acid in mistake for a diarrhœa mixture. He was shortly afterwards found insensible in his cell, and he died next day.

Dr. Hill, the Medical Officer of Health for Birmingham, reports that the water supplied to that town was turbid, with numerous particles and animalculæ. The water needs improved filtration, but there was considerable abatement in the proportion of organic nitrogen.

The *Lancet* understands that Dr. Brown-Séquard will shortly visit England for the purpose of delivering a series of lectures on the Physiological Pathology of the Brain. Dr. Brown-Séquard will enunciate entirely new views in connection with a subject on which he is known to have worked assiduously.

Dr. E. J. Mills, F.R.S., Professor of Technical Chemistry in the Andersonian University, Glasgow, reports that the water supplied to that city contained suspended vegetable hairs, and just visible particles of ochre. It was much lighter in colour than last month, and was free from all evidence of previous sewage or animal contamination.

Last week one of the inmates of the Richmond Lunatic Asylum, Dublin, threw himself out of a window, death resulting from fracture of the skull. The jury, at the inquest held, stated that the unprotected state of the window at the time of the accident was indicative of neglect on the part of some of the staff connected with the asylum.

The *Medical Times and Gazette* says: It is rumoured that a Bill will be introduced into Parliament during the present session to empower licensing bodies to admit women to examinations for their medical licences or diplomas. We have not heard, however, whether the Bill will have the support of the Government, nor whether it will attempt in any way to remove the obstacles that at present prevent female medical students from fulfilling the regulations of the English licensing bodies.

In the House of Commons, on Thursday last, a question was asked relative to filling up the vacant post of surgeon to several militia regiments. In reply thereto the Secretary for War stated that it was true that in some 35 militia regiments the posts of surgeon or assistant surgeon

were vacant owing to the appointments having been suspended pending new regulations, but it was not intended to fill up any vacancy until the militia warrant, which was now under consideration, had been confirmed. It would not be long before this took place.

THE annual *conversazione* of the Pharmaceutical Society of Great Britain was held on Thursday evening last in the South Kensington Museum. Upwards of 3,000 persons were present, amongst whom were seen many well-known faces of members of the medical profession. The arrangements were, on the whole, satisfactory, no attempt being made in the way of amusements of a special character, the majority present contenting themselves, as is usual at such gatherings, with staring at one another and getting terribly hot with the exertion.

THE *Pacific Medical Journal* says :—"They have had a 'commencement' lately in Philadelphia, at the Woman's Medical College—the oldest medical college for females, we believe, in the world. The editor of a leading Philadelphia newspaper went there to look at the wiry old maids and to enjoy a laugh at the expense of the 'ill-favoured, near-sighted, vinegar-tempered, odd-costumed, eccentric, and unfeminine' doctresses. But he played Balaam, and was so enraptured with the personal appearance and graceful demeanour and literary accomplishments of the ladies, that he applies to them the lines of Tennyson :—

> 'They sat along the forms like morning doves
> That sun their milky bosoms on the thatch—
> A beauteous range of pupils.'"

Literature.

THE MEDICAL AND SCIENTIFIC SERIALS.

THE last numbers of these publications contain an average amount of instructive and useful matter.

The *Journal of Psychological Medicine* (*a*) opens with an article from the pen of Dr. Winn, who protests against the "materialistic atheism" of Professor Tyndall, who, after having reduced soul and mind to matter, with a conspicuous inconsistency, immediately takes flight in an opposite direction, and suggests that vegetables may possibly be endowed with consciousness, and minerals with properties which are only conceded to living organisms. In a later article in the *Fortnightly Review*, Dr. Tyndall's atheistic proclivities, he says, become more apparent; for he hesitates to admit with Gassendi and Clerk Maxwell, that even the atoms were created, and remarks "that little profit to the human heart seems derivable from this mode of regarding the Divine operations." Dr. Winn concludes that he may apply to the Professor what he applies to an opponent in a note to the *Times*, on the question of spontaneous generation, for in his own case "the cloud of cosmic dust which he has raised may be safely left to the slow, sure process of self-subsidence." A second article by Mr. W. A. F. Browne, on "Deuteroscopia or Second-Sight," is well worth perusal; Dr. Semple treats of the "Pathology and Treatment of Cerebral Diseases;" Dr. Shaw, on "General Paralysis in Combination with other Diseases of the Brain;" Dr. Mann, on "Intemperance and Dipsomania as related to Insanity." The number concludes with a retrospect of subjects relating to mental pathology, reviews, &c.

(*a*) London: Ballière, Tindall, and Cox.

The Practitioner (*a*) contains original articles by Dr. Burdon Sanderson "On the Process of Fever," by Dr. Binz "On Febrifuges," by Dr. Farquharson "On Official Dosage, with some Remarks on Homœopathic Tinctures," by Dr. Faber "On the Influence of Sea Voyages on the Human Body and their Value in the Treatment of Consumption;" Clinic of the Month, Extracts from British and Foreign Journals, the Influence on the Public Health of Foul Water, &c., &c.

The Obstetrical Journal (*b*) has many important original communications, and in addition gives Reports of Hospital Practice and Abstracts of the Societies' Proceedings in London, Edinburgh, and Dublin, together with Reviews, Summaries of Cases, &c.

The Monthly Microscopical Journal (*c*) is scarcely up to the mark; it contains, however, an article of some interest to geologists—"Results of a Microscopical Study of the Belgian Plutonic Rocks," by M. A. Rénard; and "Notes on the Markings of Navicula Rhomboides," by Dr. J. J. Woodward, U. S. Army, and which clearly shows that specie-makers often jump to conclusions on very insufficient data. "The Progress of Microscopical Science" occupies a fair proportion of the number.

LITHOTOMY AND THE EXTRACTION OF STONE. (*d*)

SURGEON-MAJOR HARRIS, of H. M. Bengal Medical Service, has evidently had great experience with calculous patients, having operated on no fewer than 365 cases.

All his operations were by the knife: "Following the general custom of surgeons in India," he has not performed lithotrity (preface).

It will be a useful book of reference, for the author has given the opinions of every lithotomist of importance. Whenever he speaks from his own experience his words are worthy of attention and his advice of following. Dr. Harris's remarks and statistics (p. 240) are founded on 300 cases of lithotomy (299 left lateral operations, and 1 bilateral operation). Of these 191 were in children. As regards the children (below 16 years of age), the death ratio was, in 27·29 cases. Of the adults he lost 1 in 6·05.

Unfortunately, the notes, with the results of the remaining 64 cases, have been lost from various causes. However, as the author assures us that the statistics of them would be equally favourable with the above, we must rest content. We must congratulate the author on the success which he has obtained in his operations, and the more so as we believe he obtained it without the necessity of establishing a "special hospital."

If a second edition of the work should be called for, we would venture to suggest that it should be reduced in size by a narrowing of the too liberal margin, and by a condensation of the text.

Correspondence.

MEDICAL EDUCATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have just seen a leader in the *Lancet*, of the 6th inst. concerning medical education at the Universities. The learned editor is of opinion that it is not possible to teach clinically at Cambridge. He writes: "With regard to the Professorships of Surgery and Midwifery, if these are established, students will be encouraged to remain at the University to prosecute their studies in these branches. Can it for one moment be supposed that a town like Cambridge could furnish material for such courses. How many important operations

(*a*) London: Macmillan and Co.
(*b*) London: J. and A. Churchill.
(*c*) London: Hardwicke and Bogue.
(*d*) "Lithotomy and the Extraction of Stone." By W. Poulett Harris, M.D. London: J. and A. Churchill. 1876.

in surgery or midwifery would a student have an opportunity of witnessing during the time of study? Who is to be Professor of Medical Jurisprudence? To take rank as a University professor, he must at least have made that subject a special study," &c. Nothing is more true or sound in practice than the above extract. If such is applicable to Cambridge, (and it can hardly be held that it is not), how much more is it applicable to Galway? Galway must not be lost sight of in the discussion of such a question. It has always been a source of wonder to me how a complete medical training can be imparted in Galway. The town is not larger than Cambridge. Why then should a complete medical curriculum not be recognised when imparted at Cambridge as well as at Galway? Or if not permitted on good grounds by the former, why permit the latter? The editor referred to goes on to remark thus: "The fact is that purely medical education can only be properly carried out in London and other large centres of population," &c. I think every unprejudiced medical practitioner will admit that such is the fact, and that Galway is not the town wherein to train students for a profession which involves so much responsibility. I think it is unfair to the profession that gentlemen trained solely at Galway should be admitted by having the highest degree in medicine conferred upon them after four years' Galway training. I consider that Galway simply on account of its population is the cause of the Queen's University falling into disrepute. The professors at Galway will compare favourably with those of any other school in Ireland or elsewhere. What chair of anatomy and physiology would Cleland not adorn? It is not, unfortunately, the fault of the professorial staff.

I merely refer to the above question in order that the profession in Ireland can, if they think proper, offer their opinions on the matter, believing as I do that it is the duty of every member of our profession to contribute towards its scientific progress and develope its prestige.

I am, Sir, yours faithfully,

JOHN LOWE.

3 St. Andrew Street, Blackburn,

Medical News.

Royal College of Surgeons of England.—The following gentlemen having passed the required examination for the diploma, were duly admitted Members of the College on May 16th and 17th:—

Anderson, Charles M., Donegal.
Batchelor, Henry T., L.R.C.P., Bancroft Road.
Berridge, William A., Upholland.
Brumell, Arthur, Morpeth.
Chadwick, Walter S., Wakefield.
Clubbe, Charles P. B., Hull.
Coates, Harcourt, Salisbury.
Coley, Frederick C., Blackheath.
Cook, Joseph B., Nottingham Place.
Cooper, Peter, Farningham, Kent.
Denison, Arthur H., Sheffield.
Dinnen, William T., L.K.Q.C.P.I., Holyhead.
Drewitt, Frederick G. D., B.A. Oxon., Arundel, Sussex.
Emmerson, John B., Newcastle-on-Tyne.
Essex, James R., Pontypool, Monmouthshire.
Feltham, William P., L.S.A., Portsea, Hants.
Harrhy, William R., Tredegar.
Henwood, John D., L.S.A., Millbrook, Cornwall.
Hewett, Augustus, L.S.A., Twickenham.
Johnstone, Charles R., L.S.A., Haxey.
Jones, John D., L.R.C.P., Great Torrington.
Lee, Charles G., Chester.
Lush, John S., L.S.A., West Lavington.
Makund, Manikji D., Bombay.
Moore, Charles A., L.S.A., Thetford, Norfolk.
Morgan, William, L.S.A., Swansea.
Page, William H., Cheltenham.
Patron, Alfred, M.D. Toronto, Clapham.
Pearce, Arthur, L.S.A., Kingsbridge, Devon.
Porter, Thomas L., L.S.A., Exeter.
Robinson, George W., Faversham, Kent.
Rodwell, Edward M., L.S.A., Loddon, Norfolk.
Roughton, James W., Kettering.
Seymour, C., M.B. and M.C. Aberd., Odiham, Hants.
Stamp, William D., Honiton, Devon.
Stark, Mark D., M.B. Toronto, Toronto, Canada.
Thomas, John H., L.R.C.P. Ed., St. Ives, Cornwall.
Tyrrell, Walter, Exeter.
Upton, Alfred, L.S.A., Petworth, Sussex.
Walker, David F., Emsworth, Hants.
Welchman, Henry P., Lichfield.
Willey, John M., Leicester.
Young, Percy G., St. Stephen's Square, London.

Vital Statistics.—From the Registrar-General's return we learn that during last week 6,096 births and 3,755 deaths were registered in London, and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 24 deaths annually in every 1000 persons living. The annual death-rate was 24 per 1000 in Edinburgh, 22 in London, 28 in Glasgow, and 26 in Dublin. The annual rates of mortality during the same period in the other large towns were—Norwich 24, Hull 22, Leicester 21, Portsmouth 22, Newcastle-upon-Tyne 27, Birmingham 24, Brighton 27, Leeds 28, Wolverhampton 25, Bradford 30, Sheffield 26, Plymouth 27, Bristol 29, Oldham 28, Manchester 32, Salford 32, Nottingham 22, Sunderland 15, and Liverpool 27. The annual death-rate from the seven principal zymotic diseases averaged 3·4 per 1000 in these towns, and ranged from 0·0 and 0·6 in Norwich and Nottingham to 6·4 and 6·5 in Salford and Plymouth. The high zymotic rate in Plymouth was due to the fatality of measles, and scarlet fever continues very prevalent in Portsmouth. Ten more deaths were referred to small-pov in Manchester and Salford, within which municipalities 131 fatal cases have been recorded since 1st January last, exclusive of those occurring in the Monsall Hospital situated without the city of Manchester. In London, the 1,457 deaths included one from small-pox, 31 from scarlet fever, and 25 from different forms of fever. To the seven principal diseases of the zymotic class 199 deaths were referred, against 247, 217, and 214 in the three preceding weeks. These 199 deaths were 43 below the corrected average number from the same diseases in the corresponding week of the last ten years, and were equal to an annual rate of 3·0 per 1000.

Obituary.

DR. ANDREW WYNTER.

DR. ANDREW WYNTER, who died at the end of last week at his residence at Chiswick, at the early age of 56, was born at Bristol in 1819. He graduated M.D. in 1853, and subsequently became Member of the College of Physicians. He first became known as a writer by his "Pictures of Town from my Mental Camera" and "Pictures of Town and Country Life." He was one of the earliest and most regular contributors to *Once a Week*, under the editorship of Mr. Samuel Lucas, and he was the author of many able articles in the *Quarterly* and *Edinburgh Reviews*, and for fifteen years the editor of the *British Medical Journal*. Subsequently he contributed very extensively to the *London Review*, *Good Words*, &c. Very many, perhaps most, of his papers contributed to serial publications were reissued by him in a collective form, under the names of "Curiosities of Civilization," "Our Social Bees," "Subtle Brains and Lissom Fingers," "Curiosities of Toil," &c., which have gone through several editions. Dr. Wynter's last work was of a more strictly professional character, being a treatise on "The Borderlands of Insanity," a subject to which he had devoted much attention during the last fifteen years.

Syphilitic Reinfection.

CASPARY (*Deutsch. Med. Wochens.*, 1875, No. 7) gives three cases of syphilitic reinfection occurring two, thirteen, and four years after cure of the first attack. These afforded the usual symptoms: primary induration, universal adenitis, exanthema, &c. Caspard is inclined to regard reinfection as not infrequent, but at the same time insists upon the symptoms of universal adenitis or affections of the skin or mucous membranes in connection with the indurated sore in order to make the diagnosis positive.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Testimonial to Dr. Maurice Corr, F.R.C.S.I.—The following subscriptions have been already received:—Dr. R. Battersby, £1; Dr. Benson, £1; Dr. Bennett, Clonalkilty, £2; Dr. D. F. Brady, £1; Dr. Burnside, Clondalkin, £1; Dr. Cameron, £1 1s.; Dr. Chapman, £2 2s.; Dr. Chaplin, Kildare, £1; W. Colles, Esq., £2 2s.; Dr. Darby, Bray, £2; Dr. Davys, Swords, £1; Dr. N. B. Duncan, £1; Dr. Elliott, Waterford, £5; Dr. Goodisson, Enniscorthy, £1; Dr. Harvey, Cork, £1; Dr. Hayden, £3 3s.; Rev. Prof. Haughton, £1; Dr. Kidd, £5; Dr. J. Little, £3; Dr. Mapother, £5; Dr. Martin, Portlaw, £1; Dr. M'Gusty, Slane, 10s.; Dr. Mollan, £2; Dr. Nicholls, Longford, £1; Dr. Nolan, Gort, £1 1s.; Dr. T. H. Purdon, Belfast, £10; Dr. Shannon, £2 2s.; Dr. Shaw, Lurgan, £1; Dr. Smith, Ballybrophy, £1 1s.; Dr. Wharton, £2 2s.; W. I. Wheeler, Esq., £5. The following gentlemen have kindly agreed to act on the Committee and receive further subscriptions, which are urgently needed:—Dr. C. Benson; Dr. Chaplin, Kildare; Dr. Chapman; W. Colles, Esq.; Dr. Darby, Bray; Dr. Harvey, Cork; Rev. Prof. Haughton, T.C.D.; Dr. Hayden; Dr. James Little; Dr. Martin, Portlaw; Dr. Nolan, Gort; Dr. O'Leary, M.P.; Dr. T. H. Purdon, Belfast; Dr. Smith, Ballybrophy; J. H. Wharton, Esq.; W. I. Wheeler, Esq.; Dr. Mapother, 6 Merrion Square North, Hon. Sec. and Treasurer.

Examination in State Medicine at Cambridge.—We are asked to announce that the next Examination for Certificates in Sanitary Science will be held in Part I. on Tuesday and Wednesday, June 13 and 14, and in Part II. on Thursday and Friday, June 15 and 16. Candidates must send their names and fees to Professor Liveing, Cambridge, on or before Tuesday, May 30. Any one whose name is on the Medical Register of the United Kingdom and is 24 years of age may be a candidate.

Dr. Dolan.—We shall refer to the subject in our next.

Mr. R. E. T., Falmouth.—Letter received, but not the enclosure to which you refer.

Dr. B. F. will find the subject of his communication referred to in another column.

Dr. West is thanked.

Dr. Austen Meldon.—There are several institutions of the kind in both France and Belgium; we will make inquiries and inform you of the best in our next issue.

Clinical Society of London.—The following is the programme for Friday evening next:—Mr. Barwell: Singular Result of Excision of the Knee in a Child (the Patient will be exhibited).—Mr. Geo. Brown, "On a Case of Amputation of the Thigh for Acute Necrosis of the Tibia and Suppuration of the Knee-joint in an Infant nine months old" (the Patient will be exhibited).—Dr. Duffin, "On a Case of Tumour of the Corpora Quadrigemina."—Dr. Pearson Irvine, "On a Case of Diphtheritic Paralysis simulating Extensive Lung Disease."—Mr. Teevan, "On a Case of Traumatic Stricture with numerous Fistulæ Cured by Internal Urethrotomy."—Dr. Wolston and Mr. Maunder, "On a Case of Intestinal Obstruction."

THE TEMPERANCE MOVEMENT.

To the Editor of the Medical Press and Circular.

Sir,—I was not surprised to see the kind notice, in your last issue, of the intended political-temperance meeting in Hyde Park on Whit Monday, knowing as I do from pleasureable experience, the active benevolence which distinguishes the medical profession, and their continued efforts for the amelioration of human suffering and woe. I should be glad, however, if you would allow me to state, for the information of those of your readers who may not have yet become acquainted with the fact, that the demonstration promises to be of such vast proportions that the persons who originally conceived the idea are as gratified as they are surprised at the extraordinary support they have met with in all directions from gentlemen holding high social positions—members of Parliament, large numbers of the clergy, and medical gentlemen—who have promised to be present at the demonstration. There are to be four platforms in the Park, from which resolutions will be proposed, in accordance with the object we have in view—namely, the suppression of drunkenness, and the consequent elevation of all classes. Amongst those friends who will take part in the proceedings are Sir W. Lawson, Joseph Cowen, Esq., M.P., A. M. Sullivan, Esq., M.P., Alderman Carter, Samuel Pope, Esq., Lord F. G. Osborne, Rev. W. Lockhart, &c., &c. I am sure your noble profession will be pleased to know that the cause of temperance is so well supported, and that such good friends are coming to the front to assist the working classes in their endeavours to rid the country of the terrible mischief caused by the unlimited traffic in, and use of, strong drink.

I am, Sir,
Yours faithfully,
58 Poland Street, W. H. P. Gibson.

VACANCIES.

Charing Cross Hospital.—Assistant-Surgeon. Honorary. Must hold the F.R.C.S.E. diploma. Applicants must address the Secretary.

Bristol Royal Infirmary.—Assistant House-Surgeon. Salary, £100, with board. Address the Secretary.

Brighton Hospital for Sick Children.—Surgeon. Honorary. Full information from the Resident Surgeon.

Northampton County Lunatic Asylum.—Assistant Medical Officer. Salary, £120, with board. Applications to the Medical Superintendent.

Bournemouth General Dispensary.—House-Surgeon. Salary, £120. Testimonials to R. T. Hearn, Esq., at the Dispensary.

Ashton-under-Lyne Infirmary.—House-Surgeon. Salary, £80, with board. Testimonials to Mr. Hugh Mason, Ashton-under-Lyne.

Ipswich Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board, &c. Address the Medical Superintendent.

Westminster Hospital Medical School.—Demonstrator of Anatomy. Salary, £75. Address the Dean.

Knighton Union.—Medical Officer for the Leanbister District. Salary, £100, with fees extra. Testimonials, &c., to the Clerk to the Guardians.

Newport Union, Achill Dispensary District.—Medical Officer. Salary £100, with £10 extra as Sanitary Officer. (See Advt.)

APPOINTMENTS.

Atkinson, G. F., a House-Physician to the Glasgow Royal Infirmary.

Ballard, W. W., M.D., M.R.C.S.E., a Medical Officer to the County Hospital, Huntingdon.

Briggs, W. P., a House-Surgeon to the Glasgow Royal Infirmary.

Curran, J. W., F.R.C.S.Ed., L.R.C.S.I., L.K.Q.C.P.I., reappointed Medical Officer and Public Vaccinator for No. 2 District of the Mansfield Union.

Drew, S., M.D., L.R.C.S.Ed., Lecturer on State Medicine at the Sheffield School of Medicine.

Dunn, W. G., a House-Physician to the Glasgow Royal Infirmary.

Elliott, W. H., M.D., L.R.C.S.I. & L.M., Medical Officer, &c., for the Glendermott Dispensary District of the Londonderry Union.

Grahame, A., a House-Surgeon to the Glasgow Royal Infirmary.

Hemming, J. H., M.R.C.S.E., Medical Officer for the D District of the Thrapston Union.

McKenna, W., L.R.C.P.Ed., L.R.C.S.I., Medical Officer to the Carrickmacross Union Workhouse.

Macpherson, R. B., a House-Physician to the Glasgow Royal Infirmary.

Moyes, J., a House-Surgeon to the Glasgow Royal Infirmary.

O'Meara, M. A., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer, &c., for the Piltown Dispensary District of the Carrick-on-Suir Union, co. Tipperary.

Orr, A. B. S., a House-Physician to the Glasgow Royal Infirmary.

Pinkerton, R., a House-Surgeon to the Glasgow Royal Infirmary.

Rose, W., Assistant-Surgeon to King's College Hospital.

Shearer, J., M.A., House-Physician to the Aberdeen Royal Infirmary.

Stone, G., L.R.C.S.Ed., L.R.C.P.Ed., House-Surgeon to the Liverpool Eye and Ear Infirmary.

Thompson, J. A., Physician to the Artists' Amicable Fund.

Tindall, D., a House-Surgeon to the Glasgow Royal Infirmary.

Townsend, C. P. G., L.R.C.S.Ed., Assistant Medical Officer to the Hospital for the Insane, Barnwood, near Gloucester.

Trail, G. S., M.A. House-Surgeon to the Aberdeen Royal Infirmary.

Tuke, J. H., M.R.C.S.E., Medical Officer for the South District of the Stratton Union, Cornwall, and Medical Officer of Health for the South Sub-District of the Stratton Rural Sanitary District.

Turner, F. J., L.R.C.P., a House-Physician to the Glasgow Royal Infirmary.

Marriage.

Duffin—Brennan.—On the 16th inst., at the Presbyterian Church, Belfast, Adam, eldest son of Charles Duffin, J.P., of Strandtown Lodge, county Down, to Maria, eldest daughter of John S. Brennan, M.D., Belfast.

Deaths.

Coleman.—On the 7th May, at Surbiton, Kingston-on-Thames, Matthew Trollope Coleman, M.R.C.S., aged 64.

Cooper.—On the 12th May, at Mansfield, Notts, Nathan Cooper, M.R.C.S.E., aged 72.

Duncan.—On the 13th May, at Bognor, James Duncan, youngest son of Robert Duncan, M.D., Hanover House, Tunbridge Wells.

Joy.—On the 9th May, at Seymour Street, Hyde Park, John Joy, M.R.C.S.E., aged 65.

Kerin.—On the 4th May, at Windsor, F. G. Kerin, L.R.C.S.I., Surgeon-Major 2nd Life Guards, aged 49.

Leigh.—On the 8th May, at Brighton, Henry Thomas Leigh, F.R.C.S.E., of Chiswick, aged 69.

Rendle.—On the 15th May, at 6 Buckland Terrace, Plymouth, Edmund Rendle, M.D., in his 76th year.

Thatcher.—On the 5th May, at Albany Street, Edinburgh, Lewis Hay Thatcher, M.D.

UNIVERSITY OF LONDON.

NOTICE IS HEREBY GIVEN, that the next Half-yearly Examination for MATRICULATION in this University will commence on MONDAY, the 26th of June, 1876. In addition to the Metropolitan Examination, Provincial Examinations will be held at St. Cuthbert's College, Ushaw; Stonyhurst College; St. Stanislaus College, Tullamore; Owens College, Manchester; Queen's College, Liverpool; and Queen's College, Birmingham.

Every Candidate is required to transmit his Certificate of Age to the Registrar (University of London, Burlington Gardens, London, W.) at least fourteen days before the commencement of the Examination.

WILLIAM B. CARPENTER, M.D.,
May 22nd, 1876. Registrar.

OWENS COLLEGE MEDICAL SCHOOL.—The Council of Owens College, Manchester, propose to appoint a LECTURER in PRACTICAL SURGERY. Candidates are requested to send in applications and testimonials, addressed to the Council, under cover to the Registrar not later than June 17th. Information respecting the duties and emoluments of the office may be obtained from Dr. Gamgee, Dean of the Medical School.

J. HOLME NICHOLSON, Registrar.

IRISH POOR-LAW INTELLIGENCE.

ATHY UNION.

CONSULTATION FEES IN MIDWIFERY.

THE relieving officer of the Athy district reported that Dr. Ferris, the dispensary medical officer, found it necessary to call in the assistance of Dr. O'Neill recently in a very serious case, and he (the relieving officer) had set down the fee charged (two guineas) as provisional relief.

In reply to some of the guardians, Mr. O'Brien said it was clearly in the power of the relieving officer to do so. If the guardians objected, the only course open to them was to call the attention of the auditor to the matter, and if he considered it an unwise discretionary act, he could surcharge the relieving officer with the amount.

Mr. Dunne called the attention of the guardians to a case that came beford the board recently, where a medical officer charged three guineas. The only objection he had to the present case was that the sum charged was too small.

ABUSE OF DISPENSARY RELIEF.

(From the *Sligo Independent.*)

ALDERMAN M'GILL, as honorary secretary to the Sligo Dispensary Committee of Management, has received from the Local Government Board a communication, relative to the abuse of dispensary tickets, which we give below. It is to be regretted that there appears to be no remedy for a very great grievance. The law does not specify who a "poor" person is, and those who are far from being poor, can get the gratuitous attendance of an overworked dispensary doctor, and can get expensive medicines at the expense of the ratepayers. However, as the law does not apply a remedy, a little care and attention on the part of the members of a dispensary committee, wardens, and relieving officers, would do much to lessen, if not do away with the abuse. They should strictly confine the giving of tickets to those they know to be really poor. The wholesale and indiscriminate filling up of dispensary tickets should be avoided, and those who can pay a doctor should be made to pay one. It is, indeed, lamentable that people with good means, and earning regular good wages, should be found accepting of medicines and medical advice as alms, for it is nothing else. The dispensary committee, too, by a careful inspection of the books at each meeting, can easily detect if the abuse is being carried on, and can check its further development. The Medical Charities Act brought a great boon home to those who are really poor, but it would have a demoralising effect if comfortable farmers and well-paid artisans, or those who had a good way of living could come within its scope. The operations of the Act are expensive, and it behoves dispensary committees to see that a serious abuse of this sort does not swell the cost. The following is a copy of the letter received by Mr. M'Gill :—

Local Government Board, Dublin,
9th May, 1876.

SIR,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 28th ultimo, enclosing a resolution adopted at the meeting of the Committee of Management of the Sligo dispensary district on that day, in which the committee state that it has been brought under their notice that persons have obtained medical relief tickets who are not entitled to medical relief, and inquire what course should be pursued to check the abuse; and, in reply, the Board desire to state that there is no strict definition of the classes eligible or ineligible for medical relief under the provisions of the Medical Charities Act, 14 and 15 Vic., cap. 68.

By section 9 of that Act every member of a committee of management of a dispensary district, and every relieving officer and warden acting for an electoral division included in such dispensary district, is empowered to issue medical relief tickets to the medical officer of such district, requiring him to afford medicine and advice to, or attend upon, any "poor person" resident therein.

The Local Government Board have to add that they are not prepared, in the present state of the law, to suggest any remedy for the abuse of this privilege; but the regular meeting of the dispensary committee for the discharge of their duties would, no doubt, tend to lessen its occurrence.

By order of the Board,
B. BANKS, Secretary.

["A most lame and impotent conclusion," truly, and one which looks more like an unwillingness on the part of the Local Government Board to discourage the abuse of red tickets than a simple feebleness of purpose. The Local Government Board could, if they pleased, do much toward putting a stop to these abuses without altering the law, and it is their duty to do so for the benefit of the ratepayers, if not for the doctors. If they can suggest no better remedy than a more frequent meeting of the committee, it is hard to expect the committee themselves to combat the evil.—ED. M. P. & C.]

WORKHOUSE DIET IN IRELAND.

THE public must be astounded to learn that since the outbreak of the famine in 1846, a period of thirty years, no material change for the better has taken place in the scale of the dietary of the Irish workhouses. The scale was fixed when the Government and the Irish landlords were apprehensive that the assumed proneness of the lower classes to idleness and mendicancy, stimulated by pressure of the famine, would cause such enormous taxation for the relief of destitution as would confiscate nearly the whole real property of the country. The scantiness of the diet was therefore intended to serve as a deterrent. Framed in total ignorance of the true character of the people the scale has been maintained ever since, notwith-

standing the falsification of the apprehensions that inspired it, and in face of the vast social and economic changes that supervened. There are many times more paupers in receipt of relief compared with the population in England and Scotland than in Ireland, while some of the Irish workhouses often do not contain more than two or three score of inmates, not one of whom is able-bodied, and the majority of whom are aged or infirm, or children. These considerations should weigh powerfully with the Local Government Board and the guardians towards the reform on a liberal basis of the scanty scale of dietary settled in 1846, and never since improved. There are, however, other and very strong reasons in favour of this course. The scale of diet for paupers in a workhouse ought to a great extent to be framed in accordance, as to quantity, quality, and articles, with the habits and means of the humblest class of persons next above the paupers; but rather higher and more generous, however, as experience proves that workhouses, prisons, barracks, and all such institutions demand a more liberal scale of food for inmates of like age to maintain their health than private families. So far from this relation being regarded and preserved, the prison dietary in Ireland is much more generous than that of the workhouses, so that actual temptation is held out to a destitute poor person to become a criminal, and thereby obtain a more generous scale of dietary. Next, and a most important consideration, while the food and clothing of the labouring classes have improved vastly in quantity and quality since the present scale of workhouse dietary was fixed thirty years ago, no corresponding nor any improved change has been made in the latter. On medical, humane, and economical grounds, a generous diet should be adopted now, to which thirty years ago prudential objections might be made. The small element of pauperism now in Ireland is happily so contracted that it may be generously dealt with free from abuse. Consumption and diseases of the respiratory organs are peculiarly common and fatal in Ireland, and most so among the poorer and the destitute classes. If the children in the workhouses be not generously fed and warmly clothed, most of them will sink at an early age, or become the progenitors of successive races of sickly paupers.

BELFAST UNION—A WORKHOUSE GROG-SHOP.

At the last meeting of the Belfast Union the following transpired:—

The Chairman read a letter from Miss Mary Killen, nurse in the hospital, resigning the situation which she had now held for several years, but at the same time it was reported by the master that an inmate named M'Cann, and who was at present in charge of the lunatics as warder, had been found a few days ago with a small bottle of whiskey in his pocket, and that he stated he had purchased it from Miss Killen.

M'Cann was then sent for, and stated that he bought the half-pint of whiskey from Miss Killen.

The Chairman—How did you know she had it? I understood I would get it there. How did you know it? It was generally known in the house, and I knew that I could get it there.

Have you heard for some time that this woman was selling whiskey? I could not exactly say, but I heard it for some time from about a month ago.

How often did you buy whiskey from her before? This was the second time.

And who gave you the money to buy it? (No answer.)

The witness, after hesitating, said a young man and he joined, each giving 7d. to buy the half-pint.

Mr. Watt (master) here brought forward a sample of the whiskey kept in the house, and several of the guardians expressed themselves satisfied that both samples were not the same whiskey.

The Chairman, questioning M'Cann, further asked how often he bought whiskey from Mary Killen before? He said he bought it twice—once for James Salmon, and the other for Mary M'Kee.

James Salmon was next called forward. He said he was one of the two warders in charge of the lunatics. He admitted having sent for the whiskey with M'Cann.

Did you ever hear of whiskey being sold in this house? Yes, I heard it was sold in the hospital at different times.

How long have you been in the house? About ten months.

Who did you hear was selling it? I heard that Miss Killen was selling it.

Did you ever join with this person before in sending for whiskey. Yes; once or twice.

Miss Killen, in reply to the Chairman, said she had no questions to ask any of the men.

Mr. Clegg—Then you sold him the whisky? No, I did not; I gave it to him.

Dr. Strahan, in reply to the Chairman, said he had frequently heard rumours in the house that this was going on.

Chairman—And did you not tell the Master? I did not, because he saw that it was a general talk through the house.

The Chairman—What did you hear? I heard popular rumour through the house that there was whiskey being sold in it to the inmates.

The Master (Mr. Watt) said that some six months ago he consulted Dr. Reid on this subject, and he tried to gain every information that he could.

Mr. Ward—I don't think the board ought, under the circumstances, to accept Miss Killen's resignation, and I would beg to move her dismissal.

Mr. Clegg—I beg to second that.

The motion was passed unanimously.

Mr. Clegg—I now beg to move the discharge of all the inmates who were connected with the buying of this whiskey.

The motion was passed.

KILLESHANDRA DISPENSARY DISTRICT.

Mr. Duignan handed in a letter from Dr. Brown, resigning his office as *locum tenens* of Dr. Kenny, the medical officer of the Killeshandra dispensary district. It appears that Dr. Kenny has been indisposed for sometime and that the duties were performed by his son; but the younger Dr. Kenny having recently had his leg broken, the dispensary committee appointed Dr. Brown *locum tenens* at a salary of £3 per week. When the appointment came before the board of guardians on the 25th ult., it gave rise to considerable discussion, many of the guardians expressing themselves opposed to the scale of remuneration fixed by committee. Mr. Telfor moved that Dr. Brown be paid at the rate of half Dr. Kenny's salary (£50), which was seconded by Mr. Martin. An amendment was proposed to the effect that he receive as a remuneration an amount equal to Dr. Kenny's full salary (£100). A rider was proposed that Dr. Kenny pay his own *locum tenens*.

On a division there voted—

For the rider	...	...	7
For amendment	...	...	5
For original motion	...	...	2

The rider was thus carried by a majority of 2 over the amendment and 5 over the original motion.

Mr. Duignan wished to know how the committee were now to act, as the district was vacant in consequence of Dr. Brown's resignation.

The Board decided that it was the duty of the committee under the above circumstances to call an extraordinary meeting and appoint a properly qualified person to the office.

[Any medical officer who places himself at the mercy of such persons as these guardians has himself to blame if he is treated as they have treated Dr. Kenny. The medical officer has no occasion to give himself the least

trouble or undergo the least responsibility in the matter. It is his business only to notify his incapacity for duty to his committee secretary, and leave the committee and guardians to get out of the difficulty any way they please. If the medical officer takes upon himself the liability of bargaining with a *locum tenens* or nominating one he will leave both himself and the substitute open to be "done" by the guardians, and he is quite sure to get no thanks for his anxiety about it.]

REPORT OF THE INSPECTORS
ON THE
LUNATIC ASYLUMS IN IRELAND.
(*Continued.*)

We are gratified to report that during the past twelvemonths no tangible causes of complaint have been submitted to us either personally or by letter from any patient, neither have we been officially communicated with in regard to alleged grievances or unkind conduct towards the insane resident in private licensed establishments by their friends; in fact, dissatisfaction finds an expression much more from the confined, and, we regret to add, in some cases with justice, at the inattention and neglect of near relatives, who seem indifferent to them when social family intercourse has been broken by mental disease.

To such complainants the visits of the Inspectors are simply a consolation.

No escape or casualty occurred during the year, but unfortunately two suicides were effected—the first at Hampstead House, one of the best regulated of the private Asylums. A gentleman destroyed himself by strangulation; his dangerous tendency was well known, and it was thought every reasonable precaution had been taken. Two attendants were in special charge of him, one by day the other by night, but he momentarily eluded their vigilance, concealed a handkerchief, with which he effected his purpose in bed. A coroner's inquest was duly held, at which some very near relatives of the deceased and an Inspector attended. After a long and searching investigation, a verdict exonerating the proprietors of all blame was returned. The second took plaae at St. Vincent's; a lady who for many years had been resident in the institution, quiet and amenable at all times, and who was never suspected of a suicidal tendency, took away her own life by hanging. A coroner's jury acquitted the attendants of negligence.

We have to record no variation either in the number of private Asylumns or in their management; as observed by us in a previous report, some in a social point of view, and from the more liberal payments required for care and maintenance, are conducted in a very superior manner to others, and with every regard to social comforts and suitable enjoyment. When, however, deficiencies are noticeable, we do not fail to point out the expediency of meeting them. In regard to dietary, a regular and daily scale, showing the amount and variation, has been lately obtained by us; our object in procuring it was to have a condition to inquire the better into any dissatisfaction that might be expressed in regard to it at our different visitations.

The four mixed institutions for paying and free patients—St. Patrick's, or Swift's Hospital; Bloomfield Retreat, belonging to the Society of Friends; and St. Vincent's, for ladies only, under the immediate superintendence of a religious community, the Sisters of Mercy, continue to be efficiently managed in every detail.

Central Asylum, Dundrum.—The accommodation in the Central Criminal Asylum is adapted to 185 patients, in the proportion of 120 beds for males and 65 for females. On the 31st December, 1873, there was a total of 160 in the house—121 of the former, 39 of the latter sex. During the subsequent twelvemonth 13 were admitted—11 men and 2 women—while within the same period the discharges amounted to 9—2 males recovered, 2 improved, 1 incurable, and 2 females improved, 2 incurable. The deaths, 5—3 of men, and 2 of women, with 1 male escape, diminished the full number under treatment by 15: thus leaving on the 31st December last 123 males and 25 females in confinement, or 2 less than at the close of 1873. With regard to age—of the 158, 49 were over 50, and to social condition, 32 only were married, and 126 unmarried, the illiterate of both, or those who could neither read nor write amounted to 63; thus the illiterate criminal lanatics, judging from the general statistics at our command, would appear to be proportionately three times more numerous than the patients in District Asylums. Further criminal propensities among the insane according to the above date seems to be more developed in males and the unmarried, than in females and the married classes.

Analysing the mental state of the resident in Dundrum, 22 may be considered sane, and the remaining 136, with the exception of 4 males, incurable. The category of offences comprises 64 homicides, 16 violent and 24 common assaults, 6 burglaries, 5 cases of arson, with 42 minor infractions of law, but for the most part by individuals of a passionate or vindictive disposition. The escape referred to was effected by a prisoner acquitted of homicide on the plea of insanity, who was of sound mind all through in the Asylum, and as far as is known has emigrated to America.

The admissions, thirteen only during the year, taking into consideration the excitable character of the lunatic population in Ireland, were certainly very limited in number. Still we believe few as they have been that the discretion exercised by us and a strict examination into the merits of each of the cases submitted from transference from convict prisons, or more directly from gaols subsequent to trial at assizes or quarter sessions, have been attended with no local injustice or inconvenience. Were all lunatics charged with misdemeanours in this country to be immured in a criminal asylum and detained therein for indefinite periods, we should probably have an annual influx of some five and thirty individuals, necessitating a continual increase of buildings and a longer confinement than in ordinary institutions for the insane. Regarding the establishment at Dundrum as primarily designed for persons who are supposed to lose their reason when undergoing penal servitude, and some of them it must be added are for a time accomplished malingerers, or for persons who while insane committed grave offences or even minor ones, but with the exhibition of malignant feelings, as a rule we restrict admissions to them alone; bearing further in mind that not unfrequently the charge against a lunatic is merely symptomatic of his malady, as when in a moment of excitement he injures through inadvertence property not his own, attempts personal violence, or is instigated to criminal acts by designing persons, as in the case of a man indicted for breaking farm gates and the robbery of cattle which at night he was found driving along the high road to market, the true culprit following at a distance.

The discharges during the year amounted to 9—2 recovered, 4 improved, and 3 incurable, which were thus disposed of—4 females and 2 males were transferred to district asylums, and 3 males removed by their friends, all having terminated the legal periods of imprisonment.

The mortality, and in each case, from natural causes was limited to three males and two females advanced in life, being as nearly as possible at the rate of three per cent. No casualty of any kind occurred in the institution save one, a dislocation of the elbow-joint in a refractory patient from a fall, when being borne by the attendant nurses to a padded cell. Devoid of all prison-like appurtenances as the buildings, airing courts, and grounds can be truly represented, no personal violence has been committed by any of the patients on their companions, or injury done to property, furniture, or the interior ornamentation of the house.

The large number of patients of both sexes daily employed during the year presents a strong indication of good management at the Dundrum Asylum; 85 men,

between trades, out-door, and miscellaneous occupations, and 25 women at domestic work, show to what useful purposes the time of the insane can be converted.

The stock and cultivation of the farm, twenty-eight acres in extent, incurred an outlay of £699 12s. 10d. The return for which sum reached £930 4s. 2d., thus accounted for—£104 19s. 6d. was received and paid into bank, for produce sold, £825 4s. 8d., being the estimated value of produce consumed at current market prices, leaving a profit as vouched and transmitted in detail to the audit commissioners £240 11s. 4d.

The total monetary receipts from the Treasury for the maintenance of an average per day during the year of 154 patients, including salaries and allowances of officers, wages of servants and attendants, their clothing, sustenance, &c., land and garden expenses amounted to £5,286 6s. 5d., with a balance in hands of £323 19s. 4d., constituting a capitation cost for the twelvemonth of £35 14s. 7d. The items not accounted for by us in the above general expenditure were fuel and washing materials supplied by the Board of Works; as also superannuation pensions which, after twenty-four years of occupation, did not exceed £108 6s.

Independent of remunerative employments, the inmates of the Dundrum Asylum are fairly supplied with other and more agreeable means of occupation within and out of doors as may be suited to their taste—athletic games, cards, drafts, music, periodicals, papers, &c. The interior of the institution with a strict regard to cleanliness, order, and ventilation, in the various corridors, dayrooms, dormitories associated and single, while the pleasure grounds opposite the front buildings are ornamentally arranged and planted; thus though the epithet of criminal attaches to the name of lunatics there, a benevolent attention to their wants and comforts is liberally accorded, still the yearning for freedom is not the less urgent among the convalescent or those who recognise their position. The malingerer after a time gets tired of his condition, the conversation, and monotonous language of his associates. The female convicts whose principal title to insanity is not unfrequently referrable to insubordination, virulence, and an utter disregard to rule and propriety of conduct when in prison, seek a return to penal confinement with promises of good behaviour if the favour be granted, sent back, the same violence and contumacy, which no discipline or punishment can repress, are repeated, to end in the same result, a medical certificate of lunacy. Notwithstanding the antecedent character of many of the inmates of the Dundrum Asylum, as a body they are remarkably quiet and well-disposed, fully as much as in ordinary institutions, living in harmony among themselves. Any cause of complaint is immediately referred to the Inspectors for adjudication by the Resident Medical Superintendent and Governor who exercises great vigilance over the well-being and interest of the institution professionally and fiscally.

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Population of District	Acreage of District 640 Acres to the square Mile	Date of Election	Distance of Dispensary from Railway Station.
Dundalk	Barronstown ..	£155	£7	1273	223	8,277	18,616	June 1	Dub. & Belf. Junc. R.
Mullingar	Mullingar	£140	£8	470	387	11,816	31,786	June 20	Midland R.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, May* 13*th*, 1876; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, MAY 13TH, 1876. Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . . .	10,050	314,666	26	183	155	22		...	3	5	...	1	8	2	2	2	42
BELFAST . . .	20,687	182,082	23	127	80	13	14	...	1	...	...	5	...	3	...	...	13
CORK . . .	13,816	91,965	33	75	59	8	15	...	...	1	...	1	3	1	...	...	28
LIMERICK . . .	8,509	44,209	19	23	16	2	3	...	...	...	...	...	...	...	..	...	...
LONDONDERRY . .	21,865	30,884	...	...	...	...	...	...	...	..	...	...	...	...	...	...	..
WATERFORD . .	17,209	30,626	24	12	14	1	6	...	..	...	...	..	4	...	1	1	2
GALWAY . . .	21,358	19,692	21	10	8	2	5	...	...	...	...	...	...	...	..	...	...
SLIGO . . .	30,835	17,285	27	7	9	...	4	...	...	...	...	..	...	...	...	...	2

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 31, 1876.

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THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

WEDNESDAY, MAY 24TH.

Mr. Lister, Dr. Pitman, Mr. Simon, and Mr. Teale were introduced as the new members of the Council in place of Dr. Begbie, Dr. Bennett, Dr. Parkes, and Dr. Sharpey. The President then delivered the following Address :—

The Medical Council meets once more, deprived of four of the members who shared last year its deliberations. Dr. Bennett, as President of the College of Physicians of England, removes his clear calm judgment and assiduous services to another and kindred sphere. The persuasive speech and large knowledge of Dr. Sharpey will be longed missed by the Council. Feelings of hearty regard will linger round the earned repose of this nestor of biological science. Of Begbie and Parkes I can scarcely speak. Any formal obituary notice would be out of place here. Yet may it be said, that Dr. Begbie was already endeared to us all, having won at once by his gracious presence that esteem which all Scotland had long bestowed. The Council would probably hold any words from the President concerning Dr. Parkes to be inadequate. His purity of heart, his self-sacrifice, his courage, his grasp of details, were beyond praise. Whenever his powers were brought to bear on our work (and when were they not?) we felt them to be the powers of a strong man, whose strength was surpassed by his generosity, his gentleness, and his goodness. Whilst regretting these great losses, we cannot but feel that the interests of the science and practice of our profession, the care of the public health, the progress of medical education in its complex relations, will be honourably and efficiently considered by those now appointed to succeed them. Although the work of the Council lies strictly within the Act of 1858, it nevertheless increases as time goes on. The Council closely holds to the function of securing a sound education for those who have to do with individual or with national health. But the whole question of national education has shifted within the last twenty years, and the relation of the public to the medical profession in respect of scientific knowledge has altered also. When Mr. Walpole's bill of 1858 was passed, the corporations of physicians, of surgeons, and of apothecaries were still generally accounted in England the chief promoters of biological learning. Now, universities and society at large are not less its promoters and guardians. In literary serials and in common society abstruse questions on all the physical sciences, and notably on biology, are freely discussed in a way which fifty years ago very few persons even in the medical profession could have followed. Psychological problems find data formerly unexpected in minute physical inquiries into development, inheritance, and pathology, ranging through the animal series of every epoch of the globe. It is not then surprising that the topics which the Council has to consider little favour a supposition once entertained and last year alluded to, viz, that its work would be almost ended when all the licensing bodies had been visited by inspectors, and their reports had been received. It would be nearer the truth to say that when once the whole Council was satisfied that it could implicitly rely on the uniformity of a minimum standard in all the examinations, then there would be leisure calmly to study in detail the exact value of that standard, and of the education which was to be tested by it. The Council would then be in a position to take a broad view of the relation in which the medical student of our day stands to modern wants, modern science, and modern division of professional labour. The Council has had once and again to do this in a general manner; but the many undiscussed reports before us may satisfy us what a mass of unsolved detail remains. Dr. Farr, the eminent statistician, at the beginning of the year drew my attention to a statement in the Supplement to the 35 th Report of the Registrar-General. (*a*) He says there that in the army there is a surgeon to every 202 men; in the general population 1 to every 1276 of the population. The proportion of medical

(*a*) "Supplement to Report of Registrar-General," p. lxxxii.

men was in 1851 9·7 to every 10,000 living, 8·3 in 1861, and only 7·8 in 1871. In the army 49 per 10,000 are required. It has become a matter of public concern that it is difficult to supply the vacancies in the army medical staff with competent practitioners. Dr. Farr further writes to me, "One thing is certain, that the medical attendance for the people of England was extremely defective in 1851, and that it is still more defective in 1876. The danger is that it may grow quite inaccessible to vast numbers of the people. We know how this arises. Every one in the profession wishes to see every man in it instructed up to the highest standard." It appears from Dr. Burke that in Ireland the proportion of medical men seems to have increased from about 4 to each 10,000 in 1851 to 5 per 10,000 in 1861, and 6 per 10,000 in 1871. But Mr. Pitt Dundas states that in Scotland the number has diminished as in England. There were 7·2 per 10,000 in 1851, 6·1 per 10,000 in 1861, and 5·2 per 10,000 in 1871. (*a*) Should it appear on investigation that the supply of medical men is inadequate, and that the poorer classes especially are attended by unregistered practitioners, it may become a proper subject for inquiry by the Council whether there is any ground for supposing the examinations to be undesirably deterrent, or the methods of preparing for them in any special manner inadequate, or whether there are any details of study enforced, which have no direct relation with the clinical practice of their profession, and of which the average student's memory may be lightened, or whether the secondary schools which our students attend do indeed give the best preparation for the medical life, whatever that may be. This subject has an important bearing on the question which is more and more forced upon the Council, how to ensure such a test of a sound minimum education in each branch of the kingdom, as can be relied upon not so much for its severity as for its wisdom, and which we may feel sure is the fittest preparation for actual practice and daily life. It will appear presently that a sharp debate may spring up on this matter from an unexpected quarter. It may be well here briefly to refer to subjects brought before your executive committee since the last meeting. These have been few, but neither unimportant nor unsuggestive.

First, as to Registration of Death Certificates.—Representations have been again made with regard to the signing of death certificates by unqualified practitioners, or by qualified practitioners in cases where they have never seen the deceased. (*b*) The Registrar-General has written fully on the subject in letters (*c*) which appear in the minutes of the executive committee. It will be a public benefit if this often-raised question brings about a uniform and satisfactory mode of certifying to the causes of death in the three branches of the kingdom. The Registrar-General is entitled to the thanks of the Council for his uniform and courteous attention to a question, often repeated, because in its very nature difficult of settlement in both dense and thin populations. An apt illustration of this is found in the weekly return of births and deaths in London for the 13th of May. "During the three weeks ending the 6th instant the causes of no less than 13 per cent. of the deaths registered in Peckham were uncertified either by registered medical practitioner or by coroner. This unsatisfactory condition of the death-register is mainly due to the employment of unqualified assistants by medical practitioners in that neighbourhood. When patients are exclusively attended by unqualified assistants, no legal certificate of the cause of death can be obtained unless an inquest be held."

Second, as to Proficiency in Vaccination.—A case of some importance should be named to the Council, though a further statement will come from a committee. A practitioner in Essex was refused an appointment under the Local Government Board in the district where he lived on the ground that his certificates were not in conformity with the regulations of the board, as regards the knowledge of vaccination. Such a refusal, besides causing inconvenience, would tend greatly to his discredit. He had complied, as he believed, with all that had been required by the Medical Council and the College of Physicians, and had the testamur which the college recognised. It was ascertained that this was not a solitary case, and as it was one calculated to inflict real hardship on innocent students no time was lost in obtaining the fullest information on the causes of the occurrence. That information has been laid before the executive committee, and before the Branch Council of England, and committess have been appointed to report on the whole subject. It had been hitherto supposed to have been finally adjusted by the careful discussions in the Council in the years 1867 and 1868. (*a*) It is to be hoped that such regulations will hereafter exist that both the efficacy of vaccination and the character of the younger practitioners may be alike secured. We may pass to subjects brought before the legislature since you separated. The attention of the government was drawn to the state of the conjoint scheme in England by a question put in the House of Commons on March 9, 1876, to the vice-president of the Privy Council. Lord Sandon's reply was that, "The government has reason to believe that as regards England considerable progress has been made towards settling the basis of an arrangement which is likely to receive general assent. We have not the like information respecting Ireland and Scotland; but if satisfactory arrangements are concluded in England, I cannot but hope that they will lead to a like result in the other parts of the United Kingdom. In this state of the case I cannot give any opinion as to what may be the views hereafter of her Majesty's government as to the expediency or necessity of proposing legislative measures to promote or hasten the general adoption of the conjoint scheme." It is possible that at a later period of our meeting the matter may be more fully gone into. At present it stands broadly thus: After thirty-nine meetings at the College of Physicians a scheme for England was agreed upon in 1874 by all the bodies in England except the Apothecaries' Society, and was accepted by the Medical Council. In the course of last year, before it could come into operation, this approved scheme was rediscussed at the instance of the Royal College of Surgeons of England. Another scheme was agreed to, after seven meetings, by a majority of the representatives of every licensing body in England. It must be a matter of regret to Sir James Paget, the assiduous chairman at these conferences, that all the bodies represented have not confirmed the conclusions of the majority of the delegates. The only scheme now before the Council is that of 1874, which is not cancelled; but, also, it is not in operation. There is therefore no motion on the subject before the Council; and there is no "conjoint scheme" for England. The facts remain as heretofore, that a qualification either in medicine or in surgery entitles students to be placed on the Register; and there is no common standard for a minimum qualification. It is right, perhaps, to add to this brief statement, that the College of Physicians in England adds surgery and midwifery to its medical examinations, and is recognised as conferring a qualification in surgery and midwifery as well as in medicine, and that the College of Surgeons adds medicine to its surgical examinations, when a candidate has not a medical qualification. The Bills which are before Parliament need not detain the Council long to-day. The Council has partly gone into the subjects of both. See Minutes of Council as to Mr. Cowper-Temple's Bill, June 24, 25, 26, 1875; as to Public Health, July 7, 9, 1869. Mr. Cowper-Temple's Bill, the same as that of last year, will not, unless the Council change its opinion, be taken as an adequate settlement of the vexed question of women's admission to the Register. Nor is the Government likely, therefore, to promote its passage

(*a*) For the above figures I am indebted to the kindness of Dr. W. Farr, F.R.S., Dr. Burke, and Mr. Pitt Dundas.
(*b*) See Executive Committee, March 23, 1876.
(*c*) Branch Council for England, April 11, 1876.

(*a*) Vol. v. 280–286; vol. vi. 228–236.

through Parliament. At the same time, considering the opinion expressed by the Council in a report on the subject last year (June 26); considering the promise by the Government on the withdrawal of Mr. Cowper-Temple's Bill, that attention should be given to the question; and considering the Act obtained last year by the College of Surgeons of England, and its difficulties this year, with regard to granting licences in midwifery, it would seem both impracticable and impolitic to defer a settlement of the question. Mr. Gibson's Bill deals with two subjects only. The first is, the equality of qualification for certain offices in Ireland, on which information is required before the Council can ask the Government to support the Bill; the second is, the Registration of Public Health diplomas or certificates as an additional qualification. On this subject a committee of the Council has already reported. Mr. Ouvry also gave his opinion as to the form of a clause for a Bill recognising public health certificates. It was laid before the Council on March 1, 1870. This might be a proper subject for a committee, inasmuch as the Government has asked the opinion of the Council on Mr. Gibson's Bill, and awaits an answer before announcing its intentions thereon. This point, also, does not admit of delay. It may be remarked, that the Universities of Dublin, Edinburgh, Cambridge, Oxford, and London, have successfully instituted examinations in subjects bearing on public health. In a sanitary conference held in London, in the early part of May, and presided over by Lord Aberdare, it was suggested that the chief Medical Officers of Health should be required to have such certificates or diplomas. A report on the subject from the British Medical Association will be laid before the Council. There appears to be a growing feeling that the possession of certain professional attainments defined by the Medical Council, should, without regard to sex, be the condition of admission to the *Medical Register*. This is part of the general movement in modern society, and notably in England, America, and Russia, which may be cheerfully accepted by some who would not spontaneously promote it. There is a further conviction that there should be a completer and more systematic training for women who are engaged in midwifery, and a registration of those who are properly qualified according to a legal standard. As regards both of these propositions, the Council will doubtless feel, that if, either by an enabling or compulsory Bill, or by the creation of a new Examining Board, women are admitted to the present Register, and also classed in a Register of their own with special qualifications, still, there will remain many details with respect to education, hospitals, schools, and examinations, which will severely tax the attention of teachers and licensing bodies, and ultimately, and that before long, occupy this Council. The Rt. Hon. Russell Gurney indeed is prepared to bring in a Bill in which it is proposed that the existing licensing bodies shall be enabled, though not required, to admit persons to examination without regard to sex. This Bill will be shortly laid before you for consideration by desire of the Lord President, who has requested me to obtain your opinion thereupon at your earliest convenience. A communication from the President of the Council of Surgeons, regarding the position of the College in respect of midwifery licences, will be also submitted to you. But it would occupy the time of the Council too long to enter fully into these two subjects on this occesion.

One other detail requires notice to-day. A question was put by the Commission on the practice of subjecting live animals to experiments for scientific purposes, whether the Medical Council recommended the establishment of physiological laboratories, or whether the recommendation came from individual teachers, or the different medical corporations and licensing bodies (Q. 980). The subject had been advisedly postponed last year, and has not been discussed by the Council. But it is one of the class just now alluded to as requiring careful attention. A motion on the subject will be proposed for your consideration with regard to the Bill on cruelty to animals, introduced into the House of Lords by the Earl of Carnarvon.

In this connection it may be named that the Government desires to afford every facility to members of the Medical Council for examining the remarkable educational appliances and apparatus for scientific research, now collected at South Kensington, whether from England or from foreign countries. This valuable series throws light upon the question of the extent of training in physical science which is thought possible by various countries, either in ante-professional education, or in relation to technical professional studies. It may be quite right that time, money, and energy should be freely, nay lavishly, expended by great investigators, on matters which may be useless, even injurious, to ordinary students. It cannot be doubted that great freedom of action in this matter should be left to individual teachers of advanced students, while the Council collectively fixes the standard which is indispensable for attaining an adequate knowledge and skill for the practice of their profession.

The Council, in looking over the programme of work before it, will observe the number of committees which will be proposed for appointment.

The reports of visitors, as well as the observations upon those reports, that have yet to be considered, are numerous. The committee nominated on June 18, 1875, presented a report on June 25 on thirteen of the reports of visitations; and this is found in the Minutes of that date. Several important general questions are raised. The same amount of interest and industry bestowed for many years on this part of our duty by Dr. Parkes will, we may be sure, be brought to bear by Professor Humphry, whom the executive committee have asked to take up this work during your pleasure.

When the Reports of the Committees are before the Council either at this or a subsequent meeting, the Council will be in a position to revise the recommendations which it has issued, and on which it has received commentaries from the several licensing bodies. Of all these recommendations probably none will demand graver consideration than those which press on the nineteen Licensing Bodies the importance of combining to form Examination Boards, and those which suggest that no persons be placed on the Register who have not an adequate knowledge of every branch of their profession. The Council cannot fail to observe that the tendency to create new qualifications which press for admission to the Register, by the Bodies independently, has not diminished, as is shown by the independent action of the Universities in respect of the new Examinations in Public Health, and the concurrent desire expressed in various quarters to make these additional Qualifications or either admissible on the Register.

On all these and many other points, the free discussion, for which the meetings of this Council afford us an opportunity, is a great instrument for evoking order out of the disturbed conditions necessarily attending a transitional epoch, and a period of rapid, and on the whole satisfactory, progress. I will detain you no longer from the consideration of the various important subjects which will be brought before you.

On the motion of Mr. Quain, seconded by Dr. Storrar, resolutions were passed for the appointment of a committee to consider and report on (1) Mr. Cowper-Temple's Bill, with resolution of King and Queen's College of Physicians in Ireland; (2) Mr. Gibson's Bill, with resolution of King and Queen's College of Physicians in Ireland; (3) Letter from the Obstetrical Society of London, with the President's Letter to the President of the Royal College of Surgeons of England, and his reply thereto; (4) Report on State Medicine Qualifications from the British Medical Association; (5) Memorial from English Practitioners possessing Foreign University Degrees.

COMMUNICATIONS FROM THE LICENSING BODIES.

The next business was the reception of voluminous communications from the various licensing bodies upon

the reports presented last year by the visitors of examinations. These letters are, of cours, much too long for our columns, occupying as they do about forty pages of the Council's minutes ; our readers, however, will doubtless remember that in several instances severs strictures were passed by the visitors upon the methods and subjects of examination adopted which we fully reported and commented upon last session. The communications now presented consisted generally of explanations and suggestions of such individual cases, and in some promises of carrying out the recommendations of the visitors. The bodies who remitted communications on these topics were the Royal College of Physicians, London, the Royal College of Surgeons of England, the University of Oxford, the University of Durham, the University of Edinburgh, the University of Aberdeen, the University of St. Andrews, the King and Queen's College of Physicians in Ireland, the Apothecaries' Hall, Dublin, the Queen's Colleges of Belfast, Cork, and Galway.

THE GOVERNMENT BILL ON VIVISECTION.

A full abstract of this Bill having appeared in our last issue, before the meeting of the Council, we refer our readers to its provisions.

In moving for the appointment of a committee thereon, Professor Lister said he felt that no apology was required for bringing the subject before the Council, as every one must be satisfied that the Bill introduced by the Earl of Carnarvon was one that demanded very serious attention at their hands. Two courses had been suggested—one to appoint a small committee to consider the subject, and the other for the Council to resolve itself into a committee for that purpose.

Dr. A. Smith proposed that the Bill should be taken as read, and placed on the minutes.

Sir D. Corrigan opposed touching the question of vivisection at all ; he said the Council was established to enable the public to distinguish qualified from unqualified practitioners; it was a Council of Education and Registration, and he maintained that Lord Carnarvon's Bill came under neither of those heads.

Sir Wm. Gull replied that it was true the Council was an educational one ; on this account they were charged with the duty of supervising the course of study to be gone through by practitioners. He could not, therefore be otherwise than interested in any legislation which might tend to throw impediments in the way of the study of natural science. He agreed that the purpose of the Council was to enable the public to distinguish between qualified and unqualified practitioners. But how was a man to be qualified except through a proper course of study? It was the duty of the Council to decide what that course should be. It was not enough that a man should be able to pass an examination ; that might make him a qualified practitioner in a very qualified sense ; but this was not all that was to be desired.

Dr. Rolleston remarked that the subject was clearly within the domain of the Council, and he was in favour of its being taken into consideration. He might disagree with the views of Professor Lister on the subject, but everyone interested in the welfare of the medical profession would desire that the Council should give a distinct pronunciamento upon it.

Dr. Wood supported the motion for putting the Bill upon the minutes of the Council, and contended that the question was one having a material bearing upon the education of medical practitioners, and therefore coming within the scope of the Council's duties.

Dr. Smith's motion was then agreed to.

Professor Lister then renewed his motion for the appointment of a committee to consider the subject, which was carried, the following being appointed, Professor Lister, chairman ; Sir Wm. Gull, Dr. Allen Thomson, Mr. Teale, Mr. Simon, Professor Rolleston, Dr. Humphry, Mr. Turner, Dr. A. Smith, Mr. Lister.

RECOMMENDATIONS FROM THE LICENSING BODIES.

On the motion of Dr. Wood it was resolved—"That the observations on the recommendations and opinions of the Medical Council from the various licensing bodies be referred to the following Committe: Dr. Andrew Wood, Chairman, Mr. Bradford, Dr. Fleming, Dr. Thomson, Dr A. Smith, Dr. Apjohn, Sir Dominic Corrigan, Mr. Teale. And that it be an instruction to the Committee to consider the whole question of the registration of medica, students, together with the letter from Professor Harveyl of Aberdeen, concerning materia medica."

THE ARMY MEDICAL WARRANT.

Dr. Stokes rose to move "that a committee be appointed to take into consideration the recent warrant relating to the Army Medical Service." Dr. Stokes read a long speech which, we presume, was in furtherance of the foregoing motion, but as it was perfectly inaudible at the reporters' table, we are unable to say. Regretting our inability to give the opinions expressed by Dr. Stakes, it would be useless to chronicle the remarks made on his motion by other speakers. We must therefore content ourselves by adding that it was met by the following resolution of Dr. Thomson, seconded by Dr. Smith, and carried:—"That it does not come within the province of the Council to take into consideration the recent Warrant for the Army Medical Service."

The Council then adjourned.

Thursday, May 25th,

was a *dies non* for the reporters, the Council assembling but for half-an-hour to confirm the minutes of the preceding day, then resolving into various committees for the remainder of the day.

Friday, May 26.

The following questions were put to the President:—

1. Dr. Andrew Wood asked "in what state the negotiations of English bodies, as regards the conjoint scheme, are at the present time."

2. Mr. Turner asked if he could inform the Council what resolutions the several licensing bodies that have been negotiating for the formation of a conjoint board for England have arrived at.

The President replied as foliows :

"With respect to the first question, I have to state that the nogotiations are incomplete.

"As to the second : On the 30th of March, 1876, at a meeting of the conference of all the medical authorities in England, held at the Royal College of Surgeons of England, it was resolved—

> 'That the conference of representatives appointed by all the medical authorities in England, adopt the scheme for an examining board for England as this day amended, and submit the same to the several medical authorities for their consideration.'

"This scheme as amended was forwarded to all the licensing bodies by Sir James Paget, Chairman of this Conference.

"The University of Oxford has replied assenting to the scheme. The University of Cambridge has replied that the Syndicate appointed to consider the scheme are unable to recommend the University to approve the alterations proposed to be made as to the appointment of examiners. The University of London has not replied. The University of Durham assents. The Royal College of Physicians approves the amended scheme, as does the Society of Apothecaries. The Royal College of Surgeons approves, if all the other bodies agree.

"It is proper to state that suggestions have been made by Oxford, the College of Physicians, and the College of Surgeons. These need not be expected to cause any serious difficulty if the scheme be generally agreed to."

3. Mr. Quain asked if he could give information with regard to a "conjoint scheme" in Scotland and in Ireland.

The President replied as follows:

"I am not aware that any communication has been addressed to the President of the Council on the subject of the conjoint scheme, either for Scotland or Ireland, since the last meeting of the Council. Observations and resolutions on the subject of these schemes are to be found in every year from 1869 inclusive. The last was, I believe, on June 26, 1875."

A letter was received and entered on the minutes from the Board of Trade, referring to a report from the superintendent of mercantile marine at Poplar, in which it was suggested that when registering medical practitioners their diplomas should be endorsed as a proof of registration.

THE TEACHING OF MATERIA MEDICA.

The following letter from certain Lecturers on Materia Medica was read, and on the motion of Dr. Wood was referred to the committee on the recommendations of council:

SIR,—We, the undersigned lecturers on Materia Medica and Therapeutics in the medical schools of London, desire to tender our best thanks to the general medical council for the consideration bestowed by them upon our memorial of June, 1875, and respectfully to ask what reply, if any, has been received from the licensing bodies to the recommendation based upon our suggestions.

We beg leave to express our general concurrence with Professor Harvey in his letter recently addressed to you, and are of opinion that a further recommendation from your council to the *London* medical schools would materially aid us in carrying out the objects we have in view, viz.:—

1st. The postponement of the course of Therapeutics to a later stage of the curriculum; and

2nd. The amplification and more practical development of the teaching of Pharmacy.

Signed.—FREDK. J. FARRE, St. Bartholomew's Hospital; T. LAUDER BRUNTON, SYDNEY RINGER, University College Hospital; E. BUCHANAN BAXTER, King's College Hospital; JOHN C. THOROWGOOD, Middlesex Hospital; CHARLES D. F. PHILLIPS, Westminster Hospital; R. DOUGLAS POWELL, Charing Cross Hospital; J. F. PAYNE, St. Thomas's Hospital; W. MOXON, Guy's Hospital; ROBERT FARQUHARSON, Hon. Sec., St. Mary's Hospital.

ENGLISH CERTIFICATES OF LUNACY IN SCOTLAND.

A letter from Dr. Stewart Lockie was entered on the minutes. This letter referred to the invalidity of English medical certificates for the admission of lunatics into Scottish Asylums, and it was moved by Dr. Haldane and seconded by Sir William Gull:—

"That as the limitation of the validity of lunacy certificates to the division of the Kingdom in which they are first given is still a pressing grievance, the President be requested to lay before the Home Secretary all the previous acts of this Council on the matter."

SATURDAY, MAY 27.

The Council assembled two hours earlier than usual for the purpose of receiving and discussing the—

REPORT OF THE COMMITTEE OF THE GENERAL MEDICAL COUNCIL ON LORD CARNARVON'S BILL INTITULED "AN ACT TO PREVENT CRUEL EXPERIMENTS ON ANIMALS."

The Report of the Committee was as follows:—"The Committee having considered the Earl of Carnarvon's Bill, intituled "An Act to prevent Cruel Experiments on Animals," recommend to the Council to address her Majesty's Government to the following effect:—

This Council being charged by law with the duty of superintending the course of medical studies in this country cannot be indifferent to any legislation affecting physiological teaching and research.

The General Medical Council while deeply impressed with the importance of avoiding the infliction of needless pain in the performance of experiments on living animals, regard such experimentation as indispensible to the advancement of a physiological and medical knowledge.

The Council are not aware that in regard to these experiments such abuses have existed in the British Islands as to justify exceptional legislation restrictive of physiological study and research; but they would nevertheless be glad to assist the Government in framing a measure which may give all reasonable securities against any possible abuse.

The General Medical Council would respectfully suggest to her Majesty's Government that the following amendments should be made in the bill:—

(*a*) In clause 3, sub-clause 1, the performance of experiments is limited, "with a view only to the advancement by new discovery of knowledge which will be useful for saving or polonging human life, or alleviating human suffering." The General Medical Council would remark that any proposal to limit experiments to such as may be immediaaely applied to some prophylactic or therapeutic end, and to forbid them in cases where they are made purely for the advancement of science, is contrary to the opinion of the Royal Commission on the practice of subjecting live animals to experiments for scientific purposes, as expressed in their report (p. xviii.) where it is pointed out that such a "proposal cannot be sustained by reflection upon the actual course of human affairs. Knowledge goes before the application of knowledge, and the application of a discovery is seldom seen when the discovery is made." Further the Council would remark that this sub-clause, by limiting experiments to those which will be useful for saving or prolonging "human" life, or alleviating "human" sufferings, would prevent researches from being carried out with reference to the prevention and treatment of the diseases of the animals themselves. The Council would therefore recommend that the following be substituted for clause 3, sub-clause 1:

That the experiment must be performed with a view to the advancement or to the commnnication of physiological or medical knowledge.

(*b*) The limitation of all experiments to registered places, as proposed in Clause 3, sub-clause 2, would not only tend seriously to obstruct genuine scientific inquiry, but would also prove impossible in practice. The General Medical Council, however, would see no objection to the limitation being applied to such experiments as are performed for purposes of demonstration. Physiological laboratories, and other public institutions in which experiments on living animals might be carried on for educational purposes, would thus, by a further provision of the Bill, be subjected to visitation by Inspectors; while private researches which, in competent hands, might prove of the highest value to mankind, and ought by no means to be prohited, would, by the system of personal license and certificte, provided for in other clauses, be restricted to individuals of assured character and attainments. The Council would accordingly suggest that the sub-clause be amended, as follows:

The experiment *if for purposes of demonstration* must be performed in a registered place.

(*c*) In sub-clause 1, page 2, line 17, after the word "forgoing," the words or *following* be inserted; and that in line 22 the word *due* be inserted before "instruction"; also that after the word "knowledge," in line 24, the remaining words in lines 24 and 25 be omitted.

(*d*) With reference to clause 4 the Council are of opinion that in the present state of knowledge as to the properties of *curari* or *curare*, it is inexpedient for Parliament to declare, as in this Bill, that this drug shall not, for the purposes of the Act, be deemed an anæsthetic. They would see no objection to the enactment in lieu of clause 4, of the following:—

That no substance should be deemed to be an anæsthetic until it has been proved to be so.

(*e*) As to clause 5, the General Medical Council do not see sufficient reasons for specially exempting dogs and cats from experiments. On the contrary, they feel that such exemption would withdraw from investigation carnivorous animals of great value for the purposes of research; whilst further the communicability of certain diseases (*Rabies—Hydrophobia*, and the diseases dependent on the *Tapeworm—Echinococcus*) from these animals to man, renders it specially inexpedient that the dog and cat should be exempted from experimental inquiry.

(*f*) That an order to bring clause 7 into accordance with the suggestion made under clause 3, sub-clause 2, the Council

would suggest the insertion in line 26, after the word "place," of the words *to be registered*.

(*g*) The provisions of clause 9 appear to the Council not only beyond the necessities of the case, but such as might be made vexatious and oppressive. The Council would suggest that the objects of the Act would be carried out by the following clause:—

The Secretary of State may in any case, where he deems it necessary, call upon any person licensed under this Act to to supply him with information respecting experiments carried on under this Act.

(*h*) As regards clause 10, the General Medical Council think it indispensable for the just working of any system of inspection under this Act, that every person appointed to act as an Inspector should be scientifically competent to appreciate the nature and intention of such experiments as he may witness; and the Council would therefore recommend that such modifications be made of clause 10 as may secure this essential object.

(*i*) To the list of Presidents named in clause 11 should be added:

The President of the Royal Society of Edinburgh, the President of the Royal Irish Acadamy, the Vice Chancellors and Principals of the Universities in Great Britain or Ireland:

And also that the professors of medical jurisprudence and materia medica should be added to the list of professors named in the Bill.

To persons in the higher ranks of science engaged in special research the frequent application for a certificate, such as seems to be required in clause 11, would seriously interfere with their labours. The Council would therefore suggest that the following addition be made after the word "section" to the last paragraph of that clause.

And may also, on recommendation of the functionaries above specified, exempt by special licence any licensed person approved of by them from the necessity of producing such special certificates as are mentioned in clause 3.

(*j*) In the matter of appeal in clause 16, the Council are of opinion that any licensed person who thinks himself aggrieved by the judgment of a court of summary jurisdiction should have the option of appealing to a superior court instead of the court of quarter session.

JOSEPH LISTER, *Chairman.*

Before proceeding with the discussion of this Report:—

Sir Dominic Corrigan asked leave to move an amendment to the effect thatwhilst, heartily concurring in the desire of preventing any needless infliction of pain on the lower animals, it was not within the province of the Council to interfere with Her Majesty's Government, inasmuch as their advice had not been sought.

Dr. Aquilla Smith seconded the amendment, but the President ruled that it could not be put, the Council having already decided to take action in the matter.

The Report was then discussed paragraph by paragraph in committee of the whole Council. The first paragraph passed without discussion.

Professor Lister thought that as the welfare of the public was inseparably connected with the progress of physiological research, which could not possibly be carried out unless necessary experiments were permitted, paragraph two needed no words from him to recommend its adoption by the Council.

Sir Wm. Gull was perfectly astonished to find that in a country like this the Government should proceed with the legislation of such a momentous question without first ascertaining the views of that Council, which was certainly in a better position than any other body in the land to know the merits or demerits of the subject, and that the knowledge that such a Bill was intended to be introduced should be left to accident, or the chance of seeing it in the public press. One of the duties of the Medical Council was to determine and to supervise physiological studies, yet the Government had initiated the monstrous precedent of interfering with the rights and privileges of the Council without the shadow of courtesy or consideration; he therefore would give his hearty support to this paragraph, which expressed their surprise and annoyance at such proceeding.

Dr. Allen Thomson deemed it of great importance that the protest of each individual member of the Council should go forth to the public in order to establish their position as stated by Sir Wm. Gull. To this end he proposed an addition expressing even more strongly the annoyance they felt at the course the Government had thought fit to pursue.

Sir Dominic Corrigan, on the contrary, considered that the Government had acted in a perfectly legitimate manner. He was still of opinion that the discussion of vivisection did not come within the province of the Council, whose principal duties were to see that students obtained a full and sufficient, education not to legislate with the view of seeing they got more than was necessary, that might be left to circumstances and their teachers, not to the dictation of the Council. He charged Sir Wm. Gull with only partially quoting passages in chapters 20 and 21 of the Medical Act of 1858 to suit his case, whereas, had he read such quotations in their entirety, a totally different construction would appear. He was aware Sir Wm. Gull objected to the Government pursuing their course without the action of the Council, but the subject under discussion not coming within their province as he took it, gave them no right of appeal to the Privy Council. He was forcibly reminded of a common expression made use of in Ireland: "Don't put your poker in another man's fire," which he would advise the Council to act upon in this case.

Dr. Andrew Wood thought Sir Dominic's arguments most fallacious; physiology was one of the subjects required by the Council; therefore, as physiological experiments could not be carried on if the Bill of the Government became law, it was clearly the duty of that Council to interfere, even if they could not stop the passage of the Bill through the House, at least, to modify it, so that the students of this country should not be placed in a false position.

Mr. Quain, Dr. Pitman, and the President objected to the rider suggested by Dr. Thomson, and the latter in deference to such wishes withdrew it, and the paragraph as it originally stood, that "This Council being charged by law with the duty of superintending the course of medical studies in this country cannot be indifferent to any legislation affecting physiological teaching and research," passed.

Paragraph 3 provoked considerable discussion; it ran as follows:—"The General Medical Council while deeply impressed with the importance of avoiding the infliction of needless pain in the performance of experiments on living animals, regard such experimentation as indispensable to the advancement of physiological and medical knowledge."

Professor Lister in moving its adoption pointed out a few of the absurdities with which the public mind was beset in their agitation against vivisection. They had two things to consider, the taking of life and the infliction of pain. The public dined and feasted upon fish, flesh, and fowl, but these being matters for their comfort and enjoyment, they never cared to ask themselves, the amount of suffering these living creatures passed through whilst under preparation for their meals. They boiled lobsters alive, crimped salmon and skate alive, skinned eels alive, inflicting fearful torture for their enjoyment; yet when scientific men were engaged in the prosecution of some necessary investigation which might benefit the whole human race, they raised a hurricane of abuse, because an incision had been made in the skin of a kitten, or a frog had been subjected to what they called a brutal experiment. Where was the logic of this virtuous indignation? These very people set traps for rats, the wretched animals were caught by the legs, and for hours suffered the most acute agony, in the endeavour to get free, even as it sometimes happened with the loss of a leg or two. They allowed cats to torture mice for hours, enjoying what they considered the fun of the thing, yet they never deemed it worthy a moment's consideration that these poor animals were undergoing a terrible

amount of physical and mental suffering. Worse even than these, the torture inflicted in what was called sport was indescribable ; the hours of mental and physical suffering endured by the fox, who was finally worried to death by the dogs ; the maiming of pheasants and other game, which struggled back to their nests or their holes to suffer the most excruciating agony for days after being partly killed "in sport," was monstrous to think of. Yet the justifiable infliction of pain in the cause of scientific research, in which the public were more enduringly interested than in the cruelties of so-called sport, was more microscopical in the whole year than a single day's pigeon-shooting. But while he would not maintain that vivisection was absolutely indispensable, yet, as it inflicted no moral wrong while governed, as it had been proved to be, by humane principles, it was as necessary for the public as the profession, and it would be well the public should know this. With these philosophical remarks he commended paragraph 3 to the acceptance of the Council.

Dr. Humphrey remarked that in the race of life man suffered both moral and physical deterioration, and were it not for those hidden mysteries which medico-physiological research revealed for the benefit of humanity, man would be in a bad state indeed. The grandest discoveries of science, which had redounded for the glory and comfort of man, could not have been made but for the experiments upon the living structure ; the mind, if he might so term it, of dead structure had already been worked out, and it could only be upon the living process that observations could be made. Of such vital importance did he deem the subject, that the welfare of future generations and the position of this country in the world of science and advancement would seriously be affected, and a consequent decadence the result. For his part, he could honestly say that he never witnessed an experiment in which needless pain was inflicted. The public mind had been unduly influenced by agitators, who fished in every hole and corner, digging up reports and cases from times immemorable, in order to give a fictitious weight and importance to their case ; whilst those useful investigations from which humanity at large had so largely benefited were kept in the background. Before resuming his seat he desired to enter his protest against the narrow-minded view with which the medical profession had been taunted—viz., that if vivisection were rendered illegal, our students would pass to other countries where it was permitted, and we should suffer a monetary loss : nothing could be more monstrous ; the profession took a much more enlightened view; they knew that it was absolutely necessary, and if once stopped, would be the first and surest step this country could take towards an inevitable decadence.

Dr. A. Smith drew attention to the fact that if the Bill of Lord Carnarvon's became law, it would render it impossible to castrate our domestic animals, as was now the universal practice ; the public little knew what consequences their agitation would lead to.

Sir Wm. Gull wanted to know why the profession were to be instructed to prevent cruelty to animals? Who, but they had invented anæsthetics to relieve and reduce pain to a minimum? Who but the immortal Harvey established the circulation of the blood by experiments upon the living tissue, leaving a legacy to all times for the Fellows of the College of Physicians to stir up the profession in the pursuit of physiological research. Were they, then, 240 years after, to be treated as schoolboys, and called upon to convince the public that experimentation was necessary? There was nothing greater than the cruelty of ignorance, from which the public were suffering not inconsiderably on this very question.

Dr. Rolleston said the subject was not a new one, this outcry and clamour had been excited in the public mind for many years past; he well remembered it in 1863, and thought therefore that they should strive to settle it at once. Upon a show of hands paragraph 3 was declared to be carried.

Paragraph 4 was then divided into two, the following part being first considered, which runs thus:—"The Council are not aware that in regard to these experiments such abuses have existed in the British Islands as to justify exceptional legislation restrictive of physiological study and research."

Professor Lister wished to remark as the mouthpiece of the Committee, that the public had ample safeguards against needless infliction of pain in animals in the humanity which always guided the profession ; he also felt certain that if wanton or cruel experiments were indulged in by teachers, no class of students would be found to tolerate them.

Dr. Humphrey was aware that it would be impossible to provide against an occasional abuse of any privilege, but when such exceptions were taken against the immense amount of good, it would be infinitesimal.

Sir Wm. Gull wished it to be known through the press that the accusations that had been made against the Brown Institution of cruel and useless experiments was a base calumny, the evidence given before the Commission of Inquiry showed that there was not the slightest justification for the charges that had been made.

Mr. Macnamara, on behalf of the Irish Colleges, protested that needless experiments were never carried out, and where experiments for the purposes of physiological investigation were necessary, humanitarian feelings always guided the actions of the teachers.

Professor Turner said the paragraph under discussion rightly expressed their views, that there existed no reason for exceptional legislation upon the subject. It was an insult to common sense, and a cruel and undeserved censure upon those gentlemen who sacrificed so much valuable time and attention on behalf of the public in biological experimentation.

Dr. Thomson also spoke to the same fact.

Dr. Quain entered upon the defence of Dr. Klein, of the Brown Institution, whose evidence the Royal Commission had twisted in the very opposite direction to that intended by that gentleman. The Master of the Rolls, as Chairman of the Commission, had most minutely investigated the subject as connected with the Brown Institution, and the result was a complete refutation of the charges made. To give the Council an idea of what was actually done, Dr. Quain quoted a few passages from his evidence. Dr. Klein denied that he had a private class for these experiments, as stated. During the year he had performed *only two experiments where necessary pain* was inflicted, the cauterisation of the cornea of a frog, the injection into the blood-vessels of the same animal, and the cauterisation of the cornea in a kitten, under chloral hydrate, which was given to keep the animal quiet. Only ten or twelve animals were sacrificed to these experiments in the year, and these the lower animals, frogs in the greatest number, and only one kitten. He had made but one experiment upon a living kitten, and this for teaching purposes. Yet, continued Dr. Quain, this was the man who was held up to abhorrence by an ignorant public ; these the fearful and heartrending experiments upon which exceptional legislation was deemed necessary !

Mr. Simon explained that Dr. Klein's name was held up to abhorrence not for his practices, but for the sentiments he was supposed to hold. He considered him most unfairly dealt with, and congratulated Dr. Quain upon his defence.

Paragraph 4 was then agreed to, and the following paragraph—"they would nevertheless be glad to assist the Government in framing a measure which would give all reasonable securities against any possible abuse"—with various alterations and additions, occupied the attention of the Council for the remainder of the day.

Dr. Wood thought the clause they were considering a most illogical one ; it expressed a gladness which they did not feel, and committed the Council to a course of which they disapproved. He suggested that, as legislation was inevitable, they should insert the word "if," so that it might read, "if legislation on the subject is deemed advisable, they would assist," &c.

Dr. Rolleston could not agree with Dr. Wood ; legislation was not only inevitable, but desirable. As Dr. Quain had entered upon the praiseworthy defence of Dr. Klein, he would

do so on the other side for Professors Erichsen and Huxley, who drew up the elaborate and exhaustive Report of the Royal Commission, and whose opinions and evidence could not be disregarded. These gentlemen had stated that great carelessness existed in the conduct of experimental inquiry, and that reasonable securities ought to be given against the needless infliction of pain. Their Report contained a most beautiful and classical metaphor, which he considered went far to upset the notion, that unless men were allowed to experiment upon living animals without restriction the chances of discovery were very remote. Dr. Rolleston then quoted the following views of Professors Erichsen and Huxley :—

"It has been proposed to enact that the object in view shall be some immediate application of an expected discovery to some prophylactic or therapeutic end, and that any experiment made for the mere advancement of science shall be rendered unlawful. But this proposal cannot be sustained by reflection upon the actual course of human affairs. Knowledge goes before the application of knowledge, and the applications of a discovery is seldom foreseen when the discovery is made. The first origin of a great discovery is often like the germ of the natural life in an animal or a vegetable, so small as to be scarcely perceptible, and yet it may contain in it the seeds of the grandest results."

Dr. Rolleston concluded by expressing his entire concurrence with these views. Not only did the interests of medical education and those of the profession demand immediate legislation, but the moral sense of the community must be taken into account. It would prevent public scandal, allay suspicion, and be the means of bringing in valuable recruits from the public (who had now taken up the cry indiscriminately), if the subject were met by them in that catholicity of spirit which its importance demanded.

Sir Dominic Corrigan expressed a contrary view, quoting Talleyrand's advice when news of a panic was brought to him. He said panics in the public mind must be met by doing nothing; they quickly wear themselves out. The present one was got up by a few agitators, and supported by a number of good-intentioned ladies. He conversed with one of these latter the other day, who told him, in the course of conversation, that she had eaten oysters for lunch. Upon his asking her, as an anti-vivisectionist, if she was not ashamed of cutting up and swallowing these creatures alive, she replied that the oyster did not oppose it, and therefore it had no feeling. He then reminded her that the oyster's opposition to being opened was so strong that an instrument of torture had to be invented to open it. Its living and throbbing muscular tissue was then cut across, cayenne pepper and vinegar added to its agony, and the wretched creature gulped down alive, to gratify the fancies of her appetite. The lady was, of course, shocked; yet these, added Sir Dominic, are the people by whom the panic is kept up. He, however, was convinced that the good sense of the House of Commons would not pass a measure which was nothing less than humbug.

Dr. A. Smith was of opinion that, after the expressions of that Counil had gone forth to the public, the Government could not and would not attempt to pass a Bill which would render future physiological experiments illegal.

Sir Wm. Gull expressed similar views, and condemned the indiscreet words used in the House of Lords by Lord Cardwell, which showed conclusively that the mind of this statesman, for whom he entertained the greatest respect, had been influenced by the popular clamour.

The President expressed an opinion that it would be futile to attempt to stop legislation on the subject, and advised offering their assistance to the Government, notwithstanding their conviction that the outcry was not justifiable, nor exceptional legislation necessary.

Dr. Wood then moved the adjournment of the debate until Monday, which was carried.

Monday, May 29th.

After confirmation of the Minutes, the Council in committee resumed the discussion on the Report of the Vivisection Committee, which will be found in Saturday's proceedings. Space and time prevent our recording more than the fact that the remaining clauses of the report were passed with some slight emendations, and the Council then resumed, but owing to the lateness of the hour, the Report as amended by the Council in committee was deferred, that it might be considered in conjunction with the whole Bill.

Literature.

CLINICAL REPORT OF THE ROTUNDA LYING-IN-HOSPITAL. (a)

It is with the greatest pleasure we notice the appearance of the seventh (and, we regret to say it, final) Report of the Rotunda Lying-in Hospital. It would be impossible to overrate the value and importance of these reports. They are founded upon the most careful and conscientious observation and record of indisputable facts. He has, we think, admirably succeeded in accomplishing the task which he marked out for himself at the commencement of his official career, *i.e.*, of demonstrating, upon the basis of incontrovertible facts, the comparative safety of large maternities, when well and carefully managed, as asylums for the poor creatures who are compelled to seek refuge in them; and that in the majority of instances where patients become the subjects of any form of fevers, or other dangerous complications of the puerperal state they have either contracted the seeds of the disease previous to their admission, or their labour has been allowed to overtask their strength for want of timely interference and instrumental delivery.

In a necessarily brief review, it would be impossible for us to do full justice to the pamphlet under consideration, bristling as it is with information, statistical and otherwise, in every page and every line. To be properly appreciated, it should be read and considered *in extenso*. We must compliment Dr. Johnson most highly for the clear and concise manner in which he has tabulated the results of his large experience and observation. We believe that these tables will long be a standard of reference for the profession at large upon most questions of obstetric interest, and most cordially join in the hope expressed by several members of the Obstetrical Society that these reports may be brought together and published by their author in one volume; as a standard book of reference upon the points of interest coming within its scope it would be simply invaluable.

Of the 1,065 cases of labour that took place in the Hospital during the past year, the following is a brief summary, quoted in Dr. Johnson's own words :—

"813 were perfectly natural, *i.e.*, the head presented; the child was born within 24 hours, without any artificial aid, or any untoward circumstance occurring; the placenta was expelled by the natural efforts, and there was no *post-partum* hæmorrhage. 40 were abortions, *i.e.*, the ovum or embryo was expelled from the sixth week to the end of the sixth month of pregnancy. In two instances the child presented with the upper extremities, and in 37 with the lower. We considered it advisable to deliver in 113 instances with the forceps. In 5 cases craniotomy had to be performed, and in four instances we performed version. Labour was induced in 2 instances.

"In 11 instances the labour was complicated by twins, in 1 by triplets, in 4 by convulsions; there were 11 cases of accidental hæmorrhage, 2 cases of placenta prævia, 31 of *post-partum* hæmorrhage, viz., 26 trivial, or comparatively so, and 5 serious, 15 of retained placenta, 4 cases of prolapse of the funis. Chloroform was administered in 100 cases."

Dr. Johnson is strongly in favour of early delivery with the forceps where there is threatening of serious danger to the patient, owing either to the prolongation or severity of the labour. He does not consider the want of complete dilatation in the os uteri to be a bar to the application and use of the forceps when they are in the hands of a skilful practitioner, and when they are both applied and used with proper caution. Our own experience induces us to

(a) "Clinical Report of the Rotundo Lying-in Hospital" for the year ending 5th November, 1875. Compiled by the late Master, Dr. George Johnson, and read by him before the meeting of the Dublin Obstetrical Society, at their meeting, Jan. 8th, 1876.

agree with Dr. Johnson in the necessity for and benefits accruing from such early interference, when properly carried out, in carefully considered cases. Under no circumstances must their use be a mere question of convenience to the doctor, but must depend upon the circumstances of the case as affecting the safety of the mother and child. In support of his opinion as to the safety and innocuousness of the forceps when skilfully handled, Dr. Johnson quotes the fact that, in 752 cases in which they have been used during the last seven years, no single instance has occurred in which injury has been inflicted upon the soft parts of the mother, a fact that reflects the highest credit upon Dr. Johnson's caution and skill.

The mortality amounted to 27 from all causes, or about 1 in 39½. At first sight this seems a very high rate, but in reality it is not so, as the author of the pamphlet has very admirably shown in his careful inquiries into the circumstances and history of each case, which he has clearly set forth in both tabular and detailed form. We quote a brief analysis of these cases in his own words :—

"There were 10 cases of seduction, suffering more or less from great distress of mind ; 2 fretting from having been deserted by their husbands ; 5 in extreme delicacy of health, some having pyæmia upon them on admission ; 2 cases of scarlatina ; 1 bronchitis, pleuritis, and pneumonia ; 1 diarrhœa, terminating in peritonitis ; 1 fungoid tumour of the uterus and fatty heart ; 2 peritonitis ; 1 renal disease."

We regret space and time forbids our dwelling further upon the subject matter of these admirable reports ; they reflect the highest credit upon their author, upon the institution of which he was Master, upon the Dublin Obstetrical Society, of which he is such a prominent and honoured member, upon the Dublin School of Medicine, and, lastly, upon the medical profession in Ireland generally. We close our remarks with the renewed expression of our desire that Dr. Johnson may be induced to publish these reports in a collected form, for the sake of all those who are interested in the progress, on a scientific basis, of the stetric branch ofb o pourrofession.

Healing of a Perforating Wound of the Stomach.

(Fischer : *Centralblatt für die Med. Wissenschaften*, No. 55, 1875 ; from *Deut. Med. Wochenschrift*, 1875, No. 11.)

The ball passed between the fifth and sixth rib of the left side, and without touching the lung perforated the diaphragm, making a round hole in it, went through the anterior and posterior walls of the stomach, and remained back of the quadratus lumborum muscle. The wounds of the stomach healed without giving rise to any disturbance, probably because at the time of, and for a considerable space of time after the infliction of the injury, the organ was empty. At the post-mortem examination, distinct cicatrices of the size of a small coin, which were partially pigmented, were found. False ligaments existed between the diaphragm and the anterior wall of the stomach to its greater curvature, to the left lobe of the liver, and from the fundus of the stomach to the spleen. In the lower part of the left pleural cavity there were numerous adhesions between the pleura, lungs, and pericardium.

On the Occurrence of Inosite (?) in the Urine of Rabbits.

(Dr. E. Külz : *Centralblatt für die Med. Wissenschaften*, 1875, No. 54.)

Bock and Hoffman have shown that rabbits become diabetic when a solution of common salt of the strength of 1 per cent. is continuously injected into their blood-vessels. In view of the fact that in both diabetes mellitus and insipidus inosite was sometimes found in small quantities, it was supposed that there would be an excretion of this substance in the large amount of diabetic urine produced by the administration of the chloride of sodium. It was found upon investigation, in eight experiments performed with a view to settle this question, that inosite was present in the urine in each case.

Clinical Records.

ST. MARY'S HOSPITAL.

Under the care of Mr. Norton.

Case of Strangulated Inguinal Hernia—Reduction en masse by Taxis—Continuance of the Symptoms—Operation—Recovery.

(Reported by Mr. Sworder.)

A. B. was admitted on the 29th of March, 1876, at 6.30 a.m., with all the symptoms of a strangulated hernia. He stated that he had been ruptured for six months, and that he had never been able to find the right testicle. He had been able to reduce the rupture without trouble, and to retain it in position by an ordinary inguinal truss. On the morning referred to the hernia descended at 3 p.m., and he was then unable to return it. He obtained medical advice, but as the hernia was found to be strangulated, he was sent on to the hospital. On examination a large inguinal hernia was found on the right side, which was tense and painful, the pain extending into the abdomen ; there was no impulse on coughing. He was put into a warm bath and taxis applied, but without result. An ice-bag was then placed on the tumour, and, after three hours, nearly the whole mass was easily pressed back into the abdominal cavity. There then remained a tumour rather smaller than a hen's egg, soft and fluctuating, but without impulse on coughing. No intestine could be felt within the tumour nor within the inguinal canal. The symptoms of strangulation had at this time disappeared, he had no pain, and he did not vomit. Towards evening the patient vomited again, but the vomit was only milky fluid containing bile, and not stercoraceous. He slept fairly through the night, but on the following morning, March 30th, the vomiting continued, though still only curdled milk ; the countenance was somewhat anxious. Mr. Norton now saw the case, and formed the opinion "that the hernia had been reduced *en masse*, that in its reduction some part of the gut had been pressed through the stricture, a small knuckle yet remaining at the neck of the sac, and the rest of the sac containing fluid was that which was detected external to the abdomen."

He operated in the usual manner, and on opening the sac, about 3 oz. of pale, serous fluid escaped, and the testis was seen attached in inguinal the canal. On pressing upon the abdomen, a knuckle of strangulated intestine was made to protrude ; the neck of the sac was at least 2½ inches from the external abdominal ring, and the strangulation was at that point : the constriction was divided and the hernia readily returned. This hernia, which was of the congenital variety, was evidently due to the position of the undescended testicle ; the intestine had not been tightly constricted by the neck, and consequently the fluid in the sac was not sanious, and the symptoms of strangulation, though sufficient to diagnose the condition, were markedly mild in character.

March 29th.—He had ⅛ gr. of morphia one hour after the operation. Diet, milk and ice. At 10 p.m. very little abdominal pain. Temp., 98·2 ; pulse, 96.

30th—Slept very little. Much diarrhœa in the night. ℞. Tinct. opii., ℥xij. ; tr. lavand. co., ℥xx. ; sp. ammon. co., ℥xx. ; aquæ. ℥i. ; t.d.s. ; three doses only. Temp. 98·8 ; pulse, 84. Very little abdominal pain. As the diarrhœa continued, he was ordered an enema of twenty minims of opium ; this stopped it for some hours. Temp., 99 ; pulse, 80.

April 1st.—Pulse, 76 ; temp., 101·2. As the diarrhœa continued, he was ordered ℞. Pulv. aromat ℈ss. ; tinct. opii, ℥xij. ; liq. ammon., ℥x. ; aq. camph ℥i., to be taken after every motion. He only required two doses. The wound was looking rather puffy, as if matter were forming. A linseed poultice was applied. Temp., 99 ; pulse, 80.

2nd.—Slept well ; no return of diarrhœa ; no abdominal pain ; some pus came away through the wound, and on

probing a good deal came away: both extremities of wound have healed by first intention.

From this time the patient progressed without any bad symptoms, and left the hospital wearing a truss on the 26th of April.

THE SALE OF FOOD AND DRUGS ACT, 1875.

This Act (38 & 39 Vict., cap. 63) came into operation on the 1st October last. It has repealed all the previous general Acts relating to the sophistication of food, drink, and drugs. The experience which I have of the working of this Act, short as it is, leads me to conclude that it is defective in the following respects:—

1. It affords no protection to persons who only discover when using it that the food, &c., which they have bought is adulterated. Every person to be in a position to prosecute an adulterator of food, &c., must at the time of purchase notify to the vendor that he intends to have the article analysed, and he must offer to divide the article into three parts, and to give one of them, sealed up, to the vendor. It is evident that only an inspector will purchase food under such circumstances; and, therefore, if a private person finds that a spurious article has been palmed off upon him, he is not in a position to prosecute the vendor, at least under the provisions of the Sale of Food and Drugs Act. The former Acts enabled prosecutions to be undertaken against any person who sold an adulterated article; for, when the machinery for making available the Public Analyst's certificate as evidence was not taken advantage of, the Public Analyst, or any other competent chemist, could prove as to the adulteration according to the ordinary rules of evidence.
2. The Sale of Food and Drugs Act permits, in effect, the retail trader to sell an adulterated article, providing that he can prove that he sold it as he bought it from the wholesale trader. Several vendors of adulterated mustard in Dublin have escaped a penalty by showing that they sold it in the same condition as they purchased it from English manufacturers. I hold, however, that the vendor should be responsible for the article which he sells. He himself, if he were sold a spurious article by the wholesale dealer, would, and constantly does, hold the latter responsible, and would not accept from him the excuse that he sold the article in the same state as he imported it, or purchased it from the manufacturer. Mustard is sold at from 5d. to 1s. 8d. per lb., and the retail dealers, if they were afraid of being fined for selling this article mixed with 60 or 70 per cent. of flour, would soon take good care that they bought a pure article, which can always be got at a fair price. These observations apply to almost every other article as well as mustard.
3. In the former Acts of Parliament relating to adulteration, the Magistrates trying cases for breach of their provisions were empowered to award such costs as might to them seem reasonable. No such power is given to the Magistrates in the recent Act. Let us suppose the following case:—A private person in a country district finds that an article of food supplied to him is habitually adulterated. He obtains a sample for the purpose of analysis, under the provisions of section 14 of the Sale of Food and Drugs Act. The Public Analyst reports that the article is adulterated, and the purchaser summons the vendor before the Magistrates sitting at Petty Sessions. The defendant insists (as he is entitled under section 21 of the Sale of Food and Drugs Act) on the production of the analyst in court. The prosecutor, under those circumstances, must bring the analyst perhaps a distance of 100 miles, and at great cost; and, should he succeed, he is not entitled to the penalty imposed (see sec. 26), being a private prosecutor, nor can he be allowed more than 20s. costs, as the case comes under the provisions of the Petty Sessions (Ireland) Act, 1851.
4. Section 13, which relates to the appointment of Inspectors, is so clumsily worded that the meaning of its framers cannot be clearly made out. It states that the persons who alone can act as Inspectors under the Act are "any Medical Officer of Health, Inspector of Nuisances, or Inspector of Weights and Measures, or Inspector of a Market, or any police constable, under the direction and at the cost of the local authority, appointing such officer, inspector, or constable, or charged with the execution of this Act." Now, the authorities who appoint all these persons are, in counties, the Towns' Commissioners, the Boards of Guardians, and the Inspector-General of Police. Is it those authorities who are to appoint them to be Inspectors under the Sale of Food and Drugs Act, and pay them; or is it the Grand Juries? To make matters more unintelligible, section 26 directs that every penalty recovered by any officer, inspector, or constable of the authority who shall have appointed an analyst, shall be paid by him over to the authority for whom he acts. It is clear that the Grand Juries appoint the analysts, but it is equally clear that they do not appoint constables or inspectors of nuisances. I presume that the intention of the Legislature was, that the officers of the local authorities should act as inspectors, and that any expense which they incurred was to be defrayed by presentments made by the Grand Juries, as provided by section 29. At present, however, even the Local Government Board of Ireland are of opinion that the inspectors of the local authorities of counties can only act as private purchasers of food, and not as inspectors.
5. Under the 6th section of the Adulteration Prevention Act of 1872, the inspector could not only buy, but "procure" articles for analysis. This power enabled him to have the milk, &c., supplied to hospitals and other public institutions analysed, and, if found adulterated, the vendors thereof prosecuted. Now he cannot prosecute any person who has not sold to *him* (section 13), and to *his prejudice* (section 6), an adulterated article. As private persons rarely take the trouble of prosecuting adulterators, it would be desirable to restore to the inspector the power of "procuring" without buying articles for analysis which he formerly possessed. He should also have the power to purchase milk compulsorily from the persons who supply it from house to house; for section 17 of the recent Act only enables him to purchase articles in "any premises, or in any shops or stores."

Since the passing of the Sale of Food and Drugs Act, several prosecutions, instituted under its provisions, by the Inspectors of the Corporation of Dublin, have failed upon apparently trivial technical points. More than twenty prosecutions had to be abandoned because the inspectors had only offered a portion of the articles produced for analysis to the vendor, and had not offered to divide it there and then into three parts, as required by the Act. That is, when the vendor refused to receive back a portion of the article, the inspector thought it unnecessary to offer to divide the article into three parts. On this trifling point nearly all the cases of adulteration, first tried under the new Act, were either dismissed or withdrawn. I find that under a provision of the Dublin Improvement Act of 1849, any person who exposes, offers for sale, or sells any adulterated article, is liable on conviction to a penalty of £5. I am disposed to recommend that this simple-worded section of our Local Act should be taken advantage of (*a*) whenever the complicated provisions of the Sale of Food and Drugs Act had not been complied with by inspectors or private persons.

WATER ANALYSES.

Eight analyses of Dublin well water were made during the year; six proved to be impure and unfit for use. I also made four analyses of the water of the branch of the Dodder still used to supply some of the manufactories of Dublin with water, and found it polluted with refuse from a paper works. I attended at Tallaght Petty Sessions to give evidence against the owners of the paper works, but the case is still *sub judice*.

The will of Dr. Letheby, who died on the 28th March last, was proved on the 5th inst. by Mrs. Elizabeth Letheby, the widow, his sole executrix, the personal estate being sworn under 25,000*l*. The testator gives, devises, and bequeaths all the real and personal estate which he shall die possessed of to his wife.

(*a*) A prosecution has, since this report was read, been successfully sustained under this Act, and it will in future be frequently taken advantage of.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 31, 1876.

GENERAL MEDICAL COUNCIL.

On Wednesday last the General Medical Council commenced its meeting, deprived of four of the members who shared last year its deliberations. Of these four, two—Dr. Parkes and Dr. Begbie—have been removed by death, cut off in the prime of life, at an age when, after years of devotion to science, their experience was most valuable to the world. Two have retired—Dr. Sharpey, as the President remarked, the Nestor of Biological Science, to seek a well-earned repose, and Dr. Bennett, to apply his clear, calm judgment and assiduous services in another and a kindred sphere.

The four vacancies have been filled by Mr. Lister, Dr. Pitman, Mr. Simon, and Mr. Teale, whose election will give satisfaction throughout the profession.

From the address of the President, Dr. Acland, we learn what has taken place since the last sitting, and what matters have now to be discussed. The numerous topics which the Council has to consider little favour a supposition once entertained, and last year alluded to, viz., that its work would be almost ended when all the licensing bodies had been visited by inspectors and their reports had been received. It would be nearer the truth to say that when once the whole Council is satisfied that it can implicitly rely on the uniformity of a minimum standard in all the examinations, then there will be leisure calmly to study in detail the exact value of that standard and of the education to be tested by it. The Council will then be in a position to take a broad view of the relation in which the medical student of our day stands to modern wants, modern science, and modern division of labour.

We question whether the Council will ever be at a standstill for subjects to discuss. The whole system of examination and of education also will have to be revised. It has been said that reform has to go through three stages—first to be laughed at, second argued, and third resolved upon; but truly it may be said that medical education has not yet reached the laughing stage.

With regard to the percentage of medical men to the population, the President remarked that it had dropped from 9·7 in every 10,000 in 1851 to 7·8 in every 10,000 in 1871. In the army, 49 per 10,000 are required; it was becoming a matter of public concern, being difficult to supply the Army Medical Staff with competent practitioners.

It is questionable whether a much greater percentage than 1 medical man in 1,276 is requisite. Medical men, as a rule, have not more practice than they require until they arrive at middle or even old age; and we cannot quite agree with Dr. Farr that medical attendance for the people of England was extremely defective in 1851, and is still more defective in 1876, or that there is any danger that "it may grow quite inaccessible to vast numbers of people."

That medical attendance is at the present time inaccessible to some people is certainly the case, and must continue so to be, that is to say, so long as the people remain thinly scattered through extensive districts; but it does not follow that the supply of medical men is inadequate, or that the examinations are undesirably deterrent.

There is a large subject for the consideration of the Council in the question, "Are the methods of preparing for the examinations in any special manner inadequate, or are there any details of study enforced which have no direct relation with the clinical practice of the profession, or whether the secondary schools which our students attend do indeed give the best preparation for the medical life, whatever that may be." The question of how to ensure a test of a sound minimum education in each branch of the kingdom to be relied on not so much for its severity as for its wisdom, is expected to give rise to a sharp debate, springing from an unexcepted quarter.

Since the last meeting the Executive Committee have had placed before them questions "as to the registration of death certificates" and "as to Proficiencies in vaccination."

As regards the former, we commented last week on the report of the Registrar General that the unsatisfactory condition of the death register was mainly due to the employment of unqualified assistants by medical practitioners. If such is really the main cause of the unsatisfactory condition referred to, we apprehend but little difficulty in settling the question, but in this population where medical men are scarce and distant, and in dense and ignorant populations where parents are totally careless of the health of their children, there will be frequent deaths among those unattended by qualified medical men.

The second question as to proficiency in vaccination, was referred to a committee. It is a matter of some importance inasmuch as the Local Government Board refuse appointments on the ground that certificates as regards a knowledge of vaccination are not in conformity with the regulations of the Board.

Passing on to the Conjoint scheme, the President remarked that it must be a matter of regret to Sir James Paget, the assiduous chairman at the conferences, that all the bodies represented have not confirmed the conclusions of the majority of the delegates.

The Conjoint Scheme of 1874 not being cancelled still remains before the council, but in the new scheme no motion is before the council.

Two bills now before parliament will occupy an important place in the discussion of the Council. Mr. Gibsons bill which concerns the equality of qualification for certain offices in Ireland, and the registration of Public Health diplomas or certificates as an additional qualification.

The second Bill is one to be introduced by the Right Hon. Russell Gurney. The object of this bill is to *enable* existing Licensing Bodies to admit persons to examination without regard to sex.

There is no doubt that this bill will receive the support of the government should it be brought in but Mr. Cowper Temple's Bill upon which the Council expressed its opinion last year, and which has been received with marked disapprobation is not likely to meet with success.

It may be recollected that Mr. Cowper Temple's bill has for its object the admission of women to the Register, by making registerable foreign degrees obtained by women, and should it pass the *women's question* would be finally settled.

Mr. Russell Gurney's bill, if it should pass through parliament, may perhaps leave the question much as it now stands, inasmuch as it does not compel any licensing body to examine women, but only enables them so to do. It is however to be anticipated that after the expression of opinion by Parliament in favour of the admission of women to the register, the *dictum* may be cheerfully accepted by some who would not spontaneously promote it.

The Bill to prevent "cruel experiments on animals," introduced into the House by Lord Carnarvon, comes before the Council for consideration, and will be much altered through their deliberations.

The reports of visitors of examinations, and the observations upon those reports, by the several examining bodies raise important general questions.

THE GOVERNMENT VIVISECTION BILL.

In our last week's issue the space at our disposal did not permit us to do more than give a brief account of this Bill, and draw the attention of our readers to the somewhat objectionable tenor and wording of some of its clauses. The subject, however, is one in which the Profession have been all along far more deeply interested than even the general public. Ever since the agitation which was got up in opposition to vivisection, those who have been chiefly instrumental in promoting the movement and the more scientific members of the profession have been respectively in the position of plaintiffs and defendants. It is therefore not surprising that we should not only have felt some curiosity to learn the nature of the charges that have been brought against us, and the character of the testimony by which it was sought to substantiate those charges, but now that we have heard from the Government Commissioners the verdict—now that we have, as it were, been found guilty "with extenuating circumstances," it is only natural that we should be anxious to hear also and to pass our comment upon the sentence that has been passed.

Now it is evident that the "sentence" is one which is neither satisfactory to the opponents of vivisection nor to ourselves. When hasty legislation is conceded to popular and party clamour, it is seldom that such legislation is calculated either to remove the prejudices, meet the demands of public opinion, or to do justice to those whose delinquencies and practices were said to require the special interference of the Legislature. We must however admit that the Government had no easy task before it. On one side was a zealous and enthusiastic party clamouring for the total abolition of vivisection, and casting wholesale charges of cruelty, inhumanity, and unworthy motives against a learned and honourable class of professional men, while the latter on the other hand had little difficulty in vindicating their character, in justifying their practices, and in successfully pleading for liberty of action in the cause of that very humanity which they were accused of outraging. Nor was the task made more smooth by the verdict and recommendation of the Government Commissioners. They recommended vivisection to be controlled, but not to be abolished. But who does not know it is often more easy to completely suppress a thing than to control it? We know that the great aim of the Anti-Vivisection Society was to render illegal the practice of vivisection in any form and for any purpose whatever, and if the Government could have been prevailed upon to adopt such extreme measures we must, however strongly we might have condemned them, have admitted that there would then have been an end of the matter. Such an act would be very easy to work, its clauses would be few, and the wording of its clauses would be simple, and admit of no misconception. An act of suppression is thorough. It admits of no escape, of no exceptions, of no evasion. On the other hand, acts of toleration or control are inherently weak. They go too far or not far enough; they trespass too much upon personal freedom, upon vested interests, and the like, or they leave plenty of room for evasions and escape from the penalties attached to the transgressions of the law. While tolerating under certain restrictions, particular practices, they not only inferentially admit of their utility and the necessity of tolerating them, but, for this very reasons they are apt to miss in a great measure the object their authors have in view, and at the same time to put unnecessary restriction upon the practices to be controlled. Even the very concessions which the framers of such acts are in justice bound to make may create in the minds of unprejudiced persons a doubt as to the propriety of legislating on the subject at all, or to leave the impression that such legislation is, to say the least, premature.

With regard to the practice of vivisection in this country, we still think that immediate legislation on the subject was by no means so imperative as some have led the public to suppose, and that there are many other things which far more urgently claim the interference of Government than this practice does. To witness the fuss and excitement that have been made on this subject, one would naturally suppose that our medical schools had been the constant scene of the most revolting cruelty to the lower animals, and that a body of honourable and educated gentlemen must have become remarkably inhuman to necessitate their studies and scientific investigations being

placed under the meddlesome control of the Government. That the practice of vivisection has been in some instances abused we will not attempt to deny; but when we reflect that up to the present time vivisection has scarcely gained a footing in this country, that it would be practised by only those persons whose position in society, whose professional attainments, and whose devotion to science might preclude any probability of their giving more pain to the animals on which they experimented than could not be avoided, we cannot help coming to the conclusion that legislation on the subject is in many respects unnecessary and premature. Moreover, the Bill which is now passing through Parliament casts some reflection upon the profession, and questions the power or the willingness of its most prominent members to conduct their experiments in such a manner as humanity dictates, while its provisions are such as will hamper and embarrass the studies of those whose humanity is above suspicion, and who are best fitted and most anxious to add to our stock of scientific knowledge. It is even doubtful whether this Bill will satisfy that party which has been so loud in its outcry against vivisection, or whether the poor animals themselves will gain more by it than they would have gained had they been left to the mere influence of public opinion and to those humane feelings which, with rare exceptions, dwell in the breast of every gentleman of liberal education.

In our report of the proceedings of the General Medical Council it will be seen that we have given considerable space to the important debate on this Bill. The Council concur with us in thinking that the provisions of the Bill go far beyond "the bounds dictated by humanity." Some of its clauses go even beyond the recommendations of the Commissioners. It is impossible that the Medical Council, charged as it is by law with the duty of superintending the course of medical studies in this country, can be a party to legislation which must lead to evasion and secrecy, or banish physiological teaching and research altogether from our schools. At the suggestion of Professor Lister a committee was appointed to consider the various clauses of the Bill. At the outset, however, the Council declare that they "are not aware that in regard to experiments on animals such abuses have existed in Great Britain as to justify exceptional legislation, restriction of physiological study and research. Nevertheless, they would be glad to assist the Government in passing a measure that may give all reasonable securities against any possible abuse." This seems reasonable enough, but from what transpired in the House of Lords on the second reading of the Bill and elsewhere during the past week, it seems that those who are determined to have abolition will not be satisfied with a moderate measure. The Duke of Somerset very properly said in his speech objecting to the Bill as it now stands, that it seemed to him to take in every animal, from an elephant to the smallest creature that could be put under the microscope; it created also a new definition of cruelty, while it freely permitted the infliction of pain on animals in more objectionable ways; for it cannot be denied that "a single day's rabbit shooting would inflict more pain than scientific men in a whole year of physiological experiments. Furthermore, pain was daily inflicted on animals for purposes of amusement, curiosity, and vanity: birds were killed that they might be worn in ladies' bonnets; they had the Arctic regions ransacked for their seal-skins, and then we are told they were so humane that they could not bear the idea of infliction of pain upon animals." Numerous instances were adduced by the Duke of unnecessary cruelty inflicted upon animals as the "firing" of horses, the castration of lambs, the spaying of sows, the slow and protracted death of the calf, and not for the benefit of the animal but simply to make it better for culinary purposes. With the latter object many thousands of animals are cruelly mutilated and subjected to a torturing death solely for the gratification of the palate; but this, the advocates of the Bill say, justifies the infliction of any amount of pain and removes it from the catagory of "cruel experiments by scientific men." It is utterly useless to reason with people whose feelings are so perverted that they will not see that experimental physiology has for its purpose the sole object of prolonging *human life* and *mitigating human suffering*. The Duke of Somerset's muscular Christianity evidently ill suits such people and their champion the *Spectator*, whose columns aid and abet "wantonly-libellous" statements on the medical profession, and readily excuse those who inflict cruelty in sport and simply to suit the appetite. The Editor cantingly writes: It is no doubt thoughtless and careless of society to sanction these things, and in taking precautions that painful processes should not be inefficiently and blunderingly performed; yet these applications of painful means to *useful ends are certainly justifiable!* Such arguments but too plainly show to what lengths some people will go on this vexed question, for while advocating humane feelings towards dogs and cats, they completely set aside all consideration for *human beings*. Truth is made to appear false, and falsehood furbished up in support of a bad cause, as occasion may require. The Earl of Carnarvon, on Monday night, did not scruple, and upon insufficient data, to hold up Dr. Klein to public reprobation for his indifference to the sufferings of animals, and, as others have done before, garbled the evidence of this "eminent physiologist from Vienna," for he skilfully concealed what Klein most emphatically stated in his evidence before the Commissioners, that no pain was inflicted in his experiments on animals, and therefore no anæsthetic was either given or required. Lord Carnarvon cannot understand this fact, because he has no practical acquaintance with the subject upon which he is so anxious to legislate; and he did not hesitate to ask their lordships "to concur with him in thinking that such an expression (as that given by Dr. Klein) was detestable." Another eminent Professor—Huxley—has been so repeatedly misrepresented that he is at last goaded into addressing the Editor of the *Times*, and gives the most complete denial to the statements made by Lord Shaftesbury, that he had given encouragement to vivisection. He writes:—"If Lord Shaftesbury had the slightest theoretical or practical acquaintance with the subject, he would know that physiological anatomy is not exactly the same thing as experimental physiology, and he would be aware that the recommendation of the paragraph quoted might be duly carried into effect without the performance of even a solitary vivisection." But this is just what the most active agitators in this

matter lack; they have neither a theoretical nor a practical knowledge of physiological teaching or experiments, and they know not what they ask or wish. It must, however, be clear to those who have the requisite knowledge that the suggestions of the Medical Council for amending the Bill are absolutely needed, and must be carefully brought to the notice and more matured judgment of the Government, otherwise it will be found to be impossible to teach physiology. To point to one or two blots, the effect of clause 3, as it stands in the Bill, will be to banish teaching to Continental schools. The attempt to limit all experiments to registered places would grievously obstruct independent inquiry, and prove impossible in practice. Licensed persons would be subjected to the most un-English form of espionage if the abettors of the Bill are to have their way, for it is now proposed to make the penal clause of the Bill more stringent and inquisitorial, by giving power to arrest any one suspected of offending against the Act." The reason stated for asking for additional powers in this respect is that, "in the event of offenders refusing to give their names and addresses," the officers of the Society for the Suppression of Cruelty to Animals should have power to enter a gentleman's house and search for evidence for his conviction. Can anything be more monstrous than such a proposal? We commend the amendments of the Council to the serious attention of Parliament.

THE SCIENTIFIC ASPECTS OF HANGING.

SINCE the communication of the Reverend Professor Haughton to the Surgical Society of Ireland on this subject appeared in the pages of the MEDICAL PRESS much interest has been excited in America and on the Continent as to the pathology of hanging, and investigations have been made as to the cause of death. We published lately a report of a post-mortem examination upon the body of a man hanged at Hamilton, in Canada, which completely corroborated Professor Haughton's views as to the fracture of the cervical column being effected by the submental knot and the long drop. In the *Allg. Wien. Med. Zeitung* of the 4th of April there appears also as article from the pen of Professor Hoffman, of which we append an abstract.

By way of introduction the essayist touches on the various kinds of death by suffocation, and then proceeds to the consideration of death by hanging. He expounds separately the views that have been till now current in various places, adding explanatory examples to each, in order to bring more cleorly into view the arguments *pro* and *con.*, and finally comes to the conclusion that death by hanging is not brought about by the stoppage of the air-passages *solely*, or even *mainly*. To illustrate and establish his proposition he has used four preparations, the first of which is the skull of an executed criminal sawn asunder sagittally; the second is got from a corpse that had been suspended for the experiment, and had become rigid in this position by cold; the third is a skull injected with a plastic substanbe; and, lastly, the fourth comprises all the soft parts of a corpse, from the jugulum to the cavity of the jaw (including the tongue); the corpse had been suspended, and into both carotids had been injected, first potassi ferrocyanide (K_4 Fe Cy_6), and then a solution of ferric chloride (Fe Cl_3). From these four preparations we can see (1) that the air-passages are closed, but in a different manner from that hitherto supposed, and (2) that the carotids are compressed to *absolute impassibili y* (shown especially in the fourth preparation). The stoppage of the air-passages is produced by the root of the tongue on one side, and by the soft palate with the uvula on the other. These bodies are prcssd by the halter against each other and against the vertebral column with the weight of the whole body, and in this manner their orifice is closed. It was formerly held that the stoppage of the air-passages was a condition of death. But a few years ago Prof. Jendrassik, of Pesth, showed us that this is not at all the case. He had a pupil with a certain facility of compressing with his finger his vagus on one side, and on one occasion had requested him to compress the vagus on both sides at the same time; scarcely had his hands, however, properly laid hold of his neck when the young man became at once cyanotic, and fell off his seat, still, however, holding on convulsively to his neck, so that Jendrassik had even to remove his hand by force from its place, and to induce the respiratory motions by the ordinary measures of re-animation. Meanwhile the larynx was unimpeded.

That the closing of the air-passages cannot be the *main* cause of death is shown further by the fact that we can hold our breath for periods of even longer than half-a-minute without becoming unconscious, and falling from our seat. According to the statements of the few individuals who have been respited from hanging, we know that between the moment of tying the halter and the loss of conscious ness there is only an extremely short interval. Judging from their experiences, the cause of the rapid disappearance of consciousness must be sought elsewhere, since a fracture or luxation of the alveolar process in death by hanging has been rarely found, and even in the case of executed persons is certainly far rarer than is supposed.

My experiments go to prove that that cause is to be found in the stoppage of the blood-passage to and from the brain, and in the compression of the vagi. This view is also supported by the case quoted by Taylor in his work on medical jurisprudence :—"An enterprising American gave 'representations' in hanging, in which he hanged himself, coram publico, and after remaining suspended a few moments got down again from the gallows. Once, however, he committed some blunder, or neglected some or other precaution, and effectually hanged himself till he was dead." This case shows that unconsciousness must supervene faster than we had hitherto supposed, for otherwise the man would certainly have asked for assistance. Hence is explained why nobody who had chosen this mode of suicide ever desisted from his design when once begun; it was impossible, as consciousness at once failed. Death by hanging, therefore, takes place mainly by the interruption of the passage of blood to the brain, and the stoppage of the air passages is only of secondary importance.

It will be observed that Professor Hoffman has not directed his attentionto the cause of death when the long drop is used, or to the conditions which produce vertebral dislocation; but he has proved that, when a simple constriction of the neck is produced, death is caused, not by asphyxia, but by compression of the pneumogastrics, and

stoppage of the cerebral blood supply. The observation which he makes that "it is thus explained why nobody who had chosen this mode of suicide ever desisted from his design when once begun; it was impossible, as consciousness at once failed," is worthy of the attention of medical jurists who have hitherto assumed that suicide under such circumstances was an evidence of strong determination and intentional self-destruction.

Dr. Haughton has also received a letter from Dr. Hanby, of Oceola, in the United States, who, in the year 1871, had advocated the use of the submental knot. Dr. Hanby, however, produces the cubical fracture not by the impetus of the falling body, but by lifting the body suddenly four or six inches, by the sudden chuck of a disengaged weight suspended by a perfectly inelastic cord. Whether this method has any advantage over the long drop remains for experience to prove.

Notes on Current Topics.

The Debate on Vivisection.

THE debate in the Medical Council, which consumed nearly the whole of Saturday and Monday, will rank amongst the most able that has ever occurred since the constitution of that august body. Attracted probably by the interest of the subject and the expectation that it would produce some powerful speeches, a considerable sprinkling of visitors dropped in, amongst whom were noticed Professors Donders of Utrich, Bowman of London, Mr. Samuel Morley, M.P., and others. This interest was well repaid, whether viewed in the light of admiration eloquence always commands, or for the valuable and interesting facts and opinions embodied therein. Sir Dominic Corrigan enlivened the proceedings, as is his wont, with occasional flashes of Irish wit, and the debate on the whole may be characterised as a feature in the history of the Medical Council.

Composition of the Medical Council.

GLANCING round the table at the opening of the session on Wednesday, we were forciby struck with the changes the last few years have wrought in its composition. Of the English members but one of the original representatives now holds a seat, in the person of Dr. Storrar. Of the Scotch representatives but one remains—viz., Dr. Andrew Wood. Ireland is more fortunate; with the exception of the representative of the College of Surgeons, she is still served by the same members as on the first composition of the Council. Since last year four new faces appear—a fact, alas! that sorrowfully reminds us of the great loss not only the Council, but the whole profession have sustained in the recent deaths of Drs. Parkes and Begbie.

Curiosities of the Anti-Vivisectionists.

IN the debate which occupied the attention of the Medical Council nearly the whole of Saturday and Monday, and from which a series of resolutions were drawn up for presention to her Majesty's most honourable Privy Council, some curiosities were brought to light which, but for their seriousness, would be highly amusing. We firmly believe that the agita tion, amounting almost to a panic on the part of the public, is an evidence of *bonâ fide* intentions and humane feelings; but is it not, we ask, another instance of "the blind leading the blind," with a ditch before them into whose depths they will sadly regret having fallen? Do the public take the trouble to think of the torture they inflict daily upon fish, flesh, and fowl, for their own enjoyment, without the reasonable excuse of furthering the progress of science? Is it consistent with their humane protestations to boil lobsters and crabs and shrimps alive, to skin eels, and to crimp the throbbing flesh of salmon and skate? What of the physical and mental suffering of the fox and hare after a day's hunting, worrying, and final killing by the dogs?—the winging of pheasants and other birds which struggle to their nests, there to linger in terrible agony for days and to die? Do these and a thousand other acts of torture ever occur to their sensitive minds as they gloat over recollections of what *they* call sport? Yet men of science are to be branded with infamy and to be taught, as Sir Wm. Gull said, two hundred and forty years after the discovery by the immortal Harvey of the circulation of the blood, that physiological experiment is not necessary. How but by experimentation upon the lower animals would the action of drugs to alleviate pain and to cure disease be discovered? Would the public prefer these tests in their own persons? Truly the grossest cruelty is that of ignorance!

Complimentary Dinner to Surgeon-General Sir Joseph Fayrer.

THE complimentary dinner given by the officers of the Indian Medical Service to Sir Joseph Fayrer came off on Wednesday last, the Queen's birthday, at St. James's Hall. The chair was occupied by Dr. Forsyth, C.B, Inspector-General retired, one of the oldest and staunchest friends of Sir Joseph Fayrer, who was well supported by members of the service. The event was one demanding our hearty congratulations, and the kind and cordial feeling exhibited towards the guest of the evening must have been extremely gratifying. After the usual loyal toasts were given and disposed of, General Alexander returning thanks for the army, and Sir Alexander Armstrong for the navy, the Chairman in feeling and appropirate terms proposed the health of Sir Joseph Fayrer, who on rising to return thanks was received with enthusiastic applause. Dwelling for a moment on the great pleasure it afforded him to find himself surrounded by so many friends, he proceeded to give a rapid sketch of the Prince's tour—the pleasures, the difficulties, and the dangers with which it had been attended. His anxieties were not a little increased on finding it necessary to recommend an alteration in the arrangements for an extension of the journey to Southern India, where cholera then prevailed. His responsibilities were, however, lightened by the kind and efficient aid he at all times received from his brethren of the service.

Professor Maclean then gave the "Guests of the evening," associating with the toast the names of Surgeon-General Mouat, C.B., for the British service, and Mr. Geo. Pollock for the rest of the visitors. The health of Lady Fayrer, proposed by Dr. F. Mouat, brought the proceedings to a close.

The success which attended the gathering was in no

small degree due to the admirable arrangements of the Hon. Secretary, Dr. Baillie. Amongst the company present we noticed Deputy Surgeon-General Mackinnon, C.B., Dr. Jackson, Dr. Eatwell, Dr. Aitken, Professor Longmore, Dr. Sutherland, Dr. J. Macpherson, Dr. Waring, Surgeon-General F. Innes, C.B., Dr. Leckie, Dr. Baycott, Surgeon-General Cox, Dr. Hugh Macpherson, Dr. Bashham, Mr. Macnamara, Mr. Jabez Hogg, Dr. Playfair, Dr. Lauder Brunton, Surgeon-Major Paul, Dr. Ogg, Dr. Lethbridge, &c.

Medical Women.

THE University of Zurich has during the last ten years conferred the degree of Doctor upon thirteen ladies who have completed their studies in the faculty of medicine of the University, two others have taken the degree of Doctor of Philosophy, and three have obtained the diploma qualifying them as teachers of science. In announcing to the last female medical graduate, Miss Julia Sinclair, her success in the examination, M. Hermann remarked that those who like him regarded the problem of a medical career for women as by no means yet decided could not withhold their approbation of the manner in which the examinations had been passed. They had from the first fought against the ignorant prejudice which declared the female sex incapable of serious study of scientific work, and the theory was amply refuted by the original and excellent theses presented by the graduates.

Dublin Water Supply—Filtration.

A CIRCUMSTANCE occurred last week which is significant of the value which the Dublin citizens derive from the filtration arrangements of their water supply. The house of a medical gentleman residing in the centre of the city was suddenly deprived of its supply of water, to the great inconvenience of the inmates. Inquiring from his next door neighbours, he learned that they both enjoyed their usual supply, and he therefore sent off for the officials of the waterworks department, who, after much cogitation, failed to elucidate the cause of the stoppage. *Faute de mieux*, the street was opened and the pipe taken up, when a large eel was found wedged head foremost in the pipe. When the citizens of Dublin received their water supply from the canals, they were told that if they consented to pay for the new Vartry supply, they would no longer suffer from the incursions of animals into their cisterns. What better are they now?

Lord Carnarvon's Bill.

WE presume the expression of the views in the Medical Council on Saturday last have had some weight with her Majesty's Government; the announcement in the House of Lords last evening, by the Duke of Richmond and Gordon that he did not intend to ask their lordships to proceed with the Cruelty to Animals Bill until after Whitsuntide, as he had received several communications of an important character in relation to this bill, from persons who took a great interest in the subject, may be put down to the energetic action of the Medical Council

The Approaching Medical Congress at Philadelphia.

THE Congress will meet on Monday, September 4th, 1876, in the University of Pennsylvania. The following addresses will be delivered in general meeting:—On Medicine, by Professor Austin Flint. On Hygiene and Preventive Medicine, by Henry I. Bowditch, M.D., of Massachusetts. On Surgery, by Professor Paul Eve, of Nashville. On Obstetrics, by Professor Parvin, of Indiana. On Medical Chemistry and Toxicology, by Professor Wormley, M.D., of Columbus. On Medical Biography, by J. M. Toner, M.D., of Washington. Address, by Professor Hermann Lebert, of the University of Breslau. On Medical Education and Medical Institutions, by Professor Nathan Davis, of Chicago. On Medical Literature, by Professor Yandell, of Louisville. On Mental Hygiene, by John P. Gray, M.D., of Utica. On Medical Jurisprudence, by Professor Chaillé, New Orleans. Discussions on Scientific Subjects will be opened in the sections as follows:—

SECTION I. MEDICINE.—Typho-malarial Fever: is it a Special Type of Fever? J. J. Woodward, M.D. Are Diphtheritic and Pseudo-membranous Croup Identical or Distinct Affections? J. Lewis Smith, M.D., of New York. Do the Conditions of Modern Life favour specially the Development of Nervous Diseases? Professor Bartholow, Ohio. The Influence of High Altitudes on the Progress of Phthisis. Charles Denison, M.D., of Denver.

SECTION II. BIOLOGY. Microscopy of the Blood. Professor Johnston, of Baltimore. The Excretory Function of the Liver. Professor Austin Flint, Jr., of New York. Pathological Histology of Cancer. Professor Arnold, of New York. The Mechanism of Joints. Professor Allen, of Philadelphia.

SECTION III. SURGERY.—Antiseptic Surgery. Professor Hodgen, of St. Louis. Medical and Surgical Treatment of Aneurism. Professor Van Buren, of New York. Treatment of Coxaglia. Professor Sayre, of New York. The Causes and Geographical Distribution of Calculous Diseases. Claudius H. Mastin, of Mobile.

SECTION IV. DERMATOLOGY AND SYPHILOLOGY.—Variations in Type and in Prevalence of Diseases of the Skin in Different Countries of Equal Civilization. Professor White, of Boston. Are Eczema and Psoriasis Local Diseases, or are they Manifestations of Constitutional Disorders? Lucius Duncan Bulkley, M.D., of New York. The Virus of Venereal Sores; its Unity or Duality. Professor Bumstead, M.D., of New York. The Treatment of Syphilis, with Special Reference to the Constitutional Remedies appropriate to its Various Stages; the Duration of their Use, and the Question of their Continuous or Intermittent Employment. Professor Keyes, M.D., of New York.

SECTION V. OBSTETRICS.—The Causes and the Treatment of Non-puerperal Hæmorrhages of the Womb. Professor Byford, M.D., of Chicago. The Mechanism of Natural and of Artificial Labour in Narrow Pelves. Professor Goodell, M.D., of Philadelphia. The Treatment of Fibroid Tumours of the Uterus. Washington L. Atlee, M.D., of Philadelphia. The Nature, Causes, and Prevention of Puerperal Fever. Professor Lusk, M.D., of New York.

SECTION VI. OPHTHALMOLOGY. — The Comparative Value of Caustics and Astringents in the Treatment of Diseases of the Conjunctiva, and the Best Mode of Applying them. Professor Williams, of Boston. Tumours of the Optic Nerve. Hermann Knapp, M.D., of New York. Orbital Aneurismal Disease and Pulsating Exophthalmia; their Diagnosis and Treatment. Professor E. Williams, M.D., of Cincinati. Are Progressive Myopia and Posterior Staphyloma due to Hereditary Predisposition, or can

they be induced by Defects of Refraction, acting through the Influence of the Ciliary Muscle? E. G. Loring, M.D., of New York.

SECTION VII. OTOLOGY.—Importance of Treatment of Aural Diseases in their Early Stages, especially when arising from the Exanthemata. Albert H. Buck, M.D., of New York. What is the Best Mode of Uniform Measurement of Hearing? Clarence J. Blake, M.D., of Boston. In What Percentage of Cases do Artificial Drum-membranes Prove of Practical Advantage? H. N. Spencer, M.D., of St. Louis

SECTION VIII. SANITARY SCIENCE.—Disposal and Utilization of Sewage and Refuse. John H. Rauch, M.D., of Chicago. Hospital Construction and Ventilation. Professor Smith, M.D., of New York. The General Subject of Quarantine, with Particular Reference to Cholera and Yellow Fever. J. M. Woodworth, M.D., Supervising Surgeon-General. The Present Condition of the Evidence concerning "Disease-Germs." Thomas E. Satterthwaite, M.D., of New York.

SECTION IX. MENTAL DISEASES.—The Microscopical Study of the Brain. Walter H. Kempster, M.D., of Oshkosh. Responsibility of the Insane for Criminal Acts. Mac Ray, M.D., of Philadelphia. Simulation of Insanity by the Insane. C. H. Hughes, M.D., of St. Louis. The Best Provision for the Chronic Insane. C. H. Nichols, M.D., of Washington, D. C.

Gentlemen intending to make communications upon scientific subjects, or to participate in any of the debates, will please notify the Commission before the first of August.

The public dinner of the Congress will be given on Thursday, September 7th, at 6·30 p.m.

The registration fee will not be required from foreign members.

There is every reason to believe that there will be ample hotel accommodations, at reasonable rates, for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing Corresponding Secretaries.

All communications must be addressed to Richard J. Dunglison, M.D., 814 North 16th Street; R. M. Bertolet, M.D., 113 South Broad Street, Foreign Corresponding Secretaries.

Admission of Women to the Register.

WE are inclined to believe that the Medical Council will advise the Government not to accept Mr. Russell Gurney's Bill, which is intended to enable Examining Bodies to admit to examination all persons without distinction of sex, but to pass an Act which shall enable the Medical Council to recognise examination or examinations which shall admit women to the Register under the title of Licensed Practitioner of Medicine.

Procuring Abortion.

AT Leicester, last week, Cornelius Asker, herbalist, seventy-six years of age, was charged with the wilful murder of Ann Gee, on the 2nd inst. Deceased, a married woman, aged twenty-six, whose husband is in America, visited prisoner's shop on the 24th ult., and was immediately afterwards taken ill, and lingered in great pain until the day of her death. After the burial the body was exhumed, by order of the coroner, and a *post-mortem* examination revealed the fact that there were several punctures of the uterus, caused by the use of instruments similar to some found on prisoner's premises. Prisoner, who is said to have been sentenced to fourteen years' penal servitude for a similar offence in 1855, and to have been released on a ticket-of-leave, was remanded.

Adulteration Prosecution of Wholesale Dealers.

THE first case with which we are conversant, in which a wholesale dealer has been made liable, upon his warranty, for an adulteration, occurred at Bradford last week. A dairyman was prosecuted for selling adulterated milk. He pleaded that the article was as he bought it from the wholesale dealer, produced an agreement from the latter engaging to supply "genuine pure milk," and claimed exemption from the penalty under the saving clause of the Sale of Food and Drugs Act. After a lengthened argument the magistrates held that the warranty was good in law, and accordingly dismissed the charge against the retailer, and inflicted a fine of £10 and costs, or a penalty of two months' imprisonment on the wholesole dealer. We trust that this case will afford an inducement to the retailers of all articles which are liable to adulteration to protect themselves by obtaining a warranty or an invoice which sets out explicitly the nature of the article purchased.

The Royal Medical Benevolent College.

THE annual general meeting of the Medical Benevolent College took place on Thursday last, at the rooms of the College, Soho Square. Dr. Jonson occupied the chair. The report of the council assures us that the institution is in a sound and satisfactory condition; the bi-annual aniversaryn dinner, under the presidency of the Earl of Egmont, produced a considerable sum. The present state of the school is all that can be wished—educationally successful—several of the pupils of the past year having competed for and gained scholarships at one or other of the Universities. Frederick Baylis, one of the pupils, was elected to a Junior Studenship in Natural Science at Christ Church, Oxford; another, Arthur Cutfield, gained by open competition two Natural Science Scholarships at Cambridge, both boys having matriculated at the London University in honours, one being placed first and the other third on the list. The resignation of the treasurer, Mr. Hancock, formed a subject of regret; but, as the Chairman remarked, even this cloud had its "silver lining," for Mr. Hird, an old and staunch supporter of the College, had consented to fill his place.

The report dwelt at some length on questions raised by a large body of memorialists as to the mode of election to scholarships and pensionships; and it was stated with considerable satisfaction that the abolition of the public polling-day, as well as compelling all candidates to send in their votes to the Secretary of the College, had removed a scandal, and been a means of saving time and trouble to all parties concerned. The Council, however, after mature deliberation, could not see its way to abolishing the voting, and which the Act of Incorporation conferred upon all subscribers. It was feared too, that an attempt to interfere with this right might have a disasterous effect upon the funds of the College. It appeared equally impossible to the Council to make any recommendation of the comparative urgency of the claims of candidates, or to appoint a committee of selection, as this would probably give offence and subject the members of such a committee to the charge of favouritism and undue influence. It was, nevertheless, urged by gentlemen present, who spoke on behalf of the memorialists, that further consideration should be given to

the question, and that if the Council could not see their way to the abolition of the voting system, they could at least go further in the direction of reforming abuses which have gathered round it, and prevent as far as possible the infliction of injury on candidates.

Deputation to the Home Secretary on the Vivisection Bill.

THE Parliamentary Bills Committee of the British Medical Association met on Saturday, and agreed to a report nearly identical to that agreed to by the Medical Council. On Monday a deputation (Mr. Hart, the chairman, Dr. Rutherford, Dr. Pye Smith, and Dr. Mackendrick) had an interview with the Home Secretary, and urged upon him

1. To extend the enumeration of the objects of research so as to include all medical and physiological investigation.

2. To withdraw clause 5, which prohibits experiments on dog or cat.

3. To introduce a clause permitting vivisection under special certificate in places not registered.

4. To withdraw the offensive clause which refers to police investigation.

Mr. Cross was of opinion that there was a strong feeling in the House in favour of complete prohibition of vivisection, but he thought the clause relating to dogs and cats might be modified, and that licences should be easily obtainable by the signature of a professor or lecturer at any recognised medical school; also that the police clause could be withdrawn.

The Irish Science Amalgamation Scheme.

AT a meeting of the Royal Irish Academy, held last week, a report of the Council was read, containing resolutions to the effect that the Council, by a large majority, objected to the proposed amalgamation of the Academy with the Royal Dublin Society, and unanimously objected to the proposed transfer of the vote for the Academy from the Treasury to the Science and Art Department.

Successful Prosecution under the Medical Act.

AT Carnarvon, a few days ago, a man named Owen was summoned, under the 40th section of the Medical Act, for having "unlawfully, wilfully, and falsely used the name of a surgeon." Prosecutor said that the defendant had for three months been in the service of a local surgeon. Although not a qualified man, he had since started a practice. On May 3, a certificate of the death of a child, signed "R. J. Owen, surgeon," was given to the district registrar of births and deaths, and upon that misrepresentation the present proceedings were taken. Mr. C. A. Jones, on behalf of the defendant, contended that there had been no wilful misrepresentation, the defendant having used the title "surgeon" as a matter of courtesy. A fine of £5 and costs was imposed, and the bench declined to grant a case.

THE vacancy created in the staff of the Middlesex Hospital by the retirement of Dr. Liveing has been filled by Dr. Cayley. Dr. Sidney Coupland succeeds Dr. Cayley as assistant-physician.

WE understand that a case of death from sloughing of the tongue and abscesses in the jaw, with complete prostration, has occurred in Dublin, as a sequela of the administration of two pills, each containing two grains of blue pill.

THE annual festival dinner of the Metropolitan Free Hospital was held last week at the London Tavern, Sir Charles Mills, Bart., in the chair. The munificent sum of £2000 was subscribed in the room.

SEVENTEEN more deaths occurred last week from small-pox in Manchester and Salford, raising the number of fatal cases there recorded since the beginning of the year to 198, exclusive of those occurring in the Monsall Hospital, situated outside the municipal boundaries of the city of Manchester.

THE annual dinner of the Poplar Hospital for Accidents was given last week, under the presidency of Mr. Samuda, M.P. This hospital is situated in a densely populated district, near the London Docks, where it plays a most useful and humane part. The Chairman made a very earnest appeal for funds, and succeeded in drawing about £1,600 from the pockets of his hearers.

WE hear with considerable apprehension that the plague is gradually extending and advancing. The *Levant Herald* of the latest date says "The plague has spread to several localities between the Tigris and Euphrates to the south of Hillah. From the 30th March to the 6th April inclusive the plague had been slightly more fatal at Bagdad than during the previous week, there having been 409 deaths, or an average of about 59 per day."

ON Saturday evening the anniversary festival in aid of the funds of St. Mary's Hospital, Paddington, was held at Willis's Rooms, Viscount Enfield in the chair. During the year 1875, 14,376 persons have been treated, including in-patients, out-patients, and casualties. The chairman strongly appealed for funds, which was answered by donations to the amount of about 600*l*.

THE anniversary festival of the London Temperance Hospital was held at the Memorial Hall on Monday evening, Sir Wm. King Hall presiding. It was stated that 10,119*l*. had been promised in aid of the new building. During the year it had been found necessary to administer alcohol in any of the cases treated; the mortality had been exceptionally low.

THE SURGEON-OCULIST TO THE QUEEN IN IRELAND.

THE recent appointment of a surgeon-oculist to the Queen, seems to have been regarded with almost universal disfavour. Of the daily organs of public opinion in Dublin, the *Express* and *Saunder's News-Letter* give utterance to a high opinion of Dr. Fitzgerald's personal qualities which is well deserved, the latter however entering into a lengthened apology for the appointment. "Amongst four eminent oculists of nearly equal merit"

it says, "it should not be a matter of surprise or an occasion for reproach that her Majesty's advisers should have selected the gentleman who, in the opinion of the best English oculists, was the most deserving of the honour.' We believe ourselves entitled to say that no English oculists—the best or the worst—have expressed any opinion on the subject, simply because the voice of the profession, both in England and Ireland, has been entirely ignored, and no opportunity has been afforded to anyone to testify to the qualities of any of the surgeons named for the distinction. With the exception of these two journals the opinion of the press has been unanimously condemnatory.

The *Irish Times* says :—

There were two most distinguished oculists candidates for the post, and it was the firm belief of the medical profession that the office would have been given either to Dr. Wilson or Dr. Jacob. One of these gentlemen had performed the active duties of the late Sir William Wilde's Eye Infirmary for many years ; the other's name, as well as his own reputation as an oculist, made him a formidable rival. The dignity has been conferred on a young physician respecting whose skill or experience as an oculist we have heard nothing. We shall be only too happy to recount his claims to the position when we know them.

The *Freeman's Journal* says :—" Mr. Fitzgerald is a young gentleman of marked ability, growing reputation, and unexceptionable character, against whom personally nothing whatever can be urged. But we deeply regret the appointment as one by which gross injustice has been done and an evil precedent set. Both public and professional opinion had named two gentlemen, on one or other of whom it was thought the post in question would be conferred. These gentlemen were Dr. Jacob and Dr. Wilson. Both men have been over sixteen years in practice as ophthalmic surgeons, lead their profession in Dublin, hold many important public appointments, and enjoy a high, general, and well-earned reputation. We have not a word to say against this talented young gentleman, but certainly the 'blue ribbon' of the profession should have been conferred on proved ability, not on rising merit."

Our medical contemporaries refer very briefly to the appointment. The *Lancet* says—"The appointment appears to have caused some amount of dissatisfaction amongst part of the profession in the Irish capital, who are of opinion that there are ophthalmic surgeons who had greater claims for the distinction than Dr. Fitzgerald."

The *Medical Times and Gazette* observes that the selection of Dr. Fitzgerald has caused some surprise in Dublin, as he is a very young man, having been qualified only since 1868. And the *British Medical Journal* expresses no opinion, but simply states that Mr. Fitzgerald is the Junior of the four candidates for that honour, whose names have been mentioned.

We have authority for stating that neither the Surgeon-Oculist to the Queen in England—nor any of her Majesty's Surgeons in Ireland, nor His Grace the Lord Lieutenant, were consulted on the matter.

Desquamative Scarlatiniform Erythema.

At a recent meeting of the Société des Hôpitaux (*Bull. Gén. de Thérap.*, February 15) M. Féréol presented a patient, a young man affected with exfoliative dermatitis presenting peculiar characters. Two years ago, after some typhoid symptoms, he was attacked by a scarlatiniform eruption of a peculiar nature. He recovered from this, and remained fifteen to eighteen months without further trouble. Last year these same symptoms appeared once more, but this time without having been preceded by fever. At this time desquamation of the whole of the integument took place. Since then (January, 1875) this pseudo-exanthem recurred seven times, always under the same conditions, that is to say, preceded by a slight angina, with a slight febrile movement or even without fever. Finally, these relapses have become, so to speak, incessant. The desquamation, always entire, commences in the superior portions of the body, and terminates at the feet. The patient's general condition is fair, his appetite is good, and there is nothing abnormal in the urine.

M. Féréol asked the members of the Society their opinion, of the case as to diagnosis and treatment.

M. Blachez had observed a similar case long ago. No precise diagnosis had been made. Some thought it to belong to the class of eczemas ; others regarded it as a pemphigus. The case was also that of a young man, whose body, little by little, became the seat of such an abundant desquamation that not less than one to one and a-half litres of epithelial *débris* was collected from his bed every morning. The desquamation was accompanied by acute pain. For six months the patient remained in this condition, without gaining any relief from treatment. The carron-oil dressing alone seemed to relieve the local symptoms. Among other symptoms in this patient, the nails became the seat of a secretion from their internal surface, so as to form a sort of pad of epithelium, separating the nail from the subjacent parts. The sense of taste was completely abolished ; the tongue was entirely deprived of papillæ. The general health continued good, excepting that some slight fever was observed from time to time. The patient was afterwards attacked by furuncles, and even anthrax, and finally succumbed to pneumonia.

M. Blachez laid stress upon the point that in this case the affection was continuous, and only presented some exacerbations. It should be observed, also, that it was perfectly rebellious to treatment.

M. Besnier thought the term *dermatitis* one much abused, and suggested the name *desquamative scarlatiniform erythema* for cases like the one under consideration.

NOTES FROM OUR AMERICAN EXCHANGES.

Cerebral Syphilis.

Professor H. C. Wood (*Philadelphia Med. Times*), in answer to the question—" What ought to be the treatment of an acute attack of cerebral syphilis ?" says that it should be very much that of an acute, non-specific, cerebral attack of a similar type. If there be violent epilepsy, with the epileptic status, nitrate of amyl, anæsthetics, antispasmodics, and other usual remedies should be employed. If the pulse, the fever, the *tout ensemble* of the symptoms indicate intense cerebral congestion, or cerebritis, free venesection should be used. Violent specific meningitis should receive the same treatment as non-specific disorder, *i.e.*, bleeding, local and general, blistering, and mercury. He quotes an interesting case that came under the care and observation of Dr. Frecke, in which a man, the subject of syphilis, becames semi-unconscious, and was seized with severe convulsions and delirium. The convulsions were tetanic and clonic, and the patient raved furiously. Ordinary remedies failing, fifty ounces of blood were taken from the arm with immediate relief ; slight twitchings recurring about the face, an additional pint was taken by means of cupping from the temples. The patient became as quiet and relaxed as a sleeping infant, and awoke next day, weak, but free from pain, and out of danger. Subsequently an anti-syphilitic course of treatment completely restored this patient to health.

Professor Wood favours the use of large doses of iodide of potassium ; commencing with a drachm a day in divided doses of gr. xv., he increases it up to two drachms, or even three where well borne, until iodism is produced.

Where the syphilitic cachexia is absent, and there is no other contra-indication to the use of mercury, he is strongly in favour of it, believing its action to be highly beneficial. It must be given boldly, but cautiously, until ptyalism is produced; when the gums are touched they must be kept so for some weeks.

He has seen a case of syphilitic epilepsy which had resisted the most heroic doses of iodide disappear like magic before a mild ptyalism. He usually employs blue mass guarded by opium.

Damiana as an Aphrodisiac.

Dr. Byrd, Baltimore (*Philadelphia Med. Times*), advocates the use of damiana as an aphrodisiac. He claims for it that in this respect it is as powerful and reliable as quinine when used as an anti-periodic. He uses the fluid extract preparation as the best and most reliable.

Carbolic Acid as a Local Anæsthetic where the Actual Cautery is Applied.

Dr. Levis, Surgeon to the Pennsylvania Hospital (*Philadelphia Med. Times*), recommends the use of pure carbolic acid for the prevention of pain after the application of the actual cautery. The carbolic acid, liquefied by heat, must be painted upon and for a short distance around each point where the cautery has been applied. The parts should then be covered with some light dressing.

NOTICES TO CORRESPONDENTS.

*** An accident at the steam machine, for which our Printer is responsible, has caused the delay of a few hours in publication.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Candidates for the Indian Medical Service are notified that examinations will be held on August 14th. Names must be sent in to the India Office, Whitehall, in July.

Army Medical Candidates will be examined in London on 14th August. Applicants must address the Director-General of the Army Medical Department a fortnight before the date of examination.

Mr. J. B. R.—The appointment is not now in the hands of the Lord Chamberlain.

Dr. Meldon.—We had imagined there were institutions of the kind in France, but having made careful inquiries we are unable to give you the address of any. If, however, it is a matter of much importance to you, we will institute inquiries in other directions.

Mr. Stott.—Received with thanks.

T. E. G.—Not suitable for our columns.

Dr. J. P. A.—We have written to our agents on the subject.

Osteotomy of the Femur.—The patients who were exhibited at the meeting of the Clinical Society on May 12th, and at the Harveian on the 18th, to illustrate Mr. Maunder's paper on Osteotomy, had been individually submitted to section of the femur by means of *three* chisels, as suggested by Volckmann, of Halle. On the former occasion Mr. Maunder showed a chisel (a carver's, three-eighths of an inch wide) which he expected would supplant the use of the three of a different pattern. His expectation has been fulfilled in the case of a male adult submitted to this operation on May 17th. The bone was readily divided, and no method could be more simple nor occupy less time. The straightforward action of a chisel would seem to be less likely to damage structures than the repeated to and fro movement of a saw. There would also be less *débris* than would be produced by the saw.

Communications, Enclosures, &c., have been received from—Sir Henry Thompson, London. Mr. Barnard Holt, London. Professor Humphrey, Cambridge. Mr. Tatham, Leeds. Professor Crookes, London. Dr. Alexander Harvey, Aberdeen. Mr G. M. Dickinson, Paliton, Rugby. Dr. Dolan, Halifax. Dr. Handsel Griffiths, Dublin. Dr. Balthazar Foster, Birmingham. Dr. W. H Barlow, Manchester. Mr. Thos. Cooke, London. Dr. Carpenter, University of London. Dr. Lowe, Blackburn. Mr. Rawson, London. M. Redmayne, Manchester. Mr. Eschwege, London Mr. Govier, London Dr Kirby, London. Mr. Percy Jones, Blackfriars. Dr. Hawkins London. Mr. Penning, Cambridge. Mr. Gibson, London. Mr. Thomas, Falmouth. Rev. Alton Hatchard, St. Leonard's. Dr. Luther, Cappoquin. Dr. Carpenter, Croydon. Mr. Ledebon, London. Dr. Thos. Llewelyn, London. Mr. Gray, Speenhamland, Berks. The President of the Medico-Chirurgical Society. Mr. Grace, Bristol. His Excellency Abdul Hamed Bey. Dr. Cassells, Glasgow. Mr. Cooke, London. Dr Altschul, London. Mr. A. Jacob, Barrow-in-Furness. Dr. W. B. Stott, Disley, Cheshire. Dr. Jackson, London, &c., &c.

APPOINTMENTS.

Collins, H., M.R.C.P.Ed., M.R.C.S.E., Medical Officer for No. 3 District of the Dursley Union, Gloucester hire.

Cox, W. A., M.B. Univ. Ed., L.R.C.P.L., Medical Officer for the Aylestone District of the Blaby Union, Leicestershire.

Dutt, B. L., M.B., C.M., Assistant Medical Officer to the Somerset County Lunatic Asylum, Wells.

Fleming, J., M.D.Q.U.I., L.R.C.P.Ed., Medical Officer, &c., for the Ballarena Dispensary District of the Limavady Union.

Fleming, W. J., M.B., Lecturer on Physiology in the Glasgow Royal Infirmary School of Medicine.

Gibbs, B., L.R.C.S.Ed., L.R.C.P.I., Medical Officer, &c., for the Coolock and Drumcondra District of the North Dublin Union.

Hetley, H., M.B. Univ. L., M.R.C.S.E., House-Surgeon and Apothecary to the Leicester Infirmary and Fever House.

Hopkins, H. C., L.R.C.P.Ed., M.R.C.S.E., Pathological Registrar to the Royal United Hospital, Bath.

Jacobson, W. H. A., M.B. Oxon., M.R.C.S.E., fourth (additional) Assistant-Surgeon to Guy's Hospital.

Llewelyn, T., M.D., Honorary Physician to the Royal Academy of Music of London.

Maclaren, J., L.R.C.S.Ed., Medical Superintendent of the Stirling District Asylum.

Moody, J. M., M.R.C.S.E., Junior Assistant Medical Officer to the Brookwood Lunatic Asylum.

Myrtle, A. S., M.D., President of the Leeds and West Riding Medico-Chirurgical Society for the ensuing year

Spicer, R. H. S., M.D. St. And., L.R.C.P.Ed., Medical Officer for No. 3 District of the South Molton Union.

Wales, J. A., L.S.A.L., Medical Officer for No. 4 District of the Pontefract Union.

Wise, A. T. T., M.R.C.S.E., House-Surgeon to St. Mary's Hospital, London.

Marriage.

Edwards—Baynes.—On the 18th inst., at the Cathedral, St. John's, Antigua, W.I., Arthur Elliott Edwards, M.R.C.S. Eng., to Sarah, eldest daughter of Edwin Donald Baynes, colonial secretary and Lieutenant Governor of the Leeward Islands.

Deaths.

Clarke.—On the 7th May, at Poulton-le-Fylde, Thomas Clarke, M.R.C.S. Eng., aged 37.

Davidson.—On the 12th May, at Gloucester crescent, John Davidson, M.D., aged 75.

Dennis.—On the 3rd May, at Buckingham Palace Road, London, Wm. Dennis, M.D., aged 70.

Hall.—On the 7th May, at Birch Lane, Longsight, Manchester, Robert Hall, L.R.C.S. Edin., aged 66.

Hutchinson.—On the 7th May, at Bromley, Kent, John Hutchinson, M.R.C.S. Eng., aged 66.

Mallory.—On the 12th May, at Stanhope, Durham, Henry Leigh Mallory, L.R.C.P. Edin., aged 35.

Marris.—On the 17th May, at Kingsland, Herefordshire, Robert Pettener Marris, M.R.C.S., in his 75th year.

Milner.—On the 9th May, at Lower Belgrave Street, Wm. Milner, M.R.C.S. Eng., aged 57.

Morris.—On the 4th May, at Plaistow, Essex, Ellis Jones Morris, L.F.P.S. Glasg., aged 54.

Todd.—On the 9th May, at Dysart, Robert Todd, M.D., aged 58.

Unwin.—On the 15th May, at Fernlea, Surbiton Hill, John Raggett Unwin, F.R.C.S. Eng., aged 65.

Whitton.—On the 5th May, at Wolverton Manor, Corbett Whitton, M.D., aged 56.

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WEDNESDAY, JUNE 7, 1876.

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THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

TUESDAY, MAY 30.

WE concluded in our last with the proceedings of the Council to the end of the debate on the Government Vivisection Bill on Monday, when the Report as amended in Committee of the whole Council was ordered to be entered on the minutes: On Tuesday

LORD CARNARVON'S BILL ON VIVISECTION

again occupied a considerable portion of the Council's time on the discussion of a rider by Mr. Simon, which that gentleman proposed should be embodied in the Report the Council had decided to submit to her Majesty's Government. The rider ran as follows:—"In conclusion, the General Medical Council would submit to her Majesty's Government that in suggesting the above amendments in Lord Carnarvon's Bill, the Council have no desire to provide legal immunity for persons (if such there are in this country) who, under pretext of scientific purpose, would be willing to act cruelly towards any brute animal. But the Council are satisfied, and they refer to the Report of the Royal Commission in support of this assurance, that in this country there does not exist, nor, in the present state of public and professional opinion, is likely to exist, any appreciable class of such persons. And the Council would regret that her Majesty's Government, in order to provide safeguards against a greatly exaggerated danger, should proceed as if a willingness for cruel action were general among persons engaged in studying and teaching the physiological and medical sciences, and should submit those studies to such minuteness and stringency of regulation, as if they were of criminal intention."

Mr. Simon in furtherance of the object he had in view with this idea, said there was a general feeling in the committee that persons engaged in scientific pursuits had very great ground of complaint against the spirit in which Lord Carnarvon's Bill had been conceived. All, or nearly all, the amendments which the Council had adopted referred to the tendency to impose extremely minute and stringent regulations on persons who, in the course of their scientific pursuits, might have to deal with animal life; this rider, he conceived would show that the Council entirely sympathised with the public in their desire that animals should not be subjected to anything that could reasonably be called cruelty, as compared with the general use which was made of brute creatures. They were willing to accept any reasonable amount of regulation, but they demurred to regulations conceived in a spirit of universal suspicion against the profession.

Sir W. Gull as seconder, remarked that the public mind was in an exaggerated frame in respect to these matters, and he felt that one might have as well appealed to the sixteenth century against witches as in favour of careful legislation at the present time on the subject of vivisection. Lord Shaftesbury had said that if he could he would even carry legislation so far as to prevent any form of vivisection whatever, if it were in his power. He however, felt that the common sense of the country would be against him, thus extreme, when the real question was whether there was to be an extinction of biological knowledge in this country.

Sir D. Corrigan with a view to make the rider still stronger, proposed to add to the last sentence the words "And, in fine, the General Medical Council submit, on mature consideration, that the whole subject is not one for legislation at present, but may be safely left to the control of public opinion and humane feeling." He would not bind himself to say it might never be necessary to have legislation on the subject, because human nature might become much more cruel and unreasonable than it was now, but he thought the Medical Council ought to put on record an expression of their opinion that at present they considered the question was not one for legislation. From the general expression of feeling at the Board, he was sure not one member of the Council would say that legislation was necessary.

Dr. A. Smith seconded the amendment, as it was in entire accordance with the opinions he had formed in the early stage of the debate.

Dr. Rolleston said the committee had bestowed great

pains on the consideration of this report, sitting six hours a day for two successive days, and he thought the Council would do well not to accept Mr. Simon's rider. Although opposed to the opinions of many members of the Council in this matter, he nevertheless thought the restrictions which it was proposed to place on the practice of vivisection marked a step onward and upward in the progress of the race.

After a few words from Dr. Quain, Mr. Simon's proposition was agreed to with only two dissentients.

Sir D. Corrigan then submitted his amendment as an addition, which was however negatived.

In further consideration of the report a few verbal alterations were suggested.

Mr. Simon proposed "That the rider just adopted be referred, together with the previously adopted sections of the report, to the committee on Lord Carnarvon's Bill, and be brought up to-morrow," which was agreed to.

Prof Lister suggested that the word "severe" should be introduced before the word "pain" in Clause 2, page 1, of the Bill, lines 12, 14, and 23.

To this Dr. A. Wood and Sir W. Gull objected.

Sir D. Corrigan thought the report should be referred back to the committee for further consideration.

Mr. Macnamara objected to Sir D. Corrigan's proposal. If the committee had to discuss whether the word "severe" should be inserted or not, the whole question would be again discussed, and then there would be another great loss of time.

Prof. Lister said he also wished to make an addition to the first clause of the report. The report pointed out as a difficulty that the word "animal" was not defined in the Bill, and yet it did not offer any suggestion to the Government as to what the definition should be. Even if the Bill were adopted with the amendments which the Council had agreed to, there would still be a terrible interference with the progress of biological knowledge. If that every animal that writhed and wriggled was supposed to be suffering, and everyone who made experiments with such a moving animal was to be had up for a high crime and misdemeanour, it would have a most disastrous effect on physiological investigation. As the Bill at present stood an exhibition of the circulation of the blood in a frog's web would be absolutely illegal. It was all very well to say that that could not be so because such an exhibition did not inflict pain. If the principle was adopted that the frog suffered as a man suffered, then he considered a more painful experiment could hardly be imagined than to tie, so to speak, tne finger-tips of a frog with a string. If there was no limitation with regard to the meaning of the word "animal" the Bill might operate in a most serious way, and he thought it was the duty of the Council to suggest some limitation. His suggestion that the word "warm-blooded" should be introduced before the word "animal" had been objected to, and the only other way that occurred to him of securing the object which he had in view was to use the word "severe" before "pain." There were many things that would be absolutely prohibited by the Bill as it at present stood, such as the vaccination of an animal, or the introduction of a fluid into a vein. The inocculation of a cow or any other animal with small-pox was a matter to be put down by law. It might be argued that the word "severe" was indefinite, but so was the word "animal." The definition must be left to the common sense of juries, and he believed the introduction of the word "severe" would offer very good security to the profession, while at the same time it would provide for all that could be reasonably contemplated by the Act. If as a scientific body the Council was aware that the manifestation of movement under irritation was not an indication of pain, they were bound to give some sort of expression to that knowledge, and he believed that the insertion of the word "severe" would tend to mitigate the severity of the Bill.

Dr. Rolleston considered it was unnecessary to use the word "severe," as the whole question was one of expediency. It must not be supposed that magistrates and the Home Secretary would be guilty of gross absurdities in prosecuting scientific men of high position for performing slight experiments. The decision as to what was really pain must be left to the comman sense of magistrates. He, therefore, hoped the Council would accept the report of the committee without spending more time on its consideratioo.

The Council declined to sanction Prof. Lister's alteration, and the report was referred back to the committee for correctian of a few clerical errors.

REPORT OF THE COMMITTEE ON BILLS.

Dr. Thomson moved the adoption of the first section of the report, which dealt with the Bill introduced by Mr. Cowper-Temple.

Mr. Quain seconded the motion.

Sir. D. Corrigan, in proposing an alteration in one of the paragraphs, said Mr. Cowper-Temple had introduced the Bill because women were precluded from obtaining licences from the examining bodies in this country. If the Council rested their protest on the statement that the registration of foreign degrees was subversive of the Medical Act, it would be contended by the supporters of the Bill that they first established a monopoly for men, and then adduced that exclusive monopoly as an argument for not agreeing to the Bill.

Mr. Macnamara said the committee had most carefully guarded themselves against giving any decision on the question of the admissibility of women to the profession. The real reason why they were opposed to the registration of foreign degrees was that the Council had no means of exercising any supervision or control over the examinations. This prevented them from registering foreign degrees acquired by men, as a matter of fairness, therefore they could not register women who had obtained diplomas abroad.

Dr. A. Wood said there could be no doubt that the object of the Bill was to settle the woman question by a side wind, and he objected to such a proceeding. If women were to be admitted to the profession, let them be admitted fairly and honestly by a Bill brought into Parliament for the purpose, and let them be put under proper supervision, but it was not worthy of the British Legislature to admit foreign universities to qualify women for registration here while the licensing bodies at home could not grant such licences to women. He thought the Council would be false to its own position if it did not maintain intact the principle that they would not admit to registration qualifications obtained at examinations over which they had no proper supervision. The Council ought to have no difficulty in voting for the motion, whatever opinion was entertained about the admission of women.

The first section of the report which runs as follows was thereupon adopted :—

THE ADMISSION OF FOREIGN DEGREES.

"The committee on Parliamentary Bills, &c., having taken into consideration the various documents referred to them, have agreed to the following report :—

"The committee have to observe that the Bill introduced by Mr. Cowper-Temple, with the exception of a few slight verbal alterations, and the addition of Vienna to the list of foreign universities in the schedule, is precisely the same as that which was brought forward last year, and upon which the Medical Council stated its opinion to the Government. The committee see no reason for a change in the views of the Council on the questions involved in the Bill, and they therefore recommend that an answer be transmitted to the Lord President's inquiry with respect to Mr. Cowper-Temple's Bill, in the same terms as that of last year—viz., as follows :—With regard to Mr, Cowper-Temple's Bill 'to amend the Medical Act, 1858, so far as relates to the registration of women who have taken the degree of Doctor of Medicine in a foreign university, considered by itself, and apart from its bearings on the general question whether women ought to be able to look to medical practice, or certain branches of it, as open to them equally with men, as a profession and means of livelihood, the Council have found no difficulty in forming an opinion.

By the Medical Act, 1858, the Council are precluded from registering foreign degrees, and, consequently, have been compelled repeatedly to refuse to register foreign degrees held by men. The reason for this is obvious—viz., that the Council have no means of exercising that supervision and control over the education and examination required for foreign degrees to which the licensing bodies of this country, whether universities or corporations, are, by the Act of 1858, subjected. But this privilege, which the Medical Act on this account refuses (and the Council believe, very properly refuses) to men, Mr. Cowper-Temple's Bill proposes to grant only to women. Against such a proposal the Council feel bound to offer a protest, as being subversive of the main principle of the Medical Act. The committee would further remark that it is deserving of notice that the degrees of Doctor of Medicine conferred by some of the foreign universities of highest repute included in the schedule to Mr. Cowper-Temple's Bill, do not authorise their holders to practise their profession in their own country unless they shall also have passed subsequently, and in addition, a State examination."

PUBLIC APPOINTMENTS IN THE UNITED KINGDOM.

The following is the section of the report relating to Mr. Gibson's Bill :—

"With respect to the Bill introduced into Parliament by Mr. Gibson, the committee would remark that the first part of this Bill appears to have been framed to meet special restrictions existing in Ireland, and that it proposes to open up to all legally qualified registered practitioners all public medical and surgical appointments in the United Kingdom. The committee is of opinion that before such a measure is passed by the Legislature, it would be expedient to obtain full information as to the effect which the enactment of the Bill (Clause 2) would have in throwing open indiscriminately appointments in public hospitals in the United Kingdom, the qualifications for which are at present regulated by charter or otherwise.

"As regards the further provisions of the Bill (Clause 3) the committee are of opinion that power should be given to register the degree of Bachelor of Surgery from any University of the United Kingdom entitled to grant the same.

"As regards a degree or diploma or certificate in State Medicine or Public Health the committee are of opinion that it should be registered only as an additional qualification by persons whose names are already enrolled on the Medical Register under the Medical Act.

"The committee are further of opinion that the privilege of such registration should not be confined to universities, as provided in the Bill, but should also be extended to all diplomas in State Medicine or Public Health granted by any of those bodies included in Schedule (A) of the Medical Act, which may institute the necessary examination."

Dr. Thomson moved the adoption of the first clause. By Clause 2 of the Bill, he said, it was proposed that all public appointments in hospitals should be thrown open to every registered practitioner. It was somewhat doubtful as to what would be the effect of such a Bill, whether it would merely render all registered practitioners eligible, or impose upon the different bodies the obligation of electing candidates without reference to particular qualifications, provided their general merits entitled them to the place. If the latter were the real meaning, the committee thought it necessary that the circumstances of the public hospitals should be known before legislation was undertaken, though there was a general feeling in favour of the removal of impediments to duly registered practitioners accepting appointments.

Prof. Turner said the Bill had been introduced in order to remedy an injustice in Ireland, where no one was capable of being elected a surgeon to a county infirmary or hospital unless he had letters-testimonial from the Royal College of Surgeons, but many of the clauses seemed to give the measure a much wider scope. Instead of being merely an Irish Bill, as the preamble would lead one to anticipate, it really applied to all the three divisions of the kingdom. That being the case, it seemed to him that the Legislature had not got sufficiently full information on the subject.

Mr. Macnamara said he did not by any means admit that any grievance existed from the infirmaries of Ireland being supplied with practitioners qualified by the College of Surgeons of Ireland; but the College did not wish to persevere in any monopoly. They were perfectly willing to have the fullest and freest competition for public appointments. The licentiates of the College of Surgeons of England or Scotland could go over and compete with Irish licentiates if they liked; but there should be reciprocity, and the Irish practitioners should also be allowed to compete for appointments in English and Scotch infirmaries. The College of Surgeons in London and the College of Surgeons in Edinburgh had similar monopolies to that possessed by the College of Surgeons in Ireland, and he was quite willing to have the monopoly in Ireland abolished, provided those in England and Scotland were on the same footing.

Clause 2 then passed.

QUALIFICATIONS IN STATE MEDICINE.

Dr. Thomson in moving the adoption of the third clause remarked that many members of the Council were aware of the great care and attention which the Council had devoted to the whole subject of State Medicine qualification. Since that time the subject had made some progress in the minds of public men, and the general feeling now was that, while it was most important and desirable to grant qualifications in State Medicine upon proper conditions, yet those qualifications should be founded upon the groundwork of a full medical education, so that no person might be qualified to offer advice to the public upon that subject unless he was also well-informed with regard to other branches of his profession.

This clause also passed.

Clause 4 and last gave rise to considerable discussion.

Mr. Simon proposed as an amendment the omission of it altogether. He felt considerable doubt as to whether it was desirable to create an entirely new and separate action for a great number of bodies.

Dr. A. Smith second the amendment.

Mr. Macnamara opposed the amendment, remarking that the Royal College of Surgeons of Ireland was the first body to institute a professorship of hygiene, and ought not now to be told that they should not give a licence in State Medicine.

The President stated that the University of Cambridge at present admitted any registered practitioner to its examination for the qualification.

The discussion on Mr. Simon's amendment had not concluded when the time for adjournment arrived.

WEDNESDAY, MAY 31ST.

The discussion on the clause, "The Committee are further of opinion that the privilege of such registration should not be confined to universities as provided in the Bill, but should also be extended to all degrees, diplomas, and certificates in state medicine or public health, which may be granted by any of the bodies included in Schedule (A) of the Medical Act, which may institute the necessary examination,"—which was left unfinished at the close of Tuesday's sitting, was resumed.

Mr. Macnamara again resumed his reasons for objecting to the proposed amendment by Mr. Simon, and said that he felt very strongly that the conferring of degrees and diplomas in state medicine should not be confined to the universities. Sanitary offices were becoming very important in Ireland, and it would be a great hardship for Irish candidates not to be able to obtain the public health qualification without obtaining the degree of arts required by the University of Dublin. To require them to go to

Cambridge, which was open to all, would be inflicting a fine of £8 or £10 on each. He could not see why there should be the slightest objection to accede to the proposal of the Council. Ample provision for the efficiency of the qualifications would be provided by proper supervision; if the regulations were unsatisfactory the Council would reject them. The Royal College of Surgeons in Ireland had a professorship of hygiene since 1844. It was hard that that College, or any other of the licensing bodies should be excluded from giving certificates in state medicine; he believed that such exclusion would be one of the greatest checks to the progress of hygiene that could be inflicted. He would point out to Dr. Smith that, if the privilege were extended to the College of Physicians in Ireland, it did not follow that it should at once institute an examination in public medicine, but the possession of the privilege might be of importance to the College afterwards.

Dr. Pitman believed that the matter had not been looked at in its various aspects. The words degree and diploma conferred certain privileges; but the Committee had resolved that the diploma in state medicine should be registered as a title. If so there was no place for it in the Medical Act. If it were admitted, the door would be open to the dental licentiates of the Royal College of Surgeons, Fellows of the Obstetrical Society, &c., to claim registration. With regard to certificates, anybody could give one. The clause in the Bill referred to degrees legally granted by Universities. He thought that the Council would introduce confusion if advised that the diplomas in state medicine granted by all the bodies should be registered.

Prof. Turner said that it was evident that many of the licensing bodies had taken steps to institute diplomas in state medicine. Was it for the Council to recommend that such qualification should be put on the Register? The objection might be made that this would introduce a number of new qualifications, the examinations for which the Council would be called upon to supervise. It was, however, a question of justice to those bodies which had instituted examinations in state medicine, and these should be considered.

After further discussion mainly in favour of the recommendations of the committee, in which Dr. Rolleston, Dr. Wood, Sir Dominic Corrigan, Dr. Quain, and Dr. Smith took part, Mr. Simon withdrew his amendment, his opinions having undergone a change, as he remarked from the weight of Mr. Macnamara's arguments, and the clause as originally proposed passed.

The Council next discussed the measure about to be introduced into the House of Commons by Mr. Russell Gurney, entitled—

A BILL TO REMOVE RESTRICTIONS ON THE GRANTING OF QUALIFICATIONS FOR REGISTRATION UNDER THE MEDICAL ACT ON THE GROUND OF SEX.

Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in the present Parliament assembled, and by the authority of the same:

1. The powers of every body entitled under the Medical Act to grant qualifications for registration shall extend to the granting of any qualification for registration granted by such body to all persons without distinction of sex.

2. This Act shall be taken to be incorporated with the Medical Act, as amended by the Act of the twenty-second year of Her Majesty, chapter twenty-one, and the Medical Act as so amended, and any other Act amending the Medical Act shall be construed, and have effect accordingly.

On this the following action of the Council was taken, one or two resolutions and amendments were negatived:—"That the Third Section of the Report of the Committee on Parliamentary Bills be remitted to the Committee, with power to consult Mr. Ouvry as to the legal bearings of the first clause of Mr. Russell Gurney's Bill, and also generally upon the whole question."

The committee on Parliamentary Bills was also increased by the addition of Dr. Storrar, Professors Turner and Lister, and the Council's solicitor was requested to attend the following day in accordance with the foregoing resolution.

The fourth and fifth sections of the Report were remitted to the committee on Parliamentary Bills, and the sixth section which treats of—

FOREIGN DEGREES

was agreed to.

"With respect to the communications from graduates holding foreign degrees, suggesting that these degrees should be admitted to the *Medical Register*, the Committee recommend that in acknowledging these communications the Council should express their opinion that no qualifications should be entered in the *Register*, over the education and examinations for which the Council cannnot exercise the same supervision and control as they do under Section xviii. and xx. of the Medical Act, in regard to the qualifications granted by the British licensing bodies, mentioned in schedule [A] to that Act."

CERTIFICATES IN LUNACY.

The President made the following communication with respect to certificates in lunacy, to which reference was drawn in our last.

"The correspondence is similar in purport to that printed in vol. vi of the minutes. Mr. Forbes, Secretary to the General Board of Lunacy in Scotland, writes (29th July 1867) that Mr. Secretary Hardy had laid a case before the law officers of the Crown, and they are of opinion that upon the true construction of the statutes, certificates signed by medical men in Scotland do not constitute a valid authority for the detention of Lunatic patients in England and Wales, and *vice versâ*. In July 1868, the President of the Medical Council (Sir George Burrows) drew the attention of the Home Secretary to the subject, and on August 10th, 1868, Mr. Liddell replied that Mr. Secretary Hardy having consulted the Lunacy commission was unable to undertake further legislation for the purpose of removing the anomaly. In 1869 there was a correspondence between the President of the Medical Council (Dr. Paget) and the lunacy boards of Scotland and Ireland, and about the same time the matter was laid before the Lord President (the Marquis of Ripon). The affair seems not to have been pursued further. Under all these circumstances, it appeared to be desirable to see the chairman of the Lunacy Commissioners on the real merits of the case. He (the Earl of Shaftesbury) having carefully considered the subject, stated that he did not think the matter to be in exactly the same position as it had been when it was previously discussed; that there would probably now be no objection to consider it in connection with other subjects proper for a Bill having relation to the Lunacy Acts; that it should, after conference with the other Lunacy Commissioners, be so considered, and he hoped that it might be possible that an evil, the existence of which he fully felt, might be remedied next Session, if a Lunacy Act could then be brought in. I further promised his Lordship a copy of all the papers we have on the question; and, subject to your wishes, I purpose, in conjunction with Mr. Ouvry, also to prepare a copy of the Act for transmission to the Secretary of State for the Home Department."

The remainder of the sitting was occupied in discussing the duties and emoluments of the Registrar, the amended report of which will be found in Thursday's proceedings.

THURSDAY, JUNE 1.

After confirmation of the minutes of the preceding day, the Council were engaged in

THE ELECTION OF A MEDICAL REGISTRAR.

The duties and emoluments of the office are as follows:

I. The Registrar of the General Medical Council shall keep his registers correct, in accordance with the provisions of the Medical Act, and the standing orders of the General Council.

II. The Registrar shall verify each page of his registers with his signature, and every alteration, addition, or erasure shall be verified with his initials.

III. The Registrar shall fulfil all the duties now required, or which may hereafter be required of him, by the standing orders of the General Council.

IV. The Registrar shall be present at every meeting of the General Council, and of the Branch Council for England, and at other meetings when his presence is required, and shall take minutes of the proceedings at such meetings.

V. The Registrar, as Secretary, shall conduct and have charge of the correspondence on the part of the General Council, and of the Branch Council for England, and shall issue all requisite notices.

VI. That the Registrar do not retain in his hands more than £100 of the funds of the Council, but shall lodge all moneys as they accumulate in the Bank of England, to the credit of "The Branch Council of Medical Education ond Registration of England."

VII. The Registrar shall, in addition to one of tha Treasurers, sign all cheques on behalf of the General Council or Branch Council for England.

VIII. The Registrar shall have the general control of the management of the office, authority over the clerks and servants, and superintendence of the building.

IX. The Registrar shall attend at the office from twelve to four o'clock daily, and at other times when necessary.

X. The Registrar shall not be absent from his duties unless by permission of the President or the Treasurers.

XI. That the salary of the Registrar shall be £500 per annum.

Dr. Andrew Wood said his object in delegating this appointment to the executive committee was chiefly on the score of expense. Dr. Hawkins intended resigning in November, and if the whole Council were summoned it would cause the expenditure of nearly £300, which would be thus saved.

The Council accepted Dr. Wood's suggestion, and the vacancy will be advertised in the medical journals in due course.

THE FINANCE REPORT OF THE COUNCIL.

Dr. Quain, as chairman of this committee, then moved the adoption of the report.

The finance committee report that the income of the Council during the year 1875 has been £5,877 19s. 8d.—a sum less by £126 6s. 6d. than the income of the preceding year. The expenditure of the Council during the same period has been £6,698 19s. 6d. The expenditure of theyear has therefore exceeded the income by £820 19s. 10d.

The principal items under which an increase of expenditure has taken place, as compared with that of the preceding year, are on visitations of examinations, £261 9s. 0d. ; on printing £405 1s. 6d. ; on house expenses £114 3s. 7d.

A table has been drawn up, showing the receipts and expenditure of the Council during the last six years. From this table we learn that during the first four of these years the income exceeded the expenditure by an average amount of £1,073, whilst it will be seen that during the past two years 1874 and 1875 the expenditure exceeded the income by the amounts in each year respectively of £877 and £817, the income during these years being rather above than below the average.

It will be observed that during the first of these two years —viz., 1874, a great portion of the excess of expenditure is due to the outlay for reprinting the "Pharmacopœia," which cost £688 18s. 6d., and for which the Council has been already reimbursed. The remainder of the excess is to be accounted for by an increased outlay for general printing and house expenses.

The excess of expenditure of the last year, 1875, is to be accounted for by the amount of fees paid to visitors of examinations, which exceed the amount paid in the preceding year by the sum of £261 7s. 2d ; by the cost of general printing, which exceeds that of the previous year by the sum of £405 1s. 6d. ; and lastly, by expenses connected with the office and house, which exceed that of the preceding year by £111 3. 3d.

The committee feel that the Council will agree with them in thinking that the expenditure of the Council should not be allowed to continue in excess of its income. To some extent this evil will be remedied, should the Council determine to extend the visitation of examinations over a series of years, by which the annual cost will be diminished. No very material reduction can be made in hoe usexpenses. The other item of increased expenditure is that for printing ; and as during the last year one-half of the whole excess of expenditure—(viz., £405 1s. 6d., out of £802 0s. 1d.), is due to this alone, the committee would recommend that for the future a stricter economy should be exercised in this department of the expenditure.

A discussion arose on the increase of expenditure during the past year, which was explained by the expenses attending the visitations of examinations which had been recently initiated and carried to such a useful issue. These examinations would not in future be held all in one year, so that the attendant expenses would be spread over several years. The house expenses had also increased of necessity on account of the removal to the new and more commodious premises now occupied by the Council. The only item the committee saw it possible to reduce was the printing account, which they suggested should be subjected to more rigid economy. The report was then adopted.

LORD CARNARVON'S VIVISECTION BILL.

The amended report of the vivisection committee was then brought up by the chairman, Professor Lister, and after an animated discussion, the Council decided to remit a copy of the said report to every member of her Majesty's Government, the House of Lords and the House of Commons, as expressing the opinions of the Council. Having given this report minus only a few verbal alteration in our last, it is unnecessary to repeat it. Our readers will find it at page 443.

The Council were next engaged in discussing a motion of Sir Wm. Gull's on

THE CONJOINT SCHEME,

which ran thus :—

"This Council express their regret that up to this time and after so long delay no Scheme for a Conjoint Examining Board for England, Scotland, or Ireland, has yet been framed. The Council further desire urgently to press this matter of a Conjoint Board upon the Bodies whose duty it is to arrange and supervise the Medical Examinations in the several divisions of the Kingdom."

Sir Wm. Gull, before putting this to the vote, asked permission to make the following alteration : that the words "has yet been framed" should read "has yet been put into operation." This alteration agreed to, the mover said the object of his motion was obvious. Some time since the Council had decided that a Conjoint Scheme was desirable, yet several years had passed, without any practical result being achieved, or the recommendations of that Council carried into effect. He had an ardent desire for the united action of the three kingdoms ; but if this could not be obtained he would be satisfied as a first instalment with a conjoint scheme for the Universities and Corporations of England alone. There were many advantages to be derived from the one portal system, the standard of medical education would be raised, and students who had passed the minimum examination which should be alike in every case, would be placed on the Register on a footing of equality. The standard of this minimum examination might be left to the united decision of all the Corporate bodies, under the supervision of the Universities. There would then be but one examining board, and one standard of examination, instead of the present system, which had no unity of purpose or of examination, each qualifying board having a standard of its own, and each one empowered to grant diplomas, and to send forth men supposed to be qualified, with a totally different examination and an unequal standard.

Professor Turner, on the contrary, objected to the one portal system. In Scotland, for instance, it would inflict a great hardship upon the various qualifying boards. It was an every day occurrence for practitioners and students to come from the

colonies and other distant parts, and to enrol themselves as members of one or other of the universities, in the hope and expectation that if all went on well with them they would eventually become graduates, and obtain such degrees as the institution they had chosen was able to grant. He deemed it most imprudent, nay, even cruel, to compel these men and students generally who had already completed a portion of their curriculum, to submit to the double ties and expenses this conjoint scheme would entail.

Dr. Quain protested against the retrograde action of the council; five years since they had decided that a conjoint scheme was desirable, and now they were discussing the whole thing again, as if they had slept for a number of years, and woke forgetful of the past.

Mr. Macnamara did not feel that any apology was due from him in addressing them on the question of a conjoint board for each division of the kingdom, having spent many and many an hour trying to carry out some such scheme for Ireland; he expected, however, to have to inform the council that, as he understood the meaning of a conjoint scheme, such was impracticable in Ireland. Sir Wm. Gull seemed to think that examinations conducted by the corporations, in which the universities were to assist only by their presence, would constitute a system of conjoint examinations. This might do for England where this class of students were licensed by the corporations, comparatively few being qualified by the universities, but such scheme carried out in Scotland and Ireland, where a large proportion of the students are qualified by the universities, would be a very incomplete conjoint scheme indeed. In these counties, conjoint boards, *minus* the universities, would be very much like the play of Hamlet, the part of Hamlet being omitted. In Ireland the conjoint scheme had fallen through in consequence of the withdrawal of the proposed scheme of the Queen's University. This body, though called a university, was in active competition with the corporations, inasmuch as it gives its qualifications, its M.D.'s, and its M.Ch. to students, not graduates of arts, for the bulk sum of twelve guineas. Were the degree in Arts required of its candidates, the competition would not be so severe, but such is not the case, though the facts being as he stated. Looking at all the difficulties of the case, Mr. Macnamara felt convinced that the true solution of this most difficult problem would be found in the Medical Council seeking to have an Act of Parliament passed, empowering them to refuse to register any person who had not a degree in medicine and in surgery. This Act could be passed in this very session, and coupled with a judiciously conducted system of visitation on the part of the Medical Council, every security would be afforded the public as to the education and qualifications of their medical attendants.

Mr. Teale said that the arguments by the representative of Ireland and Scotland, instead of convincing him of the impracticability of a conjoint scheme, rather confirmed him in his view as to its necessity. Certain difficulties in Scotland had been pointed out against the scheme, and in Ireland they split upon the rock of monetary competition, but these, in his opinion, would be overcome by the practical and judicious action of a conjoint board.

Dr. Wood entered into an explanation of his opinions, which he contended were at one with all the universities and corporations in Scotland as to the feasibility of the scheme in that country. Since the passing of the resolution, advising a conjoint scheme, they had loyally endeavoured to carry out the wishes of the Council, but they were met by such insuperable difficulties on all sides, as to compel him to alter his views altogether, and to confess that at least for Scotland, a conjoint scheme was utterly impossible. He had no objection to a short Bill, which should compel every student to pass a recognised examination in both medicine and surgery as suggested by Mr. Macnamara, before his name was placed on the register; but the one portal system meant unnecessary vexation and hardship to the student, and absolute failure to the corporate bodies.

Dr. Pitman said he had taken considerable interest in the question of a conjoint board, both in accordance with his official position as Registrar of the College of Physicians of London, which body highly approved of the scheme, and also because it was his personal opinion that such a consummation was highly desirable. The College of Physicians had strived to promote the success of the movement at considerable labour and expense, and he saw no reason why such should not be carried out. He would feel ashamed to take part in a resolution which had for its object the defeat of such a measure, and he hoped that whatever might be the result of Sir Wm. Gull's motion, a single examining board for each division of the United Kingdom would become *un fait accompli* at no distant period.

Dr. Haldane said that the great majority of students in Scotland passed both examinations in medicine and surgery, scarcely any went for the single qualification; he might say that so far as the Edinburgh College of Physicians was concerned, no candidate had been admitted since 1874 who had not already passed at some other Board. He was decidedly against the conjoint scheme, preferring the combination of corporations, which they found worked so well in Scotland at the present time to the one portal system, which looked very well on paper, but in its practical results would be found extremely objectionable.

Dr. Smith remarked that the motion which stood in his name, "That the contemplated conjoint scheme for England, shall be submitted to the General Medical Council for its consideration and approbation before its scheme shall be brought into operation," was most unfairly anticipated by the alterations Sir Wm. Gull had made in his own motion since it was on paper. He thought it would have been more honest if Sir William had allowed both to stand or fall by their merits, instead of endeavouring to defeat the one he objected to by a sidewind. He was strongly against the conjoint scheme, and expressed his firm conviction that so far as Ireland was concerned, it could never be carried out.

Dr. Thomson confirmed Dr. Woods' views on the subject as far as Scotland was concerned; it had been tried and found wanting. Six o'clock having arrived, the debate was adjourned.

FRIDAY, JUNE 2ND.

THE CONJOINT SCHEME *(continued)*.

Prof. Lister.—I would not object to conjunction, could it be done without inconvenience. We have at present three spurious examinations—the College of Surgeons examining in medicine, and the College of Physicians in surgery, &c. It would be better for each to examine separately, but to unite their qualifications. We are agreed it would be well to have conjunction, and I should be glad to support Sir W. Gull's motion, but the conjoint scheme has been actually prevented by striving after the one portal system. There would be no special virtue in the one portal system provided that in every portal there were strong portæ. All must regret to observe that men who rise to eminence give up their position as teachers, and in the same way as examiners. If such is the case now, it would be more surely so with the one portal system. An examinership has been hitherto looked upon as an honour, but if elected for this heterogenous body, the examiners would not be improved in quality. Examining is troublesome, and excessively unpleasant. I would not engage in it if I were not called upon to do so as a professor. Again, there was another point. If a graduate of London, why should I be called upon to pass the one portal examination—why called upon to pay the extra sum, £5 5s.? Besides, a surgeon would not require the diploma of the College of Physicians and Apothecaries; why should he therefore, be called upon to pass the examination? Again, with regard to education why should the pupil cram up the compositions of drugs, &c. Pupils should have their reflecting faculties improved, not their cramming powers. Another disadvantage: It is called a minimum examination, but it does not follow that every one would pass. I might say that a man is as likely to be rejected in this as in a higher examination for in the latter there is more care—more time. How can a man be tested in ten minutes. It may be so in a first-rate man—even three minutes may be sufficient—but a slow man, who had all the requisite knowledge, could not be examined and accurately tested in the time. The result of the conjoint scheme would be to prevent many from taking the Scotch degrees. Those who would be content with the conjoint examination would be content with much less work, and far less testing examination than the Scotch degrees. Again, with regard to teachers examining their own students, we hear of men reading up before examining,

Ought such to be. A teacher knows his students; I had a man whom I knew to be well up become so nervous that he could not tell what a case of talipes was; I should have rejected him, but knew him, gave him time, and he passed a very good examination. Again a man knows his teachers and his examiners, but if he knows that another professor may examine him, he knows not what to read, and becomes confused. If a teacher examines, the student may read the works written by those teachers, and prepares the subject well and passes a good examination. This preparation is a very serious matter. Take chemistry for instance; how harassing on such a subject to feel one may be examined by one who teaches quite differently. No one can know the whole subject of chemistry. Doubtless there is an evil in the Scotch form of examination, but the question is which is greater, the evil or the good? The evil is overcome by assessors, and this Council has enabled the Scottish Universities to improve in this respect, for they have now an extra professorial examiner, perfectly independent in every subject, and no one may examine in more than two subjects. Besides these they have visitors of examinations from the Council. For my part I am not disposed to agree with the desponding tones of Dr. Pitman and Dr. Quain, I believe the examinations are being quietly improved without any radical changes whatever. It is easy to make radical changes, but one cannot foresee the result. I cannot vote in favour of Sir Wm. Gull's motion.

Sir D. Corrigan.—I fear we have travelled off the direct line. Instead of confining ourselves in proper limits we have diverged into *not* one conjoint examination, but into three or four.

Sir Wm. Gull's resolution is this:—The Council express their regret that up to this time, and after so long delay, no scheme for a conjoint examining Board for England, Scotland or Ireland has yet been put in operation. This resolution is to express regret, and it is cleverly put, to make it appear that we all approve of a conjoint scheme. Now, sir, this is an attempt to gull the Council. We do *not* approve of the project of a conjoint scheme. Now, how many conjoint schemes have been before us? At least three. I opposed the conjoint scheme for England, Ireland, and Scotland, because if a man passed in one he passed in all three, and he could go up at one examination and if rejected then at another, and so on. Professor Turners' conjoint scheme is to put the Universities out in the cold; let them pick up any scraps, like the dogs at the table of Dives. Dr. Wood has suggested an Utopian examination. Some years ago the Council was in favour of a conjoint scheme, but many of us have changed our minds. A change has come over the spirit of our dreams. If we look back five years ago, out of eighteen voting 17 voted for a conjoint scheme, and the only one voting against it was myself. I was alone in my opinion; but I am glad to find so many of my friends come round on the present occasion to the same opinion as myself. Some years ago I was desirous of obtaining a State examination for any one who had charge of our soldiers, sailors, &c. I was supported by Dr. Smith, but it failed. Dr. Quain then said give me ten minutes and I will go to the College of Physicians. That distinguished body is now in labour on a conjoint scheme. In a few minutes I will bring you back the baby. That labour was more than a day and a night, but no baby appeared. All these schemes are futile and I shall certainly vote against the motion.

Dr. Humphry. I rise to propose an amendment, for I see that the vote of this Council will appear to be condemnatory of a conjoint scheme. Such will be the case if a division takes place on Sir Wm. Gull's motion, but such is not the desire of the Council. It is certain we shall get no such scheme in Scotland or Ireland, whilst in England the scheme is being slowly worked through. It would be very injudicious to vote and so to give an opinion apparently against the English tendency to form a scheme, whilst at the same time we are actually in favour of the conjoint scheme in England. This amendment is perfectly open, not limiting, whilst at the same time, it urges upon the examining bodies not to remain idle in the matter. I would propose a resolution to the effect that this Council desire to urge upon the several licensing bodies of schedule A of the Medical Act, the importance of union or co-operation in their examinations, so as to secure that every person admitted to the Register has been tested in medicine and surgery and other subjects deemed essential by the Council.

Dr. Fleming.—It is unnecessary that the Universities should be incorporated in the scheme. The Universities are really not the licensing bodies. The names in Register from the universities of England amount perhaps to not more than 100. Now one reason given for the formation of the Conjoint Board is that the separate examining bodies are anxious to get money, and therefore lower their scale of examination; but with regard to Scotland, this is perfectly ridiculous. We have no such idea, for our examining bodies are not in want of money. The Corporations might co-operate if they desire. In fact, in Scotland it amounts nearly to co-operation at the present time. I neither like the motion nor the amendment. This discussion, however, will go to the public and the profession, and perhaps may do much good when brought on for consideration by the Corporations. I beg leave to move the previous question.

Dr. Rolleston.—Dr. Humphry's amendment differs in no respect from Sir Wm. Gull's motion, for it urges a co-operation. Dr. Humphry adopts the words of the motion without the name of a conjoint scheme. We desire to secure, not only an examination on certain subjects, but we desire to do away with the necessity of a special State examination. If we do not do this for ourselves, it will surely be done for us. We must have an equal examination in all. We must have co-operation, that is the co-operation of all the bodies, and not one under-working the other; and if we do not you may depend that the State will see for the people that the examinations are sufficient in all the Corporations and will institute an even examination that is a State examination for us.

Dr. Andrew Wood.—Doubtless we all wish to see an equal examination, but we want to do it in the right way. Dr. Rolleston and his party think one way right and we think another way right. But we are not to be frightened to a form which we consider would not be the right way. I do not believe the State will take the matter out of our hands when they see we are working steadily, and one may add successfully towards a good end. These three Colleges in England have brought forth a phantom scheme and cannot work it. Let them acknowledge it and arrange among themselves that the examinations are fully carried out. But it may be left to them. I believe it would be unwise to bring this motion of Sir Wm. Gull's to the vote, for it would most assuredly show that the Council is of a different opinion to what it was on the last division upon the subject.

Dr. Aquilla Smith. It will go before the public and the profession that there is a change of opinion in the Council, but it would be an extremely cowardly act for the Council to suppress that opinion. I have, and so also others, changed opinion from time to time, and I see no reason to conceal the fact.

Dr. Simon. The amendment certainly tends to perplex the Council. It is not a fair amendment. But it might be brought up as an original motion, if Professor Humphry will give notice of it and bring it forward for discussion to-morrow. (Dr. Humphry then withdrew the amendment.) The Council has existed for eighteen years, and has never passed a resolution so thoroughly in accordance with the feeling of the profession as those resolutions referring to the subject now again brought before us. The consolidation of the Examining Bodies was indispensable, and without that consolidation it would be impossible for the Council to maintain a high standard of qualification. It has been said the Universities might be separated from the scheme. I should regret such a scheme. It is quite unimportant that they should exa-

mine, but I should indeed regret that they should not be associated in the scheme. In concurring in the motion of Sir William Gull I hope I am not unduly influenced by any other feeling than that of right. In England I have not the least doubt that we shall have a conjoint board: the public spirit and the present tendency of the Universities and Corporations all tend to such. Now what will be the result? There will be a tendency in the English opinion to estimate at a low degree the Scotch examination. It is said this Council has changed its opinion since 1872. On the contrary, I believe the opinion to be much as it was then. It was only gradually, only reluctantly, only in recognising that there was a common interest—in fact, an obligation—that the Council then voted as they did vote.

Dr. Quain: I think we don't know why the corporations have disregarded our resolutions. I think it would be right not to censure them as this resolution would do, but ask them again why those schemes are not in operation. We should then be able to come to some conclusion. I hope by that time to bring before you the completed scheme of the London College of Physicians. If we don't carry a Conjoint Board, I am convinced the Government will frame a Conjoint Board for us. No Government will permit nineteen bodies to exist with a different standard of examination. In fact, a State examination was before the House, and was actually passed in the Lords. I may add how absurd it seems. The College of Surgeons and other corporations have got an Act of Parliament, and now we are to say we have changed our minds. After all this labour of love on all sides, the Council say our opinion is not now as it was then; we should be laughed at on all sides.

Dr. Quain then proposed an amendment to refer the matter back to the corporations, but it was subsequently withdrawn.

Sir Wm. Gull: I confess I am surprised to see men coming from all parts of the world and taking sides, not deliberating, but actually taking sides. The examination may be considered a minimum, but this minimum is to raise the standard of examination. Mr. Lister refers to the position of examiners. If there were one examining body to each division of the kingdom, there would be no difficulty in having good examiners on the several subjects. As Mr. Macnamara says, there is a tendency in some bodies to get students cheaply. I have always felt that a student might pay for his honours as he pays for his education, and the fees should be raised accordingly. I am told that the visitors of examinations in some cases did not actually visit (contradicted). Whether such is the case or not, at any rate there must be a great difficulty in visiting nineteen bodies. Professor Lister speaks in favour of teachers examining their own students. This we object to altogether. Suppose you have an ignorant teacher examining an ignorant student, where are you then? An examiner is a very important member of society, and it is very difficult indeed to obtain good examiners. We cannot find good examiners for so many bodies, for they do not actually exist. England should certainly bring forward a scheme, and then I have no doubt Scotland and Ireland will follow, so I have worded the motion for England, *or* Scotland, *or* Ireland. I don't care which is first, or which has the honour of precedence.

The President: I look upon the question as a national one. If this body is doing a national service it must leave out all personal matters. On looking back I find strong expressions on the part of the Council in favour of the Conjoint Scheme. Now, I say a Conjoint Board will certainly be formed; but in what form? If a Conjoint Board is first formed it may be between the Colleges of Physicians and Surgeons; if not, the two must license in subjects foreign to the respective colleges. I should very much regret to see the Universities not in association with the Corporations, and I believe it would be a great misfortune if the Corporations should unite without including the Universities. If the Council should vote against a Conjoint Scheme they may perhaps be the means of preventing a conjunction between all the Examining Bodies, but they certainly will not prevent co-operation or conjunction in the examination. As regards England I am sure, as regards the other divisions of the the Empire I am not sure, but it is our desire and our duty to obtain a uniform and satisfactory examination throughout the Empire. Whatever may be decided by this Council, whether you divide upon the question or not, we may I am sure feel satisfied that this discussion must have an important influence in directing the action of the Examining Bodies.

The division—15 in favour of Sir William Gull's motion, 6 against.

Dr. Humphry's former amendment upon Sir W. Gull's motion was now put as an original motion.

Dr. A. Wood: I think that next year we shall have *no* more Conjoint Boards than we have at present, and therefore think it advisable to press some form of combination upon the Examining Bodies.

Dr. Macnamara could not see how this resolution could strengthen the former resolution.

Dr. Rolleston thought the resolution simply weakened the previous resolution.

Prof. Humphry: Those who voted against the former resolution were all the English and 4 Irish members. We scarcely expect a Conjoint Scheme therefore in Scotland or Ireland, and I therefore desire that this Council should urge some combination upon those bodies who are not at present likely to adopt a Conjoint Scheme.

Dr. Storrar looked upon this motion as qualifying Sir W. Gull's, and therefore would vote against it.

When put to the vote, 10 voted for and 12 against the resolution.

Dr. A. Smith: You said, Sir, a Conjoint Board would certainly be formed in England, and you added that the particular form was doubtful. Sir Wm. Gull said if a Conjoint Board for England is carried it will certainly necessitate a Conjoint Board for Scotland also. I therefore distinctly think it necessary that no scheme should be allowed to come into operation without the approbation of this Council.

Dr. Smith moved a resolution to that effect, but it was not seconded.

VISITATION OF EXAMINATIONS.

Moved by Dr. Quain; seconded by Dr. A. Smith, and agreed to:—"That the following report of the Executive Committee on the best means of conducting visitations of examinations, as amended by the Council in committee, be entered on the mintues and adopted."

REPORT.

General Regulations for the Visitation of Examinations.

1. That when the Council shall at any time decide to resume the visitation of examinations, arrangements shall be so made that the series shall be completed within a period of five years. Such arrangement not to interfere with any special invitations which the Council may think fit to direct to be made.

2. That the arrangements for the visitations, and the appointment of the visitors, and all the details thereof, not otherwise provided for by the Council, shall be entrusted to the Executive Committee.

3. That the various examining bodies shall be requested to forward, before a fixed date to be named by the Executive Committee, to the Registrar of the General Medical Council, a statement, showing the subjects of examination, as well as the days and hours at which the several examinations will be held by them during the ensuing year.

4. That the visitations shall be conducted by members of the Council jointly with others not members of the Council.

5. That the visitors shall be paid for the discharge of the duties of visitation, for their travelling expenses and maintenance, at the same rate as that fixed by the General Council, and approved by the Lords Commissioners of H.M. Treasury, for attendance at the meetings of the Council.

6. That as far as possible the visitors shall be made acquainted with previous reports of the examinations they are about to inspect, and also of the remarks of the licensing bodies on those reports.

7. That the duties of the visitors shall be to inquire into and report to the Council as to the sufficiency of the examina-

tions conducted by the several licensing bodies, as tests of the candidates' fitness to obtain the respective qualifications.

8. That the reports of the visitors shall be forwarded, with as little delay as possible, to the registrar, who shall lay them before the Executive Committee, or the President, in the intervals of the meetings of the Committee.

9. That the Executive Committee, or the President, shall forward the reports of the visitors to the several licensing bodies, to which such reports refer, for their consideration, with a request that the several bodies will make such observations and remarks thereon as they may think necessary, and forward the same with as little delay as possible to the registrar.

10. That the reports of the visitors, and the remarks and observations upon them, shall not be made public until after they have been submitted to a meeting of the General Medical Council.

11. That a special minute book, in respect of the visitations of the examinations, be kept by the registrar of the General Council.

SATURDAY, JUNE 3.

The Executive Committee was elected—Dr. Wood, Dr. Humphry, Dr. Quain, Dr. A. Smith, Mr. Simon, Dr. Pitman.

Moved.—That the Council resolve itself into committee to consider the reports of committees on Parliamentary Bills.

MR. RUSSELL GURNEY'S BILL.

Dr. Thomson: We have left for our consideration sections 3, 4, and 5, which went to the committee for reconsideration.

Sec. 3 refers to the Bill to be introduced by Mr. Russell Gurney. This Bill, as it would appear, is extremely simple, but yet it suggests a very important subject for the consideration of the Council. The committee have felt a great desire not to raise any questions upon which the Council has already expressed any decided opinions. The first thing the committee has therefore done is to refer to the opinion expressed last year. I will read the first paragraph, and will move the adoption of that part of the report.

Section 3. "The committee recommended that the General Medical Council in answer to the request of the Lord President of the Council, that they would give an opinion on the Bill introduced by Mr. Russell Gurney 'to remove restrictions on the granting of qualifications for registration under the Medical Act on the ground of sex,' beg in the outset to refer to the resolutions adopted by them on June 26th, 1875, on the general question of the admission of women to the medical profession. A copy of these resolutions is again sent for the information of the Lord President."

This Sir, leads us a step further than that of last year, but it is quite impossible for the Council to shrink from what is conveyed in this Bill. Doubtless it would be desirable for the Council to shelter themselves under what has been already expressed, and avoid going further. I hope, however, the Council will see the propriety of taking up the point raised by the Bill and expressing a decided opinion upon the matter. The opinion expressed last year was very guarded, but, I think it received the approval of the profession throughout the country. It was just, for it was not for us to debar women from entering the profession, nor those persons who wish to be attended by women from carrying out their desires. I think now it is right that this Council should offer an opinion upon this Bill. I am aware of the embarrassing questions. I am not sanguine of the number who will enter the profession; I should regret it if a large number of women entered, further, I think we shall all be agreed that the joint education of the two sexes would be highly objectionable. I am sure that the Council will very soon be called upon to express an opinion upon how they shall be educated. The question of hospital instruction for women is a practical point, creating the greatest difficulty, and which we shall be called upon to consider. I do not go so far as many in my notion of the disabilities of women in attending the duties of men. Now how can we view in a practical way the education of women in connection with hospitals. It appears to me that there is a way in which we can effect this, and at the same time save the scruples of those who are of a different opinion. It appears to me that the principles of medicine and surgery might be as well taught in females as in males. Such a form of education might be in accordance with the requirements of the Council. Still the committee have carefully avoided making any suggestions which might meet with decided opposition on the part of the Council. I would now move the adoption of the 2nd, 3rd, and 4th Clause of section 3:

"The Council have been advised that Clause 1 of Mr. Russell Gurney's Bill, as at present worded, might render it compulsory on the bodies mentioned in Schedule [A] to the Medical Act, to grant their respective qualification to all persons without distinction of sex.

"The Lord President will observe that, if the Bill operated in this way, it would be against the opinion expressed by the Medical Council in the resolutions of last year, that it is undesirable to interfere with the free action of the Universities and corporations in this matter; and moreover, the Council are informed that Mr. Russell Gurney has no intention that the measure should be compulsory.

"The Council would therefore suggest that Clause 1 should be so amended as to make it quite clear that the exercise of the extended powers which it is proposed to grant would be at the discretion of the bodies concerned, and not obligatory. The Council also are of opinion that the qualifications conferred should not, except at the further discretion of the bodies, carry with them any right to take part in the Government of the Universities or Corporations, or any right or privilege beyond that of registration with a view to the practice of the medical profession."

From these it is clear that the committee see no reason to prohibit those corporations which are willing so to do, to admit women to their examination, but they do see reason why the Bill should not be compulsory upon the examining bodies. They therefore suggest an alteration in the wording of the Bill (clause.) Again, Sir, when a person is qualified, *i.e.*, has received the degree from one of the universities, he or she will have a vote.

Dr. Humphry: I do not think the clauses proposed really carry out the intentions indicated in the able speech of Dr. Thomson, nor do they cover that which is required. Under that Bill it will still be quite impossible for many universities to grant a licence to practise to women, for they cannot grant the degree, and without it they can give no power to practise. It seems to me, I think, something more is absolutely required if women are to receive a licence to practise. I would therefore propose an amendment:—

"That the following words be inserted in place of the Fourth Clause of Section Third."

"The Council would suggest that the object contemplated by the Bill might be attained by enabling any of the licensing bodies mentioned in Schedule [A] of the Medical Act to grant a qualification for admission to the Register to men or women, in addition to the qualifications specified in that Act. But the granting of such additional qualifications should be at the discretion of the bodies concerned, and not obligatory; and that such additional qualifications should not, except at the further discretion of the bodies, carry with it any right to take part in the Government of the universities or corporations, or any right or privilege beyond that of registration with a view to the practice of the medical profession. Further, that the courses of study, and the examinations for such additional qualifications should be under the supervision and control of the Medical Council, in the same manner as the courses of study and examination for the existing qualifications now are."

The real proposal is that there shall be an additional qualification—a "licence to practise"—apart from all existing examinations, and yet entirely at the discretion of the several corporations. We must recollect we have expressed an opinion that women should not be debarred from practising. It therefore behoves us to open the

way. By this Bill, at least, four universities and the College of Surgeons could not examine women.

Dr. Thompson: I have consulted two lawyers, and they are of opinion the corporations would be enabled to admit without distinction of sex.

Dr. Humphry: I maintain that no Body can grant a licence to practise except by granting their diploma or degree, and if that degree or diploma is granted it confers on women, as on men, all the rights of that special degree. Now, seeing that our profession is not sufficiently attracting to men; when you consider that our profession is guarded by a severe education, its arduousness, its unthankful labour, its inadequate remuneration—when you consider that the members of the profession are not sufficiently numerous to supply the requirements of the public.

Dr. A. Wood: That question is not before us. The question here is Mr. Russell Gurney's Bill, and Mr. Russell Gurney is satisfied that it is sufficient in order to admit women into the profession. It is not our duty to suggest how women may be admitted into the profession. It is our duty only to consider the Bill put before us, to show how it will work, to make the best of a bad bargain, and to mitigate the evils that must fall upon the profession. Dr. Humphry is more in favour of admitting women than Mr. Russell Gurney himself.

Mr. Lister: We have already a sufficient number of titles; most people think too many. One serious objection to this proposal is that it would change the whole character of the profesion. The Universities, supposed to stimulate and to carry out the highest form of education, suddenly opening their doors to a minimum examination for admission of women. It seems to me that if the Universities take part in this matter at all, it is desirable they should require a B.A. from women as well as men. If there is the will to admit women, this Bill is the power, but they must be in exactly the same position as men. Now Dr. Humphry says the College of Surgeons cannot admit women; it can be done; but the objection is that if a woman becomes a member she can also become a fellow and take part in the government of the College, to obviate which the clause of the Committee's report is arranged—to prevent them from taking part in the government of those Universities or Corporations. By this Bill a University, if disposed, can at once degrade itself to a mere licensing body.

Dr. Acland: I hold a letter from Mr. Russell Gurney stating that it was not intended to *compel* bodies to open their examinations. Mr. Ouvry's opinion is that it would be compulsory, but on further communication with Mr. Russell Gurney it is quite certain that such is not his intention, and he would be very glad to admit any words which shall make the objects of the Bill evident. If it be the decision of the Council, I think they may introduce a clause or suggest words, for I am certain that Mr. Russell Gurney has no desire to gain his object by any back way.

Dr. Rolleston: I entirely agree with Dr. Humphry's amendment. It is only the same amendment as mine introduced on Wednesday last. I most emphatically demur to Dr. A. Wood's statement that we have only to consider the Bill; we have to consider the rights of the public. I may say again we are not here to protect the rights and privileges of the Universities. This is a matter of expediency, and in the long run of justice. Mr. Lister talks of degrading the University. Justice is no degradation, and it becomes our duty to do justice. The question is becoming a public matter. In refusing firmly to entertain this question we fall behind public opinion, and if we fall behind public opinion we shall be told vey plainly.

Dr. Thompson: As Professor Humphry accepts clauses 2 and 3, I would move that they be adopted. (The two clauses were put to the vote and carried). Dr. Humphry's amendment is not new to the committee. They have considered it, but they fear that such a clause would raise new issues. In the whole of the matter I wish to add the committee had the able assistance of Mr. Ouvry.

Mr. Simon: I would take exception to the amendment. This amendment rather complicates the question. Professor Humphry means that the Bodies should give a qualification without distinction of sex. If it were to give a qualification with distinction of sex I could understand, but surely we do not want an extra qualification for men, and especially as such is not required in the universities. I could understand the examination on new subjects, but certainly not as now proposed. Coming in as a new member, and having to vote on this question, I found myself hampered by the fact that I differ from the conclusion of last year. A thoroughly incomplete answer was given last year. I read in the debates that member after member was of opinion that the profession was not fitted for women, but yet they ruled that "they were not prepared to say they should be debarred from it." What a distance between these two views. Is it or is it not to be announced that, subject to the test of examination, women, equally with men, are fitted for the profession? If such were put I would vote, no. We do not think they should be excluded by law, but we do think they are not fit to practise all parts of the profession. We should agree to something after Dr. Humphry's amendment, that an examination should be instituted, not without distinction of sex, but with distinction of sex. Now here is the point, a difference that I have before pointed out, are we of opinion that women ought to be admitted to the profession. If the Council answer that women ought to be I cannot express my astonishment at the remarks made by some of the members. Dr. Rolleston said that Mr. Russell Gurney's Bill may be safely recommended. The seconder of his motion, speaking strongly of the incapacity of women of their physical disabilities, &c., yet seconds the safe recommendation of the Bill which will enable all women of all physical characters to be admitted to the profession. With regard to the education of women, I demur from the statement that this will come before us. There is such a thing as a law of supply and demand, and I have no doubt such will be arranged apart from us. If Dr. Humphry would withdraw that part which relates to sex, so as to enable the bodies to grant a qualification for the admission to the register *with* distinction of sex, the amendment would deserve to be fully considered by the Council.

Dr. Humphry's amendment was then put and lost, the proposer and seconder only voting in its favour.

The original motion was then put and carried, that clause 4 should stand.

REGISTRATION OF CERTIFICATES IN MIDWIFERY.

Dr. Thomson: I will read section 4 and move its adoption.

Section 4.—"By the communications from the Royal College of Surgeons of England and the Obstetrical Society of London, the question is raised as to the propriety of the registration of midwifery certificates, independently of qualifications to practise medicine and surgery. The committee regard it as a serious error in the Medical Act that holders, whether male or female, of such independent midwifery certificates as may be granted under their charters by the Royal College of Surgeons of England, the King and Queen's College of Physicians in Ireland, and the Royal College of Surgeons in Ireland are entitled to be registered under the Medical Act merely on such certificates. The committee therefore are of opinion that it is desirable that this error of the Medical Act, which is calculated to be injurious to the public interests, should be corrected by legislation."

I think the opinion is quite unanimous that the examination for the License in Midwifery is not a sufficient test of a medical education to be admitted on the register. No one will be inclined to defend that such partial qualifications should be universally placed upon the Register; though perhaps there may be some occasions when such a qualification might admit women to the register.

Mr. Simon: I am willing to second it, but I think it needs further observation. Although I think separate midwifery qualifications objectionable, yet I quite think that it is in this direction that a mistake is to be corrected. If you watch public opinion you will see that in reference to the cause of the women, many people think that no doubt there are certain parts of the profession that can be well taken in hand by women. Though I say that I have a very strong objection to women being admitted to general surgical and medical practice, I do desire to see them receive some qualification which shall enable them to practise in this branch, and in the nursery branch of the profession. We know that there are enthusiasts who fight as a matter of principle; perhaps they might be dissatisfied with such an arrangement, but we might be satisfied in putting our opinion before the Government. I should be glad if the matter were put before a committee during the recess to consider.

Dr. A. Smith: Within the last five years there have been very efficient schools for midwifery instruction in Ireland. Some of the women there educated have come up to the College of Physicians for the licence, and have passed satisfactory examinations.

Dr. A. Wood: Every licence to practise should include an examination in midwifery. There is no doubt that subject is inefficiently taught and examined upon.

Sir D. Corrigan: We have these facts before us—that the College of Surgeons in Ireland gives the licence without any questions in midwifery. Now Dr. Rolleston has observed we have two points—one the protection of the privileges of the profession, and the other the rights of the public. In Paris there are women who make a good income by practising midwifery. Public opinion and public practice have gone ahead of us in this respect. Public opinion has sanctioned what we are now called upon to do. Is it wise for us to fly in the face of public opinion? I don't care about flying in the face of the Ministry, but not in the face of the public. What has been done in Ireland? The Local Government Board are putting educated midwives in authority. In this respect the Board are before the profession. I would propose this amendment:—

"That the following words be added as a rider to the foregoing Section," viz.:—"The Committee further recommend that a separate Register should be instituted for women who have been examined in midwifery, and have obtained certificates from any of the corporate licensing bodies included in Schedule [A] to the Medical Act."

My proposal is not that they should be admitted to the profession or the registration, but that a separate list should be kept. Our duty is not to advocate the placing of women on the Register, but our duty is to discriminate between those bodies who are likely to give certificates to those who are capable, and on the other hand, those bodies who are likely to sell them. I am speaking in plain words, but such I know to be the case, that in some places *incapable persons* are capable of obtaining certificates of proficiency. In the King and Queen's College College of Physicians any woman may come, but she receives a testing examination; many such have gone to India and other places and have done good service. But women obtain certificates of proficiency from lying-in hospitals and other hospitals which can supply an article of sale. I would then move that an addition be made to the clause, that the Council would recommend that a separate Register be instituted for women who have been examined in midwifery, and have received certificates from any of the corporate licensing bodies included in Schedule A.

Section 4 was carried with the understanding that Sir Dominic Cor-rigan's addition should be put as a separate motion.

Dr. Rolleston: If this is merely the practice of midwifery I entirely demur. I say most distinctly that this will not meet the circumstances of the case. I say that many who are not likely to be mothers have demanded women shall be educated and qualified to attend women Women's diseases must be added to the practice of midwifery.

Dr. Thomson: I have no doubt that all the diseases that Dr. Rolleston refers to could be treated by women with this certificate, but I do think that it is not our enterprise nor desire to make it appear that women are qualified to practise other branches of the profession than midwifery.

Mr. Simon: The feeling is popular that the midwife should attend midwifery only. I think it would be difficult to graft on to the *sage femme* the licence which should belong to higher form of educations. If, as I said before, the Executive consider the matter, the subject might be brought up in two sections—1st, the ordinary midwife or *sage femme*, and, 2ndly, when women should be admitted to the Register or to a special register as practitioners in those departments in which we may reasonably suppose they can acquire an efficient knowledge. I think on this the Council will have to express itself more explicitly. The true position will lie between the two extreme views. Those who would prohibit women from doing anything, and those who, on the other hand, run enthusiastically in favour of women's rights, &c.

Sir D. Corrigan: In reply I would say I objected to the additional words of diseases of women. What diseases of women do you mean?—hernia and stone in the bladder, and the thousand other diseases? I maintain that parturition is not a disease. The midwife is required to sit by and see to a function which may from time to time require aid. She is to sit by and see that nothing goes wrong.

Sir Dominic Corrigan's motion, seconded by Dr. A. Smith, was carried.

Owing to the lengthy and important debates held during this week we are unable to refer to the discussions which occupied the Council during Saturday and Monday.

THE plague is said to be fast diminishing in the neighbourhood of Bagdad.

MRS. MINA JURY, the notorious thief who generally selected the houses of medical men for her operations, was last week sentenced to seven years' penal servitude.

MR. VANCE, the medical student who gave instructions to a married lady how she might commit suicide painlessly and without suspicion, was last week sentenced at Newgate to eighteen months' imprisonment, the woman herself being let off with six months' incarceration.

The Influence of Nitrobenzol in Causing the Appearance of Sugar in the Urine.

(Dr. V. Mering: *Centralblatt für die Med. Wissenschaften*, No. 55, 1875.)

DR. EWALD asserted in No. 52, 1873, of this journal, that after the administration of nitrobenzol to dogs and rabbits he had found in their urine a large quantity of a body which had the property of reducing the oxide of copper. This substance reduced an alkaline solution of copper, and, according to him, when treated with yeast under the proper precautions was capable of fermentation. From the investigations which he has been making for some time, Dr. V. M. is certain that the substance which is excreted in the urine under the circumstances given above is not sugar. This substance he finds capable of reducing an alkaline solution of copper, but when treated with due precaution with yeast is not capable of fermentation. It is also deserving of special mention that this substance deflects light towards the left, which, as is well known, is diametrically opposed to the influence of grape sugar.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 7, 1876.

THE CONJOINT SCHEME.

At the meeting of the Council this year no conjoint scheme was presented for consideration, and a subject which is now foremost in the minds of all the leading members of the profession would have al together escaped discussion had not Sir William Gull proposed a resolulution to the effect that the Council express their regret that up to this time, and after so long delay, no scheme for a Conjoint Board for England, Scotland, or Ireland has yet been put in operation. The Council further desire urgently to press this matter of conjoint examinations upon the bodies whose duties it is to arrange and supervise the medical examinations in the several divisions of the kingdom.

Notwithstanding a very determined opposition on the part of the Scotch members, this motion was carried by a majority of fifteen to six; and thus we have again a strong expression of opinion on the part of the General Medical Council that, for the advancement of science, and the benefit of the public, as well as for the advantage of the profession, there should be at once instituted an examination, the standard of which shall be defined, and in which all the examining bodies should co-operate.

In the discussion to which this motion gave rise, each speaker took a different view of the text upon which he arranged his arguments. The object of the resolution was to urge co-operation upon the several examining bodies in order to obtain some uniform examination; but the Scotch members, aided by two Irish members, were desirous of negativing the resolution apparently on the ground that, if a Conjoint Board should be formed, students would find it unnecessary to graduate, and the Scotch Universities would consequently suffer. Nevertheless the whole Council were of opinion that co-operation in some form or another was an absolute necessity for improving the standard of the minimum examination.

The arguments consequently became somewhat vague and undecided; for whilst one raised objections to the one portal system, another objected to the Universities associating themselves in a Conjoint Board, and a third looked upon the attempt to form a Conjoint Board as futile, because previous schemes had proved failures.

The objections raised against the one portal system were, to say the least, frivolous; but the discussion showed plainly that no conjoint scheme will be developed in either Ireland or Scotland unless forced by the success of a scheme first tried in England.

In an early stage of the debate, so evidently were the speeches directed against conjunction, that Professor Humphry, fearing the majority would by negativing the motion rule that Conjoint Boards were unnecessary, proposed an amendment urging the co-operation of the licensing bodies in order to secure that persons admitted to the Register should be properly tested in medicine, surgery, midwifery, and other subjects deemed essential by the Council. Subsequent speeches, however, tended to show that whatever might be the decision of the Council, co-operation in England could not be prevented; and the result of the division proved that such fears were unfounded, all the English and four of the Irish members voting in favour of the motion.

It will be heard with satisfaction that the Council by carrying this resolution have again pressed the matter upon the licensing bodies of framing a conjoint scheme; for it cannot be doubted that at the present time the public spirit, the Universities, and Corporations all tend to such; and though the English scheme, which has lately been so well worked out, and which has been accepted by all the examining bodies of England almost in its entirety, is not yet quite fitted to be put in operation; it is certain that the time is not far distant when a combination of the licensing bodies in England will have been effected, and a death-blow dealt to the strangely imperfect duplicate examinations by which the College of Physicians and the College of Surgeons now quiet their conscience, the one giving a frivolous examition in surgery and the other in medicine.

NON-ACADEMIC M.D.'s.

A memorial addressed to the General Medical Council illustrates forcibly the appetite of the profession for the title of M.D., and the anxiety of a certain class to decorate themselves with that *imprimatur* without the trouble of obtaining it in the regular way. The memorial emanates from certain persons who had gone to the Continent for their Doctorate, and had not undergone any academic course, yet, nevertheless, desired to be admitted to registration, and to the use of the title of Doctor on the same footing as the graduates of the English Universities. The prayer of the memorialists is only an expansion of the claim which the licentiates of Colleges of Physicians have put forward to be permitted to call themselves Doctor and M.D., which demand, though approved of by a Committee of the London College of Physicians, was very properly rejected by the College at large. It was quite evident that the Medical Council was bound to refuse the prayer of the petition on other grounds than those held by the Universities, for it is forbidden by the Medical Act to put

on the Register any degrees but those granted by the British and Irish licensing bodies, and it is, moreover, charged with a supervision of curicula and examinations which it would be impossible to carry out in respect of Foreign Universities. But the plain fact is, that if the registration of non-academic M.D's. were permitted, the move would defeat its own object, and in a few years the profession would cease to covet the Doctorate, and there would no longer be a demand for the degree. The M.D. is no better guarantee of professionl attainments than the licence of a College of Physicians, nor does it confer a higher rank upon the holder in the practice of medicine, but it does usually, and ought in all cases, carry with it the distinction of a liberal education, and of a prolonged course of literary study. A Doctor of Medicine is presumed to be not only a medical practitioner, which he might be without an M.D., but also a gentleman and a man of education, and it is this latter character which renders the Doctorate an object of desire. If it were granted, as it is by the Foreign Universities, and the Queen's University in Ireland, without any genuine course of academic study, it would not be sought for by those who wished for distinction in the profession unless they were permitted to attach to their names some mark which would indicate that they had obtained the degree after a full course of academic study. It is, we hold, a false pretence for a College or a University to assume to grant a Doctorate in Medicine without a complete course of study in arts, and Universities which do so cannot hope to be classed with others whose graduates are presumably persons of education as well as physicians.

FASTING GIRLS.

ANOTHER of these incredible stories, which occasionally crop up as examples of the gullibility of human nature, is reported by Dr. J. N. Norris, of Birmingham, Iowa, in the *Medical and Surgical Reporter* (Philadelphia), April 1, 1876. Indeed, no better day than that of "All Fools" could have been selected for the publication of the supposed facts of such a case. We do not at all impugn Dr. Norris's good faith in the matter, however little we are impressed with the solidity of his judgment, or his capability of weighing evidence in the balance of truth.

These supposed facts of the case under notice may be briefly stated as follows: Eliza Egbert, æt. 11, the subject of diabetes mellitus, *complicated by chorea and hysteria*, "utterly refused all food May 10th, 1875." Complete abstinence supervened "on an already debilitated and anæmic condition of the system, reduced by a protracted and wasting disease." No threats or entreaties on the part of either the mother or doctor could induce her to take anything *beyond a little cold water*. Dr. Norris assures us that not a grain of nourishment or medicine was taken for the space of *fifty-nine days and nights ! ! !* and that for days together not even water was taken. He also states his conviction that there was no collusion between the mother and the child, based upon the fact that he has often heard the former implore her daughter with tears in her eyes "just to taste" something in the shape of food.

Since the case terminated fatally, we are quite prepared to admit that the actual amount of food taken may have been very small indeed, and very probably, since there does not appear to have been anything to gain by deception in the matter, the mother may have been innocent of intentional deceit; amongst the lower orders, at least, our experience is, that they are at all times ready to exaggerate their statements as to the condition of a patient, and again the mother herself may have been the subject of deception. It is unnecessary however to dilate much on the matter. Common sense teaches us the impossibility of a weak, disease-wasted child existing for almost *two months* upon a little cold water; and what is wanting to establish the deductions of "common sense" Dr. Norris himself has kindly supplied in his further statement of the condition of his patient. "During all this time nothing that could be called delirium was at any time present. Down to within three days of her death *she seemed to scrutinise closely all our movements, actions, and conversation, especially when the latter had any reference to her condition.* For days together during the last two months of her sickness she would persistently refuse to answer when spoken to, or to ask for anything she desired, but communicated her wishes by signs and motions, though I am convinced that she could at any time have conversed intelligently, *had she so willed.*' Here we have ample evidence of that depraved mental condition of patients affected with hysteria, in which there is a morbid craving to excite and attract sympathy at almost any cost, and which in this instance, no doubt, was stimulated by the wonder excited, and we dare say freely expressed by her mother, Dr. Norris, and all who saw her. Dr. Norris states that "the bowels were relieved about once a week by the use of enemata, *the appearance of the dejections being quite normal.* Surely this fact ought to have excited his suspicions as to the existence of *perfect abstinence.* We believe that removal to healthier moral influences, the care of a firm, unsympathising, judicious nurse, the administration of nutritive enema, with or without the patient's consent, and an absence of all curiosity as to the supposed interest of her state, would have been attended by very different results. There is one remark of some interest to which we would direct attention in Dr. Norris's report, viz., "the diabetic symptoms gradually disappeared after the fast commenced, so that three weeks before she died the urine was reduced to much less than the normal quantity."

Notes on Current Topics.

Sanitary Trains.

A PROJECT has been set on foot in Austro-Hungary to establish sanitary trains. A Royal Commission has come to an arrangement with the representatives of the different railway companies, whereby the latter undertake to construct, and to maintain in a working condition, a certain number of "sanitary trains," adapted specially for the transporting of sick and wounded men. Each train will consist of one second-class passenger carriage, one third-class passenger carriage, one luggage waggon to be em-

ployed as a store for medicine, surgical instruments, &c., one waggon fitted up as a kitchen, a covered waggon to be employed as a provision store, and thirteen covered luggage waggons for the forwarding of the sick and wounded. Each train will carry 104 men. The trains are to be constructed by the railway companies in the proportion of two-thirds by Austria, and one-third by Hungary, and are to be maintained as far as possible in a complete state of readiness in time of peace.

Vaccination Case.

Alfred George Roberts, of 16 Rotherfield Street, Islington, was summoned by Mr. John Broome, vaccination officer for the parish of St. Mary, Islington, for not having sent his child to the public vaccination station in order that the arm might be inspected by the medical man and other children vaccinated therefrom. It was proved in evidence that this most important clause in the Vaccination Act had not been complied with at the proper time, and that great inconvenience was likely to arise from such a cause, not only to persons taking their children for vaccination, but also to the officers. In the present case, the defendant having complied with the provisions of the act since the summons was issued, a mitigated penalty of 1s. only was inflicted, with the cost of the summons. The magistrate remarked that these cases were very properly brought before him.

Cruelty, a Characteristic of Man.

At a meeting of the Oxford branch of the Royal Society for the Prevention of Cruelty to Animals, the Bishop of Oxford in moving the adoption of the report referred to the prevention of cruelty to animals as influencing the social life of man. "Cruelty," he said, "was a character, a state of mind and habit of acting, and although now and then a cruel thing might be done in thoughtlessness, the general commission of acts of cruelty indicated a temperament of which cruelty was the characteristic, and it was quite certain where there was cruelty it would not be confined to animals. The temper and character which produced these acts were just as dangerous to man and woman as to the animals whose cases they had particularly in view; and when they had succeeded in repressing acts of cruelty to animals, they should keep under control and in check that temper and character which made homes miserable and led to acts of fatal violence.

Treatment of Stammering.

One of the American papers contains a letter, which appears trustworthy, written by a gentleman who stammered from childhood almost up to manhood, and who gives a very simple remedy for the misfortune:—"Go into a room where you will be quiet and alone, get some book that will interest but not excite you, and sit down and read two hours aloud, to yourself, keeping your teeth together. Do the same thing every two or three days, or once a week if very tiresome, always taking care to read slowly and distinctly, moving the lips but not the teeth. Then, when conversing with others, try to speak as slowly and distinctly as possible, and make up your mind that you will not stammer. The first result was to make my tongue and jaws ache, that is, while I was reading, and the next to make me feel as if something had loosened my talking apparatus, for I could speak with less difficulty immediately. The change was so great that everyone who knew me remarked it. I repeated the remedy every five or six days for a month, and then at longer intervals, until cured."

Experiments with Arsenic.

Some interesting experiments on the localisation of arsenic in the tissues of poisoned animals are described by M. Scolosuboff in the *Bull. de la Soc. Chim.* Dogs can absorb without danger about sixteen times as much arsenic (in proportion to their weight) as would kill a human being. His experiments also prove that arsenic first accumulates in the nervous system, and then passes to the liver and muscles.

Catacombs v. Cremation.

A French engineer, M. de Jugny, proposes a method of disposing of the dead, which, in his opinion, would render cremation, to which there are so many objections quite unnecessary. It consists in constructing vast subterranean galleries, two stages in height. Each gallery is to be divided into compartments formed of very solid hewn stone, each being able to hold a coffin, and so secured that no infiltration or exhalation can take place. The system, it is said, is in action at Naples, to everybody's satisfaction. The expense, carried on over twenty years, will amount to only 400,000 dols. per annum. Calculations show that about ninety acres of land will suffice for the entire population of Paris; and the requisite territory may be obtained underneath the fortifications, and distributed according to the wants of the different parts of the capital.

Ex-officio Governors of Irish Lunatic Asylums.

Mr. Richard Power, the senior member for Waterford last week in the House of Commons put the following question to the Chief Secretary for Ireland:—"Is it true that the Lord Lieutenant and Privy Council of Ireland have issued an order declaring that on any *ex-officio* governor and director of a district asylum ceasing to hold the office by virtue of which he acts as such he shall cease to be a governor and director, and his successor in the office aforesaid shall not be entitled to act as an *ex-officio* governor and director of a district asylum; whether said order is intended to apply to all lunatic asylums in Ireland, and if he would explain to the house why such order had been issued?"

Sir M. H. Beach.—Yes, sir, such an order was issued by the Irish Privy Council on the 26th January last. Technically it applies to all lunatic asylums in Ireland; practically only to eight, for in that number only does it appear that *ex-officio* governors exist. These *ex officio* governors consist of high sheriffs, members of Parliament for counties and boroughs, dignitaries of the Established Church, and in some cases the Mayor of the city or borough where the lunatic asylum is situated. It appeared from inquiries which had been made that the legality of these appointments was very doubtful, and as difficulties were likely to arise, the Privy Council considered it advisable, while confirming all existing appointments, to direct that no gentleman in future hold the appointment of governor solely in virtue of the office or position which he might temporarily occupy.

We look upon this decision of the Irish Executive as extremely unsatisfactory, and much to be regretted. It

has long been the policy of the Irish Lunacy Department to subordinate the boards of governors as far as possible to the Dublin Castle authorities and to their nominee, the resident medical superintendent. One or two of the boards of governors—notably those of Limerick and Maryboro'—have shown too much independence and impatience of inspectorial dictation, and have insisted on reforms which the Castle office has been unwilling to give, and in this line of action the *ex-officio* governors have been prominent. It would seem that the Castle authorities have decided to clip the wings of these contumacious gentlemen, and as we regard the abasement of the District Asylums beneath official control as the greatest misfortune the Irish Lunacy System could meet with, we again express our unqualified regret at the terms of the Chief Secretary's reply.

The Milk of Sulphur Controversy.

THE *Chemist and Druggist* quotes with apparent satisfaction a letter published by a druggist in the *Manchester Examiner* as an apology for the adulteration of "Milk of Sulpher" with plaster of paris. The writer says:—There are two preparations of sulphur used medicinally—sublimated and precipitated. The former is prepared by heating sulphur to 500° or 600° and collecting the sublimated particles, which is known as flour of sulphur. The second is made by boiling flour of sulphur with slaked lime in water, and afterwards precipitating the sulphur by adding an acid. When muriatic acid is used, in conformity with the Pharmacopœia, pure sulphur is the result. For many generations sulphuric acid has been employed instead of muriatic, resulting in the precipitation of a quantity of sulphate of lime with the sulphur. This is the article known as milk of sulphur, which has been condemned by the Salford public analyst. The writer omits to say why it is that "for many generations sulphuric acid has been employed instead of muriatic." It is hardly necessary to say that it is so employed for a fraudulent purpose, because not only is it itself slightly cheaper than the hydrochloric acid, but the sulphate of lime goes to make up the weight of the precipitate. A pound of flour of sulphur dissolved in lime mixture will yield a much greater weight of precipitate, when treated with sulphuric, than with muriatic acid; the bulk of the precipitate as the druggist well knows and intends, being plaster of paris, which is not contained at all in the precipitate from muriatic acid. The writer goes on to say that the adulterated article is much more easily swallowed than the pure sulphur, and that a quantity of plaster of paris does no one any harm, with which propositions the public have nothing whatever to do. They ask for sulphur and they should recieve nothing else. The chemist may, if he pleases, explain the advantages of the sulphate of lime mixture either by label or verbally, and if it has these qualities no doubt it will be bought in preference to the pure sulphur, but he has no right to substitute anything for the article purchased, and to do so is roguery, no matter how beneficial to the victim that roguery may be.

We observe with satisfaction that a conviction has been obtained against a druggist in a similar case, and that a case has been stated for decision in the superior courts, when the question will be set at rest by the judgment of a competent tribunal.

Personation.

THE *Gazette Médicale de Paris* gives an amusing account of the personation of M. Sichel, the Parisian ophthalmologist, by a Jew named Levi. M. Sichel, who has inherited his father's celebrity as an oculist, has of late years been much annoyed by persons assuming his name, traversing the provinces, and giving advice on diseases of the eye, under pretext of selling spectacles. In 1871 and 1872 he endeavoured to bring one of these persons to justice, and obtained several judgments against him, but always found he had decamped from the towns in which these had been delivered. At last, in 1873, he was caught hold of at Avignon, and was severely punished. M. Sichel thought that henceforth he might consider himself freed from the nuisance he had so long suffered, but in 1875 he learned that another Dr. Sichel had started up, and was committing numerous rogueries in his name—sometimes declaring that he was Dr. Sichel's brother, and at others that he was the Doctor himself. Latterly he was trying his fortune at Havre, where a former assistant of Dr. Sichel's had him arrested. He was found to be a brother of the Levi who was formerly condemned. Once taken, he was dealt with sharply enough, being sentenced to two years' imprisonment and a fine of 600fr. He was also condemned to pay Dr. Sichel 1,000fr. damages, and to advertise his condemnation in a great number of the Paris and provincial newspapers.

The same attempt at personation was perpetrated in Ireland some years ago by a man who gave out that he was a son of Dr. Arthur Jacob, the well-known oculist of Dublin. He traversed a great part of the Irish provinces, selling spectacles to the unwary, but was eventually exposed by a Limerick clergyman who was also named Jacob, and whose name he had used in the locality. This gentleman sent a letter to the papers, and forthwith received notice of an action from the swindler. It is needless to say that the action never went on, and shortly afterwards the personator disappeared.

The Prisons of England.

THE Home Secretary stated in the House last week that it is the intention of the Government to take over the management and expense of all the prisons of England. At present there are 116 of them, many very small, while the expense of keeping them open is excedindly great. The cost in the aggregate is £549,000 a-year. Mr. Cross believes by closing fifty of these prisons, and equalising the cost of maintenance of the remainder, which varies from £15 to £150 per prisoner, the whole expenditure can be well reduced to £385,000 a-year, with an increasing revenue from prison labour. Moreover, a much needed uniformity of discipline and punishment will be more effectually enforced. Prison discipline is certainly not a local affair; but it is urged by the opponents of the change that this is only intended to relieve the rate-payer at the cost of the payers of income-tax.

The Surgeon-Oculist to the Queen in Ireland.

THE *Students' Journal and Hospital Gazette*, commenting in a deprecatory tone upon the recent appointment, says :—

"How these things are managed is a mystery we shall not endeavour to elucidate; practically it is a matter of little consequence who is oculist to the Queen in Ireland. She is not likely to visit Ireland again, and provision has been made in this country for any surgical interference that may be necessary to Her Majesty's eyes."

We are obliged to differ with this opinion, and to deprecate the inference that it is a matter of indifference to the profession whether or not Irish surgical distinctions are distributed to the most deserving. The Surgeoncies to Her Majesty are not—in either England or Ireland—household offices about the Queen's person. They are decorations with which Her Majesty is presumed to distinguish the leading surgeons of each division of the kingdom; none the less honours because they involve no actual attendance on Her Majesty, and to be conferred not as Her Majesty would select a menial, but as the Sovereign would distinguish a meritorious subject. We cannot subscribe to the theory that, however bad an appointment may be, it is good enough for Irish doctors, and we submit that it would be a very fitting employment for our contemporaries to inquire into the method by which these distinctions are given away. If they did so they might find that the same contemptuous disregard of Irish Surgery and its interests which is suggested in the foregoing quotation exists in the mind of the adviser of Her Majesty.

Increases of Salary to the Visiting Physicians of Irish Lunatic Asylums.

THE following Order in Council has been issued, enabling Boards of Governors to make increases of salary to their visiting physicians when deserved.

BY THE LORD-LIEUTENANT AND PRIVY COUNCIL OF IRELAND.

ABERCORN.

WHEREAS the Lord-Lieutenant and Privy Council of Ireland did by an order dated the 23rd of February, 1874, establish certain Rules and Regulations for the good conduct and management of the several District Lunatic Asylums in Ireland:

And whereas certain of the said Rules and Regulations relate to the office of Consulting and Visiting Physician to the said Asylums:

And whereas it is expedient to make further regulations with respect to the said office:

Now we, the Lord-Lieutenant, by and with the advice of the Privy Council of Ireland, and by virtue of the powers given unto us by the statutes in that case made and provided, do hereby order and direct that it shall be lawful for the Lord-Lieutenant in Council to increase the salary of any consulting and visiting physician who may have served eight years in any District Lunatic Asylum in Ireland to the satisfaction of the Board of Governors, upon the recommendation of such Board and of the Inspector, such increase not to exceed in any case 25 per cent. of the annual salary payable to such officer at the date of this order.

M. E. HICKS BEACH. WILLIAM BROOKE.
J. WHITESIDE, C.J. S. WOULFE FLANAGAN.
ROBERT R. WARREN. J. D. FITZGERALD.
FRED. SHAW. HENRY ORMSBY.
HEDGES EYRE CHATTERTON.

We believe that this order was made upon the repeated and persistent representations of one Board of Governors, which representations were several times reiterated by the Board and rejected by the Inspectors, and, at length, were acceded to.

Female Medical Practitioners.

A BILL has been introduced by Mr. Russell Gurney bearing the above title, to remove restrictions in the granting qualidcations for registration of women under the Medical Act.

The Pollution of Rivers.

THE head of the Local Government Board, Mr. Sclater Booth, has promised to introduce a bill, soon after the Whitsuntide holidays, to prevent the pollution of rivers.

The Vivisection Bill.

THE Duke of Richmond has stated that he could not proceed with the Vivisection Bill, as he had recently received some very important communications from persons interested in the subject, and he could not yet decide what course to adopt with reference to the Bill.

The Charing Cross Hospital.

THE annual report of the Charing Cross Hospital has just reached us, and from its pages we gather that the institution is in a satisfactory and prosperous condition. During the year 1,181 in-patients were admitted, and 14,914 out-patients. The large number of 4,153 cases of accident received attention and treatment, and at a total cost of £18,978. The average cost of each bed occupied strikes us as being rather high—£98—but doubtless subscribers will see that the money was well spent in providing everything necessary for the cure of the patients. The increased expenditure is, however, accounted for in another way: through a portion of the year the hospital has been partially closed for substantial repairs and improvements. The warming, ventilation, and other additions will, when completed, afford an increased amount of comfort and accommodation. By the rearrangement of the wards, and the addition of a new third story, it is understood that the hospital will soon have 200 beds in use. Appended to the report is the valuable and interesting details of the medical and surgical registrars, and in which we find the particular of patients under treatment the various diseases and injuries for which they were admitted, and the termination of the cases in recovery, relief, or death.

Cruelty to Animals.

As we listened to the speech of Sir Dominic Corrigan in the Medical Council last week on the subject of Cruelty to Animals, we could not help wishing that some of the representatives of the general public, and of those well-intentioned ladies and gentlemen who are spending their time and money in agitation for the abolition of physiological experiments on animals were also present to hear an exposition of some of the every-day cruelties inflicted by the world of fashion. The skinning of golden wrens and other birds for their plumage, lopping the tail of the fox, and plucking the feathers from the ostrich, all for the purposes of fashion, and to enable the same well-intentioned ladies to disport themselves in,

careless or forgetful it may be, or perhaps in ignorance that in each case the poor little wren, as well as the bird of larger dimensions, were alive when the operation was performed upon them ; the cramming of fowls, turkeys, and ducks, and its effects upon the œsophagus of these birds, so that the poor wretches were unable to bend their necks to pick up a grain of corn, that gourmands might indulge in *pâté de foie gras;* cock-tail horses for hunting, which were kept in the greatest torture for a fortnight with their tails tied erect to a heavy weight over the stable beam ; the torture of pigeons at Hurlingham, by having their tails cut off at the joint previous to being let loose from the trap, that the poor birds might not use that lever which their Creator had given them, thus compelling them to fly perfectly straight for the cruel sport of those who indulged in it, and the pleasure of ladies of distinction who came to see the butchery – these and a host of other acts of wanton cruelty were recounted by Sir Dominic, who protested that the medical profession should alone be selected for legislation, when cruelty of far baser descriptions were indulged in on all sides by the general public than was ever dreamed of by the physiologist in his legitimate investigations. Let us, concluded the speaker, return blow for blow, and if legislation be necessary on the subject, let it be treated in regard to its relations to society at large.

Medicine under a Cloud.

The *Toronto Globe* of the 17th of April, reveals an incredible state of anarchy in the medical world of Canada. It appears that the local Medical Council deputed certain persons to hold examinations in connection with the College of Physicians and Surgeons of Ontario. An exact narrative of what followed is not forthcoming, but it appears that—say after the meeting of the court, a *Toronto* newspaper denounced the examination—examiners and examined in terms of violent indignation, stating plainly that "the medical men appointed as examiners were in a state of beastly intoxication," and that the "students kept up a row, and manifested their disapproval and disgust at the continued drunkenness of certain members of the Board of Examiners by singing and howling and threatening to break down the doors."

The *Toronto Globe* says the Examiners had been engaged all Thursday in the oral examination of the applicants for license whose written papers had not been found up to the required standard, and continued their labours until past three o'clock on Friday morning. On leaving the University they were assailed by a shower of eggs, snowballs, and stones, and though no serious damage was done to any of them, their clothing suffered, and they were doubtless much shocked by the shameful treatment they received. While it strongly condemns this conduct on the part of the students, the *Globe* offers some excuse for them in the statement that "some of them had been kept in town for days by the neglect of their duties by some of the examiners—neglect arising from a disgraceful cause—and we believe there is foundation for this charge. To this treatment the Chairman of the Examiners, a Dr. Campbell, offers a denial, as far as the charge of drunkenness is concerned, but another correspondent of the same paper, who signs his name to his letter writes as follows :—

Never perhaps did a respectable body of young men, presenting themselves for examination, have greater cause for feeling humiliated—yea, even degraded in their own eyes—than have the gentlemen who appear during the past few days before the "Examining Body" of the Council of Physicians and Surgeons of Ontario—gentlemen many of them graduates in either Arts or Medicine in the Universities of Toronto, Kingston, Montreal, and cities of the United States.

With reference to the first ground of complaint, when an examiner's department, either during a written or oral examination, or in the interval of such examinations, is similar to that of a man after he has been imbibing too freely of intoxicating liquor, and acting and speaking as if he considered himself the repository of all knowledge, the conclusion would be that such a man was really actuated by the operations of too much intoxicating liquor, and when such conclusion is very generally arrived at by the mass of the examined, it is not likely to be far from correct.

Again, when a student appearing before the whole Board of Examiners answers questions, and is informed that they are correct by one examiner, while another, bandying oaths, asserts the opposite, he cannot but feel the degradation of such ungentlemanly conduct.

When an examiner submits as one of his questions :—"In removing the parotid gland, detail the operation, dangers during and subsequent to its removal, and the duties of the assistant"—(an operation by the way thus alluded to by Prof. Erichsen, of London, England, one of the best of living surgeons in his admirable work on surgery : —"I believe that in most, if not all, the cases in which it is stated that complete removal of this gland has been accomplished, tumours overlying and compressing it have been mistaken for it. It is evident that a diseased parotid could not be removed without the division of the external carotid artery and facial nerve,")—the inference is either that he is acting unfairly, or is himself ignorant of the fact that such an operation is unwarrantable in practice, and hence an unfair question.

Many a student, after years of hard reading and miserly care of his funds, comes up at length to obtain his license, being duly notified that at certain hours he will be expected to undergo his examination upon certain subjects. His means nearly exhausted, he feels anxious to get away at the earliest possible moment and thus escape a rapidly increasing expense, but finds that instead of learning his fate on the day fixed for the same, he is kept waiting for days.

Why the delay? With shame he acknowledges having seen one of his examiners hanging about the bar of a drinking house, while yet the papers subject to his examination are not handed in. Or in the case of another who becomes an obstructionist to business, quarrelsome with his co-examiners, and expresses a desire to pluck each and all, can it be possible that such things existed? I answer yes, and further, that men passed during the sober moments of certain examiners at one time without oral examinations, while others at a later hour of the day, with total results equal or even higher than some of those, were not so fortunate.

This Board of Examiners is—we believe—the outcome of a compromise, which has been in course of arrangement in Canada for some years, under which the homœopaths, electics and every other species of quack in the dominion have been admitted to paternisation with qualified surgeons and to participation in the medico—legislature function of the State.

Correspondence.

POOR-LAW MANSLAUGHTER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A terrible cry has gone forth to Heaven for vengeance

against the rich parish of St. George's, Hanover Square. A scandalous act of cruelty has been perpetrated by an officer of the Board of Guardians upon a poor needlewoman, Charlotte Hammond, aged fifty-three, who was suffering in her miserable lodging from an attack of chronic bronchitis. The parish medical officer, it appears, was called to her, and finding her disease greatly aggravated by the combined effects of cold and starvation, sent by the daughter, who was attending her mother, an order upon the relieving officer for a little meat. Failing to obtain this, he subsequently sent an order for beef-tea, both of which were brutally and obstinately refused. In place of bread the poor woman was offered a stone. An order was given to the daughter for her mother's admission to the workhouse, but to this both the doctor and the patient demurred. The poor woman was too weak to be removed, and naturally enough said that "as she was going to die she would rather die at home." In two days she sank and died, and the coroner's jury had no hesitation in returning a verdict of "Death from bronchitis, accelerated by want of nourishment." It is a monstrous thing to find in the richest quarter of London, and at this period of the year, that a poor suffering fellow-creature is condemned to die of starvation by gentlemen holding a high position in society, and professedly acting as *guardians of the poor!* At the coroner's inquest two of the guardians did not hesitate to come forward to support the cruel act of their relieving officer, and sustain him in an act which has resulted in death by starvation of a poor afflicted woman. Mr. Hardcastle and Colonel Scott seem to have a vague notion of their duties to the ratepayers of their parish, otherwise they could never for a moment have given their sanction to the refusal of all relief to Mrs. Hammond, and which was so urgently and humanely made by the medical officer in this distressing case. Colonel Scott had his particular attention called to this poor woman, and he saw with his own eyes the utter destitution of her lodging, and that she was without a morsel of food. Nevertheless, he refused to see the doctor's order carried into effect, and thus the dying woman was condemned to die of starvation.

The *Times* very properly desires to know if the Poor-law Board shall suffer this cruel case of "manslaughter by starvation" to pass over without inquiry, or permit so gross a violation of the law to go unpunished. Will these wise Guardians of St. George's, Hanover Square, be permitted to retain the services of a relieving officer whose undiscriminating harshness will have again to decide cases of life and death, and who in this particular instance, and "in a spirit of savage economy, refused a poor creature a few pints of beef-tea to maintain the bare life within her."

Yours faithfully,

PHILANTHROPIST.

THE PUFF DIRECT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is happily extremely rare for anything having even the semblance of a puff to find a place in the columns of respectable medical journals. Puffs as a rule influence only the ignorant, and have but little effect, unless the reverse of that desired, upon the educated members of the profession, especially when their object is to unduly laud individual practitioners upon whose questionable merits the readers have had ample means of forming an independent judgment. I am sorry to record a glaring exception which occurs in the last issue of one of your contemporaries, which I have reason to know has excited just indignation, and will call forth strong protests. Your readers are aware that there has been recently founded a new society with a high-sounding title, "The Association of Surgeons practising Dental Surgery." It is composed of a clique of practitioners who have assumed a public position as a representative body in direct opposition to the emphatically expressed indignant opinion of those most honoured in their branch of the profession. The proferred membership of the Association has been refused by such of the eminent dental surgeons to whom it has been offered, and in refusing it they have expressed clearly the grounds upon which they object to the new association—grounds which have already been explained in your columns. In spite of this, and with the full knowledge that the Association at most comprises but a few of the number of surgeons practising dental surgery, your contemporary has gone out of its way to recommend in the strongest terms the medical profession and the public to employ "for safety" no dental practitioners but members of the association. This recommendation is supported by many verbose sentences, modelled in the style somewhat of a tradesman's puff, extolling the wonderful and superior knowledge and professional acumen of the members of the Association. When it is remembered that the number of *surgeons* practising dentistry—in contradistinction to dentists holding the diploma in dental surgery—altogether in the United Kingdom does not, if at all, much exceed fifty, it will be seen that the advice of your contemporary would be likely to ensure an enormous accession of practice to the fortunate few members composing the association, if it were likely to be learnt by the public or regarded by the medical profession. Luckily, however, the public do not read the medical papers, and the profession can be trusted to ignore the tendered advice.

The puff, however, appears intended rather more to benefit the one dentist whose name it mentions, than even the few connected with him in the Association, and its style indeed bears strong internal evidence—like so many slightly more vulgar puffs—of its having been, if not concocted, at least inspired by the individual in question. This young gentleman, bearing a name which for two generations has been honoured in the dental profession, is doing a little towards tarnishing its lustre. He has done no work in his speciality of any value (unless the foundation of the association turn out such), but seized with the *cacoëthes scribendi*, and a burning desire for publicity, has rushed into professional print on every occasion upon which there appeared a chance of his inflated sentences obtaining insertion, always taking care to avoid any subject upon which the display of scientific knowledge might be called for and his knowledge tested. The course which he has pursued he will find, however, a mistaken one, and I doubt not that in one respect his dental brethren will find means to demonstrate the fact to him. With regard to your contemporary, I would humbly advise him, for the sake of the honour of medical journalism, to keep a stricter watch over the editorial doings of his "young gentlemen." The insertion of puffs such as that of which I complain, while injuring him, exciting as it may the unfounded suspicion that he has been *nobbled*, will benefit you, since offended supporters will attach themselves probably to other organs; but I should prefer, under all the circumstances, that he make amends for his false step, and promise not to do the like again.

I remain, your obedient servant,

ANTI-HUMBUG.

Literature.

DISEASES OF THE NOSE. (*a*)

THE author of this treatise is well known as an indefatigable worker in several branches of surgery. His previous communications to medical journals and medical societies would lead us to expect that any large work from his hand would be characterised by completeness and a very careful collation of authorities. The subject he has now taken up has more than once been proposed by the Council of the Royal College of Surgeons of England for the Jacksonian Prize—the last time as recently as 1872. Only once has a prize been awarded. That was in 1834, to Mr. Crompton; but his essay has never been printed; nor is there any work with which Mr. Watson's can come into competition. Of course all our surgical, and, indeed, some of our medical text-books, treat of the subject in its several aspects, although but briefly, and much important information is scattered through our periodical literature. The author's task has, then, been no easy one. It involved a good deal of literary research, no little labour at the various museums, where good illustrations of the diseases are to be found, and practical experience to make the most of the materials.

(*a*) "Diseases of the Nose and its Accessory Cavities." By W. Spencer Watson, F.R.C.S. Eng., B.M. Lond.; Surgeon to the Great Northern Hospital; Surgeon to the Royal South London Ophthalmic Hospital, and to the Central London Ophthalmic Hospital; formerly Assistant-Surgeon to King's College Hospital. London: H. K. Lewis. 1875.

To show the extent of the subject, and the manner in which it is treated by the author, we will briefly state the plan of the work. It opens with a sketch of the anatomy and physiology of the nose and nasal fossæ. Then follows a section on rhinoscopy and non-ulcerative affections of the nasal fossæ. Here we must observe that the remarks on rhinoscopy both anterior and posterior are somewhat defective, and indeed almost antiquated, and to the lithographic plate by which this section is illustrated the same criticism may be applied. We are informed, indeed, that all authorities are agreed as to the difficulties of posterior rhinoscopy; but then we are assured that in a number of cases great skill, patience, and judgment will enable us to carry it out with advantage if aided by great self-control on the part of the patient. This is certainly not very encouraging to beginners, who will, in fact, obtain no assistance whatever from our author, and of course the expert rhinoscopist will pass over the brief account of this subject to consult the work on the diseases of the mucous membrane and their treatment, where he will find many useful hints. The plate we have mentioned contains eight distinct figures, but none of them are original, three being copied from Czermak, three from Giraldès, and two from Meyer. Those after Czermak may really be looked upon as antiquated, especially the one to which it is necessary to add a note that the head is represented erroneously as being thrown backwards. All three, in fact, of this author's figures are very defective, and they have been reproduced several times, both as lithographs and woodcuts, in this country and on the Continent.

The section on the Ulcerative Diseases of the Mucous Membrane, which follows, is more satisfactory. It includes the subject of glanders, and is illustrated by a plate with 5 figures, 4 of which are from specimens in the museums of King's College and St. Thomas's Hospitals. Perhaps the remarks on ozæna might have been extended with advantage. We are glad to observe that Mr. Watson has not passed over in silence those ulcers which sometimes occur with paresis of the fifth pair of nerves, and of which he gives the history of a case which he some time since brought before the Medical Society of London. After ulceration of the mucous membrane naturally follows an account of the same process in bones and cartilages, in connection with which certain affections of the septum are considered. Then we have Diseases and Injuries of the Frontal Sinuses, of the Antrum of Highmore, and of the Lachrymal Sac and Nasal Duct. Plate III. contains 8 figures (7 being from hospital museums) illustrating cysts of the antrum, medullary disease of the naval cavities, and (fig. 7) a polypus hanging from the frontal sinus. The affections of the skin and subcutaneous tissue of the nose occupy the next section, which is carefully done, and includes lupus and rodent ulcers. The subject of this section will, of course, be found treated in all the leading works on diseases of the skin. In lupus, the author thinks that constitutional remedies are very important, and that the destruction of the diseased tissue by caustics should only be employed when the disease is extending. He seems to think well of chloride of zinc, and he mentions the galvano-caustic, a most excellent remedy, but of which he does not express a very decisive opinion of his own. This section is also illustrated by 2 plates, one containing 8 and the other 3 carefully-drawn figures. Then come sections on tumours of the fossæ, naso-pharyngeal polypi, and injuries, mutilations, distortions, &c., with remarks on rhino-plastic operations. All these points are, of course, treated in works on surgery, but Mr. Watson has succeeded in presenting a view of them more complete than can be attained in any such works, and that too within a moderate compass. We next have some very interesting observations on functional derangements of smell, on intra-cranial complications of affections of the nose and its accessory cavities, and last, though not least, on the relations of smell to hygiene and medical jurisprudence. Every reader will be pleased with this part of the work. The appendix contains the history of 80 cases, selected from various sources, including some from the author's own practice. These cases illustrate the several divisions of the work, and form a very valuable supplement to it. Lastly, we are pleased to state that the author has provided a very full index. Perhaps we should add that, besides the plates before-mentioned, this useful work is illustrated with a number of wood engravings.

THE IRISH MEDICAL ASSOCIATION.

The first annual meeting of the Irish Medical Association since its reorganisation was held on Mondey last at the Royal College of Surgeons, and was one of the most succesfful medico-political meetings held of recent years in Ireland. The day's proceedings were opened by a public breakfast at the Shelbourne Hotel, to which Mr. Croly, the Chairman of Council, had invited the members, and which was attended by the leaders of the profession in Dublin, and a large number of the most influential medical men of the provinces. At twelve o'clock the Association reassembled at the College, under the presidency of Dr. Chaplin, of Kildare. The late hour at which the proceedings closed precluding our giving anything in the way of a report in our present issue, we shall devote our next week's Supplement to a full detail of the important proceedings, the report of Council and the speeches of the movers of resolusions. The Association dined together at the Royal College of Surgeons in the evening, under the presidency of Dr. Martin, of Portlaw, the President for the years 1876-7, the Association being honoured by the attendance of several members of the House of Commons and many representatives of the learned professions, and of the public institutions of Ireland.

THE ELECTION OF COUNCIL OF THE IRISH COLLEGE OF SURGEONS.

The customary annual election took place on Monday last, when Dr. Kidd, Obstetric Surgeon to the Coombe Hospital, was promoted from the Vice-Chair to the Presidency, and Dr. Robert M'Donnell was elected Vice-President. As Dr. M'Donnell was not a member of the Council, his promotion did not create any vacancy in the ranks of the outgoing Council, all of whom sought re-election. Therefore the return of Mr. Hamilton, the outgoing president, to the Council, would necessarily extrude one of the nineteen members. Mr. Corley, of the Richmond Hospital, was the only extra-conciliate candidate.

NOTES FROM OUR AMERICAN EXCHANGES.

Rapidity of Filtration.

Dr. Fleetman (*New Remedies*), has called attention to the fact that, contrary to what at first sight might be expected, filtration is much more rapid through thick paper than through thin, and that it is almost twice as rapid through a double filter as it is through a single one, and still more rapid through a triple one. He says that he has taken advantage of this fact for a number of years by employing, in quantitative analysis, a filter of heavy paper beneath the thin one of Swedish paper.

Nitrate of Zinc in the Treatment of Venereal and Other Diseases.

Dr. H. G. Peffard, Surgeon to the Charity Hospital, New York (*New Remedies*), speaks most favourably of the use of nitrate of ziuc as a cauterising agent in the treatment of venereal diseases, pemphigus, &c., and gives a number of illustrative cases in which remarkable success attended its application. The following are examples of its beneficial action:—

1st. Chronic chancroid, one year old ; ten applications ; healed in thirty-one days.

2nd. Recent indurated erosions, diagnosticated chancres of right labium ; one application ; well in four days.

3rd. Recent chancroid, three weeks' duration ; three applications ; healed in eight days, &c., &c.

Veratrum Viride in the Treatment of Pneumonia.

Dr. W. W. Alexander (*Philadelphia Med. and Surgical Reporter*) strongly advocates the use of veratrum viride in the treatment of pneumonia. He pushes its administration "until the pulse falls, the skin softens, and the heat subsides, or other manifest improvement takes place, such as placidity of countenance, easy respiration, and subdued colour, &c." He prescribes six to eight drops, commencing with the minimum dose, every two hours, if necessary, to every four hours, according to the urgency of the case, of a mixture containing equal parts of Norwood's saturated tincture of veratrum viride, and syrup of squills. He suspends the medicine for a few hours if vomiting supervenes, and reduces the dose upon its resumption. He also reduces the dose, or lengthens the intervals, if nausea or perspiration occur during its administration, and discontinues it entirely when all inflammatory symptoms have disappeared.

Dr. Alexander believes veratrum viride to be a most reliable substitute for the lancet in a vast majority of cases of inflammatory pulmonary affections. To quote his own words, "We have treated more cases of pneumonia this season than usual. We have pushed the veratrum in every case. We have not thus far used the lancet in a single case this year, except in one of apoplexy ; nor have we to regret our reliance upon the veratrum, not having lost a case of pneumonia this season. It has been our chief reliance in the treatment of acute inflammatory diseases—our sheet-anchor in pneumonia."

NOTICES TO CORRESPONDENTS.

To Contributors.—Owing to the great length of the proceedings of the Medical Council in our columns during the last two weeks, several valuable contributions, proceedings of societies, and other matter has been unavoidably held over. We crave the indulgence of our friends on this account.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

Vivisection Agitators.—*Apropos* of Lord Carnarvon's Bill for the prevention of cruel experiments on animals, the *Sanitary Record* instances a case which has recently occurred in London, showing the utterly ridiculous positions in which these agitators place themselves. A very popular and amiable clergyman, residing in the neighbourhood of Cavendish Square, has taken into his head that the caterwaulings of the neighbouring cats, which cause him great suffering, are due to the proceedings of some eminent physiologists in his neighbourhood. He has accordingly written to a scientific neighbour, protesting against imaginary vivisections, and urging that even if the interests of humanity require scientific experiment, the rest of Christians ought not to be distracted by the cries of the victims. To cap the joke it should be added that the gentleman to whom he writes has been spending the eason in the country, and has left his house in charge of an extremely unscientific dairymaid, sent up from the farm, who can neither read nor write, and is wholly guiltless of any other "experiment on a living animal" than that of milking a cow.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Manual of Health. By E. A. Parkes, M.D. London. The Society for Promoting Christian Knowledge.

The Cases of the Spleen. By P. Black, M.D. London: Smith, Elder, and Co.

Conservative Aural Surgery. By J. P. Cassells, M.D.

Otological Memoranda. By J. P. Cassells, M.D. Glasgow: Dunn and Wright.

Proceedings of the Medical Society of London. Vol. II.

Forty-first Annual Report of the Medical Benevolent Fund.

On Pseudo-Hypertrophic Paralysis. By W. H. Barlow, M.D.

Report of Recent Trials of the A B C Sewage Process.

Peri-Nephritic Abscess in Children. By V. P. Gibney, M.D. New York.

Specimen Fasciculus of a Catalogue of the National Medical Library, United States.

Sanitary Work in Villages and Country Districts. By G. Wilson, M.D.

Medico-Legal Experience in Bengal. By Kenneth McLeod, M.D. Wyman and Co., Calcutta.

Fifth Annual Report of the Charing-cross Hospital.

On the Education and Training of the Feeble in Mind. By J. L. Down, M.D.

Reports of Cases of Sympathetic Ophthalmia, Sympathetic Irritation, and other Eye Diseases. By A. M. Rosebrugh, M.D.

Bentley and Trimen's Medicinal Plants. Part IX.

Fox's Illustrations of Skin Diseases. Part IX.

Gout and Rheumatic Gout. By A. B. Garrod, M.D. London: Longmans, Green, and Co.

Guy's Hospital Reports. Vol. XXI.

APPOINTMENTS.

Alsop, T. O. F., M.B., C.M., M.R.C.S.E., a House-Surgeon to the Royal Infirmary. Edinburgh.

Baker, J., L.R.C.S.Ed., a House-Surgeon to the Royal Infirmary, Edinburgh.

Baldwin, E. St. George, M.B., C.M., a House-Physician to the Royal Infirmary, Edinburgh.

Brown, J. W., M.B., C.M., a House-Physician to the Royal Infirmary, Edinburgh.

Browne, D. J., L.R.C.S.I., L.K.Q.C.P.I., Consulting Sanitary Officer to the Londonderry Rural Sanitary Authority.

Cotterill, J. M., M.B., C.M., a House-Physician to the Royal Infirmary, Edinburgh.

Coyne, J., L.R.C.P.Ed., L.R.C.S.I., Medical Officer, &c., for the Crossmaglen Dispensary District of the Castleblayney Union, co. Monaghan.

Forsayeth, J. C. C., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer for No. 4 District of the Saffron Walden Union.

Garson, J. G., M.B., L.R.C.S.Ed., a House-Surgeon to the Royal Infirmary, Edinburgh.

Hetherington, C. E., M.B. T.C.D., Resident Medical Superintendent of the Londonderry District Lunatic Asylum.

Johnson, H. S., L.K.Q.C.P.I., Medical Officer for No. 10 District of the Totnes Union.

Jolly, S. A., L.R.C.P.Ed., L.F.P.S.G., Resident Assistant Medical Officer to the Birmingham Workhouse.

Rigby, W. B., Assistant House-Surgeon to the Wolverhampton and Staffordshire General Hospital.

Service, J., M.B., C.M., Assistant Medical Officer to the City of Glasgow Fever Hospital at Belvidere.

Shoolbred, W. A., M.R.C.S.E., House-Surgeon to the Wolverhampton and Staffordshire General Hospital.

Stone, H. S., M.B., C.M., a House-Surgeon to the Royal Infirmary, Edinburgh.

Tidy, C. M., M.B., C.M., Lecturer on Chemistry at the London Hospital Medical School.

Twining, F. T., M.B., M.R.C.S.E., Assistant Medical Officer at the Homerton Fever Hospital.

Marriage.

Maccall—MacKechnie.—On the 25th ult., at the Congregational Church, West Hartlepool, Dr. Maccall, of Crook, to Emilie Annie, daughter of Dr. MacKechnie.

Deaths.

Davey.—On the 26th of May, at his residence, Hill House, Upper Walmer, Richard Gibbons Davey, M.R.C.S., in his 69th year.

Evans.—On the 24th of May, at Bedwellty House, Cardiff, Edmund Hier Evans, M.R.C.S.E., aged 46.

Eaton.—On the 30th of May, at St. Martin's, Stamford, in the 76th year of his age, William Eaton, M.D., late of Grantham.

Grey.—On April 30, at Kruid Fontein, South Africa, aged 45, George Grey, M.D., late of Newcastle-on-Tyne.

Handsley.—On the 30th of May, at Asford, Lincolnshire, Lucy, the dearly loved wife of T. A. Handsley, M.R.C.S.E.

Hogg.—On the 21st of May, at Dronfield, James Hogg, L.R.C.P.Ed., aged 35.

Home.—On the 16th of May, at Royal Park, Clifton, William Lewis Home, M.D., aged 62.

Hope.—On the 17th of May, at Nuffield Rectory, Henley-on-Thames, John Hope, late of the Bengal Medical Service, aged 69.

Hunter.—On the 20th of May, at Weymouth, John Read Hunter, Surgeon, aged 43.

Lucy.—On the 19th of May, at Westbury, William Lucy, M.R.C.S.E., aged 51.

Moffat.—On the 15th of May, at Blythswood, Glasgow, Thomas Dryden Moffat, L.R.C.P.Ed., aged 40.

Ward.—On the 20th of May, at Kew Green, William Ward, Surgeon, formerly of Bury St. Edmunds, aged 69.

Watts.—On the 19th of May, at Westbourne-park Terrace, Arthur John Watts, L.R.C.P.Ed., aged 40.

IRISH POOR-LAW INTELLIGENCE.

CARRICK-ON-SUIR GUARDIANS.

DISPENSARY MEDICAL OFFICERS AND THE REGISTRATION SYSTEM.

THE following letter was received from the Registrar-General, and read to the board :—

"General Registrar's Office, Dublin,
15th May, 1876.

"GENTLEMEN—I beg to inform you that the office of registrar of births, deaths, and marriages for the district of Piltown is now vacant, owing to the death of Dr. Bowers. It therefore becomes my duty to request you will appoint a registrar for that district within fourteen days, under the powers vested in you by 26th Vic., cap. 11, sec. 23 and 25, and 26th and 27th Vic., cap. 30, sect. 10. I enclose herewith a copy of the general rule declared by me with reference to the qualification of registrars of births, deaths, and marriages, and I beg to add that Dr. O'Meara, the present medical officer, has refused the office.—I am, &c.,

"D. M. BOURKE,
Assistant Registrar-General."

Captain Hamilton expressed an opinion to the effect that Dr. O'Meara could not refuse the office of registrar in his district.

The Chairman concurred with the Poor-law inspector.

Captain Hamilton stated that Dr. O'Meara's appointment to the dispensary was sanctioned on the understanding that he would accept this office.

Mr. Mullins (clerk) believed that in Kilmacow and in Mullinavat the doctors were not acting in the capacity of registrars.

Mr. Morriss knew there were several places in which the doctors were not acting.

After some further discussion, it was unanimously resolved that the question be referred to the Local Government Board for their decision, at the same time expressing the opinion of the guardians that the dispensary doctor was the fittest person to discharge the duties of registrar.

The foregoing discussion is of much interest to Poor-law medical officers. It will be observed that the Registration Office demands the appointment of a Registrar, notifying that the dispensary doctor refuses the office, and leaving the guardians to settle the matter as best they can. The Local Government Board through the mouth of their inspector, declares that the medical officer must accept the registrarship whether he like it or not, and broadly hints that if he refuses to do so, the Local Government Board will cancel his appointment. Now it happens that the Local Government Board have, according to the intentions of Parliament, as expressed in the Registration and Medical Charities Acts, no power to do anything of the sort, though they are armed with such authority as the vagueness of phrasing of the law gives them, to do this or any other arbitrary act, and leave the medical officer to his legal remedy. The attempt on the part of the Local Government Board to force the medical officer to act as registrar is nothing new, for it was confessed in plain terms by Sir Alfred Power, and since then it has been usual—before sanctioning an appointment—to exact a promise from the medical officer that he will accept the office; but this is the first occasion, as far as we know, that an inspector has hinted at dismissal as the penalty of refusal. The Local Government Board has power to dismiss a medical officer by sealed order "on sufficient cause" and it may assume the right to regard a refusal of the registrarship as sufficient cause, but we believe that that assumption would be illegal, and might be successfully contested.

We agree, of course, with the Local Government Board that it is all but absolutely essential that the dispensary medical officer should be also Registrar, and we desire to discourage the refusal of the office by the doctor, so long as the emolument is reasonable. The proper course, however, to take, if it be desired to ensure that both offices shall be held by the same person, is to offer something like a fair payment for the service, so that the Registrarship may be an object of competition, and not an office to be forced upon the medical officer under threats of dismissal. The Local Government Board has adopted such a policy of compulsion lately in more than one instance: they attempted it in the case of vaccination prosecutions, and thought better of it; they have enforced it in the case of sanitary prosecutions. They are preparing to impose new duties in connection with the Food and Drugs Act, and they have now insinuated their determination to compel the acceptance of the office of Registrar. It is time that the profession should prepare for resistance to the indefinite imposition of new and unpaid-for duties.

VACCINATION AND SANITARY PROSECUTIONS.

COUNSELS' OPINIONS.

WE announced recently that the Council of the Irish Medical Association decided to take counsel's opinion for the benefit of the Poor-law medical officers of Ireland upon the question in dispute, whether a vaccinator or a sanitary officer were bound to attend and give evidence at the prosecution of defaulters, and whether they were entitled to fees for doing so. The Council consulted Gerald Fitzgibbon, Q.C., upon the vaccination question, and Robert O'Brien Furlong, Esq., on the sanitary subject.

The cases submitted to counsel are altogether too long for insertion in these columns, but they were drawn by Mr. Wiliamson, the solicitor of the Association, and carefully revised by Dr. Chapman and Dr. Jacob. We give the queries as submitted, and the opinion of counsel upon each.

The Council conceiving that the questions raised before them involved two important and vital principles re-

specting the duties and interests of dispensary medical officer acting as "public vaccinator," namely—

First, as to it being his legal duty as public vaccinator to attend and give evidence in all prosecutions against vaccination defaulters under a compulsory Act, in his dispensary district, without being summoned as a witness for that purpose, on receiving notice from the relieving officer of the district to do so; and—

Secondly, as to whether the attendance on such prosecutions (whether on summons or otherwise) was a duty which should be paid for extra, or formed part of the duties to be performed by such medical officer as such public vaccinator in consideration of the fees payable to him as provided for by the 5th sec. of the 26 and 27 Vic. c. 52 (Vaccination [Ireland] Act), and the Council being desirous to protect the interests and legal privileges of the members of their profession acting in Ireland as such public vaccinators, request to be informed. (*a*)

1st. Is it the legal duty of a dispensary medical officer in his capacity of public vaccinator (appointed as such under the provisions of the several Acts hereinbefore stated, and discharging his duties as such under the general orders, rules, and regulations of the Commissioners for administering the laws for relief of the poor in Ireland [now the Local Government Board of Ireland] of the 29th November 1869, for the government of dispensary districts, &c., and also for the performance of vaccination, &c., also hereinbefore stated and referred to) to attend and give evidence in all prosecutions directed by the guardians of any union against vaccination defaulters, under the provisions of the 13th sec. of the 26 and 27 Vic. c. 52, without first having been duly summoned or subpœnaed by the relieving officer or other officer of the board of guardians instituting such proceedings, upon his receiving notice from such relieving or other officer so prosecuting on behalf of the board of guardians, so to attend and give evidence?

2nd. Is such dispensary medical officer acting as such public vaccinator (whether duly summoned or otherwise for that purpose), on his attending and giving evidence in prosecutions against vaccination defaulters, legally entitled to any additional payment or fees for such attendance, as for his loss of time and expenses incurred in such prosecutions other than the rate of payment or fees provided for by the 5th section of the Act of the 26th and 27th Vic., c. 52, and having regard to the provisions of the 13th section of the said Act, would not the loss of time and expenses incurred by such dispensary medical officer in attending and giving his evidence on such prosecutions be a legitimate source of expense incurred by such board of guardians in connection with such proceedings, and as such should not the board of guardians, upon the production to them by such medical officer of a certificate signed by the justices before whom such proceedings are held, ascertaining the amount of such medical officer's expenses, and certifying that such ought to be allowed and paid out of the poor-rates of the union in which the neglect or default had arisen, pay such sum so certified for by said justices to such medical officer?

3rd. In case of the refusal of a dispensary medical officer acting as such public vaccinator to attend and give evidence on proceedings taken by boards of guardians against vaccination defaulters, under the provisions of the said 13th section of the 26th and 27th Vic., c. 52, unless duly summoned or subpœnaed for that purpose (and without being paid for such attendance, if such dispensary medical officer is legally entitled to such), has the Local Government Board, under the provisions of any of the Acts hereinbefore stated, or of any of its orders, rules, or regulations heretofore made in pursuance of said Acts or otherwise, power to call upon such dispensary medical officer so refusing to resign such his appointments as dispensarary medical officer and public vaccinator, and in case of his (said medical officer) refusing to do so, has the Local Government Board legal power to dismiss him as such by sealed order or otherwise?

[COPY.]

Opinion of GERALD FITZGIBBON Q.C. on Case submitted to him on behalf of the Irish Medical Association as to the legal duty of Dispensary Medical Officer acting as Public Vaccinator to attend and give evidence on prosecutions against Vaccination Defaulters without being summoned &c.

I am quite unable to discover in any of the statutes relating to vaccination or in any of the regulations affecting dispensary medical officers any authority for the assertion that these officers are bound to take part in prosecutions. They are bound to vaccinate and also to take the steps necessary to secure registration and also to supply the certificates which are to be evidence of compliance with the law but these duties with that of reporting to the committee of management are all that I can find to be prescribed and the provisions which make the medical officer's certificates legal evidence for the defence rather tend to show that the personal attendance of the officers at prosecutions was not contemplated by the legislature. I am unable to understand how the absence of the medical officer can be necessarily fatal to a prosecution while it is manifest that his compulsory attendance at petty sessions may be seriously injurious to if not inconsistent with the due performance of his medical and surgical duties. In my opinion the Local Government Board cannot prescribe a duty not imposed by statute and no relieving or other officer either with or without the sanction of the Local Government Board, Board of Guardians or Dispensary Committee can order the medical officer to attend at petty sessions nor would his refusal to attend afford any legal ground for depriving him of his offiice.

If I be right in my view of the law it would be the duty of the guardians and of the Local Government Board in directing prosecutions to provide either for bringing forward sufficient evidence without unduly trespassing upon the time of the medical officers or for fairly remunerating these officers but I am afraid that however clear their rights may be they are not capable in case of resistance of being enforced. The proceedings to compel such vaccination are of a penal character and the medical officers are under the same obligation which rests on every person who may be able to give material evidence to maintain the law of attending when summoned and of giving evidence without fee or reward. The fee for vaccination under 26 and 27 Vic. c. 52, sec. 5 does not include any payment for attending as a witness but in my opinion the medical officer if served with a summons must attend and though the justices might lawfully under sec. 13 of the same Act certify for the payment of any actual expenses incurred in attending I do not think they would be warranted in certi-

(*a*) It appears that the Local Government Board have ruled that in cases of vaccination defaulter prosecutions tried in the town in which the public vaccinator resides, they, the Local Government Board, do not recommend payment by the guardians of any fee to such public vaccinator for attending and giving evidence on such prosecutions; but that if such prosecutions are tried at a court in a town in which such public vaccinator does not reside, and which obliges him to travel a distance, the Local Government Board in such case recommends guardians to pay the public vaccinator for his attending and giving evidence such sum as the justices certify for, but the Local Government Board does not enforce such payment.

fying for a fee for loss of time though probably if they did so indirectly by measuring the expenses liberally the certificate would be valid.

In my opinion the guardians must pay all expenses which the justices shall ascertain and certify to be properly payable unless the certificate show the allowance not to be within the terms of the Act. Every medical officer who attends any prosecution ought to apply for a certificate for his expenses but in my opinion the justices though they ought to grant it cannot be forced to do so.

I have advised that in my opinion the Local Government Board cannot force a medical officer to resign nor can they remove him merely because of his refusal to attend at petty sessions without a summons but besides the extreme difficulty of obtaining the emoluments of his office or of maintaining the position of any individual whom the Board might however illegally attempt to remove it is plain that by instructing the relieving officer to obtain formal summonses the Board might compel the attendance and the medical officer would gain nothing by resistance. The grievance therefore though a substantial and well-founded one can only be aggravated by resistance on the part of any individual or individutls. It must be met by collective action to be taken on behalf of all the medical officers and directed to obtaining from the Local Government Board a regulation which will either preclude the necessity for the medical officer's attendance or will provide for his fair remuneration or to obtaining redress from Parliament.

GERALD FITZGIBBON.

10 Merrion Square, May 22, 1876.

SANITARY PROSECUTIONS.

A question of much importance to medical officers of dispensary districts acting as sanitary officers, namely, Whether it was part of a sanitary officer's duty to attend and give evidence in cases of prosecution under the Sanitary Acts—having been brought by a sanitary officer before the Local Government Board, the following reply was received from such Board :—

Local Government Board, Dublin, 29 Feb. 1876.

SIR,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 24th inst., inquiring whether it is a part of your duty as sanitary officer to attend and give evidence in cases of prosecution under the Sanitary Acts. And in reply, the Board desire me to draw your attention to Part II. (Executive duties) of the General Order of the 9th Sept., 1874, from which you will observe that every sanitary officer is required to attend and assist in all proceedings in which his attendance or assistance may be necessary. With regard to the case which occurred in the Drogheda Union to which you refer, the Local Government Board have to state that their decision in this case had reference solely to the consulting sanitary officer.

By order of the Board,
B. BANKS, Secretary.

It appears from the reply of the Local Government Board, that such Board considers it is part of the duty of the sanitary officer to attend as witness on prosecution, &c. If such is the law, the dispensary medical officers (who are appointed as such under the provisions of the 8th sec. of the 14 and 15 Vic. c. 68, the Medical Charities [Ireland] Act, 1851), and who hold the appointment of sanitary officer of their districts (under the provisions of the 10th sec. of the 37 and 38 Vic. c. 93, the Public Health [Ireland] Act, 1874) consider that they are likely to be regarded by the public as the prosecutor in all proceedings to abate nuisances injurious to health, an impression which is most injurious and adverse to their interests as medical men, including as it does considerable loss of time and other disadvantages in the way of their private practice, particularly so as no payment by way of extra fees or otherwise is provided by the order of the Local Government Board to compensate them for having to attend and give evidence, and otherwise assist in such prosecutions.

Counsel having regard to the 10th sec. of the Public Health (Ireland) Act, 1874, which empowers the Local Government Board to assign to dispensary medical and other sanitary officers their respective duties and functions, within the limits defined in that section, &c., and also having regard to the order of the Local Government Board issued to sanitary authorities in pursuance of said sec. of said Act assigning such duties, &c., will please advise—

1. Is it any part of the legal duties and functions of a sanitary officer (dispensary medical officer) to attend as a witness and give evidence on all sanitary prosecutions instituted in his district, for the purpose of abating nuisances injurious to health and otherwise, without being summoned or subpœnaed for that purpose?

2. Are such medical practitioners, because they are sanitary officers, in such cases entitled to no extra or additional fees, or payment (in addition to the salary or payment made to them as such sanitary officer and as fixed by the Local Government Board) for attending as such witness?

If the 2nd section of the "Executive Duties" of sanitary officers, as set forth in such order of the Local Government Board to sanitary authorities (which directs every sanitary officer and sub-officer of the Union, on receiving directions from the executive sanitary officer, to attend and assist in all proceedings in which his attendance or assistance is required) includes that of attending as a witness on all prosecutions, as referred to in first query, counsel will then please advise—

3. Does the said 10th section of the said Public Health (Ireland) Act, 1874, empower the Local Government Board to assign to dispensary medical officers as part of their duties and functions in the discovery or removal of nuisances, &c., or in generally superintending the execution of sanitary laws within the district, that of attending as witnesses in all prosecutions under the sanitary laws instituted in their district, or is same in excess of the legal powers of the Local Government Board and of the reasonable duties and functions which the said Board have the power to assign and impose upon such dispensary medical officer?

[COPY.]

Opinion of ROBT. O'B. FURLONG, Esq., B.L., on Case submitted to him on behalf of the Medical Association of Ireland as to the legal liabilities of Medical Officers acting as Sanitary Officers of Dispensary Districts and their right to remuneration as such.

By the 10th Sec. of the Public Health (Ireland) Act 1874 (37 & 38 Vic. cap. 93) every Medical Officer of a Dispensary District is constituted a Sanitary Officer for such district or for such part thereof as he shall personally be in charge of with such additional salary as the Local Sanitary Authority may determine with the consent of the Local Government Board for Ireland and the Board are empowered to assign to such Medical Officers their duties in the discovery or inspection or removal of nuisances in the supply of pure water in making and repairing drains and generally in superintending the execution of the sanitary laws within the district.

In pursuance of the power so vested in them the Board issued their sealed order dated September 9, 1874, and thereby assigned to the Sanitary Officer, *i. e.* Dispensary

Medical Officer their duties in which they include that of attending and assisting in all proceedings in which such attendance or assistance may be required when so directed by the Executive Sanitary Officer.

Having regard to the section I have quoted and to the order of the Board I am of opinion that it is part of the legal duties of a Sanitary Officer to attend and give evidence in all sanitary prosecutions arising out of matters occurring within the district of which he is personally in charge on receiving directions to that effect from the Executive Sanitary Officer and without any summons or subpœna.

The Sanitary Officers are not in my opinion entitled to any fee as witnesses inasmuch as the additional salary paid them under the Public Health Act, 1874, was evidently intended to compensate them for the additional duties imposed on them by that Act of which the duty in question is one. I assume that the Local Government Board took this matter into consideration when approving of the salaries determined by the Local Government authorities as it is plain the Legislature intended the remuneration to be "just and reasonable."

As to the second query I am of opinion that the order of the Board of September 9, 1874, is within the powers conferred by the 10th section of the P. H. Act, 1874.

The words "in all proceedings" in Part II. Clause 2 of the Order mean of course in all proceedings relating to the matters specified in the 10th section of the Act. The duty thrown on the Dispensary Medical Officers by the Order of the Board is no doubt an invidious one; at the same time I do not see how it could have been avoided as medical testimony may often be essential to the success of the prosecution.

It seems to me unfortunate that the Legislature have not carried out a suggestion contained in a report of the joint Committee on State Medicine of the British Medical and Social Science Associations, 1872—viz., that, in every county (or for large districts comprising several counties) a Chief Medical Officer of Health should be appointed who should be debarred from private practice who would take the odium and responsibility of carrying out the health statutes without the risk of loss of private practice.

ROBERT O'B. FURLONG.

30 Lower Leeson Street, 23rd May, 1876.

SLEEP.—In offering to your readers my notes and some comments, I shall preface what I have to say by stating my belief as to sleep, or rather my disbelief. Of late years, it, like everything else among the phenomena of health, of disease and of poisonings, has come in for its share of vaso-motor explanation—one man regarding it as a normal congestion, and one as a daily anæmia from vasal contraction. Neither is as yet proven, for although we know that the surface vessels lessen in calibre during sleep, we know but only this, and have no right to the inference so hastily made, that the brain sleeps because of the lessened areas of its vessels. For this is what also happens in the anæsthetic stage of chloroform inhalation—a state most unlike true sleep. I was struck, indeed, about two years ago, with the marked line betwen these states, when as Dr. Wm. Thomson and I were watching the eye-ground of a chloroformed child, through an atropinised and dilated pupil, suddenly I ceased to see the disc with ease; I looked up, and in a moment or two it became clear to us both that the dilated pupil which the chloroform left unchanged, had suddenly contracted, as the child passed into a state of natural sleep, and so stayed until we awakened him, when it opened abruptly—a beautiful illustration of the peculiarities of sleep. Neither in ether nor chloroform poisoning, as all now admit, not yet in sleep, as some are beginning to think, is the vasal state the essential cause of the phenomena. It accompanies sleep, for example, but is not sleep. More probably is sleep a distinct condition of the brain cells—a condition which, perhaps, may never be thoroughly comprehended, and which is more likely in itself a cause than a consequence of contracted vessels.—*Weir Mitchell: Va. Med. Monthly.*

STRONG SOLUTION OF SALICYLIC ACID.—Various solvents for this substance have from time to time been proposed, such as phosphate of soda, phosphate of ammonia, and borax. But none of these yield a very strong solution. The demand for such a solution (aqueous) having arisen, we were compelled to search for another substance—neutral, and itself not irritating—which might take up a large quantity. We finally succeeded by the use of acetate of lime. Proceed as follows:—Introduce 3.1 decigr. (1 oz.) of salicylic acid into a half-pint bottle, add about 12.4 decigr. (4 oz.) of water, and shake well until the salicylic acid has been thoroughly incorporated with the water. Then add 3.1 decil. (1 oz. fl) of glycerin, and finally enough water to make up the bulk to Oss. Immerse the bottle up to the neck in boiling water, and remove it from time to time to agitate the contents. In the course of about fifteen minutes, solution will have taken place, which remains permanent on cooling. In order to prevent water from being spattered into the bottle from the outside, we are in the habit of slipping a perforated rubber nipple over the neck, which allows the vapour from inside to escape, and the orifice of which is too small to allow access of any liquid from without.—*New Remedies.*

PARAFFINS AND THEIR ALCOHOLS.—At the Royal Institution Professor Odling, F.R.S., has been lecturing on this subject. He first referred to the large group of hydrocarbons generally, pointing out that chemists are now acquainted with many hundreds of compounds of hydrogen and carbon, while still there are but two compounds known of hydrogen and oxygen, and two of carbon with oxygen. While most of them readily enter into combination to form further compounds, there is one easily recognisable group that does not, and the members of this group from their slight affinity for combining are called paraffins. The highest and most volatile varieties of the liquid paraffins constitute benzoline, a liquid of many uses in the arts, but exceedingly dangerous for lamps. Some cannon-like explosions were produced by igniting a little benzoline on cotton-wool diffused in a jar of oxygen. The solid paraffins are largely usedin the manufacture of candles. The paraffins are the mosthig ly hydro genised of the hydrocarbons, and hydrocarbons not belonging to the paraffin class become converted into paraffins by their direct or indirect fixation of additional hydrogen. The study of the proportions in which the relative amount of hydrogen and carbon occurs has been of inestimable value in affording a key to the solution of many difficult problems in organic chemistry. In all the paraffins—gaseous, liquid or solid—it has been found that the number of their proportions of hydrogen exceeds by two proportions twice the number of their proportions of carbon. Professor Odling spoke of the isomerism of the paraffins as making known one of the most remarkable phenomena, and offering one the most suggestive problems of modern organic chemistry The study of the conversion of parraffins into alcohols is of great interest, and, as far as is known, there appear to be as many isomeric primary alcohols as there are isomeric paraffins, and the study of these, more than perhaps anything else, helps to increase our knowledge of organic chemistry.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING MAY 20, 1876.

Total registered deaths in Dublin and suburbs *			... 139
Ten years average of same week	...	...	... 146
Decrease of mortality below average	...	...	... 7
Ratio of deaths, suburb of Rathmines	...	10	per 1,000,
" " " Donnybrook†		26	"
" " " Blackrock	...	7	"
" " " Kingstown	...	11	"
" " Entire Dublin district	...	23	"
COMPARATIVE RATIOS—London ...	...	22	"
" " Glasgow...	...	25	"
" " Edinburgh	...	23	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 14, 1876.

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ON THE SCIENTIFIC AND EMPIRICAL INVESTIGATION OF EPILEPSIES.

By J. Hughlings Jackson, M.D., F.R.C.P.,
Physician to the Hospital for the Epileptic and Paralysed, and to the London Hospital.

CHAPTER VIII.—*Recapitulation—The Method Exemplified.*

We have in each case of Epilepsy three lines of investigation: Physiological, which deals with abnormal Function of nerve tissue; Anatomical, which deals with abnormalities of particular Structures (organs); and Pathological, which deals with abnormalities of Nutrition. Or, putting these in their most abstract form and in reverse order, we have to study defects in the Absorption, in the Distribution, and in the Expenditure of nerve-force. The threefold method of investigation will now be exemplified.

1. *Physiology.*—We assume that there is a permanent local "discharging lesion" in every epilepsy. The "discharging lesion" is a permanent instability of grey matter; this unstable grey matter occasionally discharges and the discharge produces effects in, or referred to, the periphery of the body.

2. *Anatomical.*—I try in *each* case where there is a paroxysmal presentation of symptoms, to find the seat of the "discharging lesion" corresponding to them. In any case—let us suppose, however, it is one of convulsion—the question is not "Is it a case of epilepsy?" but "Where is the unstable grey matter which permits the occasional excessive discharge on muscles in this case?" "Of the function of which part of the cerebral hemisphere is the convulsion the brutal development?" Let us put this in another way. If we were present at an autopsy disclosing local gross disease of the cerebral cortex in one who had died subject to convulsions, the question would *not* be "Were the fits which this local disease produced epileptic?" but "What symptoms resulted from the sudden discharge of unstable grey matter near the gross lesion in this case?" If it be replied that the seizures were like those of the "genuine" epilepsy of authorities, we do not consider the reply sufficiently definite, and repeat the question. For Paroxysms of "genuine epilepsy" differ, and therefore the seats of the discharging lesions *must* differ. If it be true that epilepsy is owing to disease of the medulla oblongata, different parts of the medulla must be diseased in cases where the paroxysms differ.

3. *Pathological.*—The question in Pathology is not "What causes Epilepsy?" but "What pathological processes lead to local 'discharging lesions'?" "What is the nature of the abnormal nutritive process by which the cells of grey matter become over-nourished and thus unstable." Inquiries as to the so-called "causes" of epilepsy are wide of the mark if they do not bear directly on this question. I do not mean that empirical inquiries as to what are called "causes" of the supposed entity "genuine epilepsy" are not valuable; but I think they are only valuable as heaps of unassorted material towards determining the real direct pathology of "discharging lesion." Many of these "causes" are simply things determining the first discharge of grey matter already unstable.

It is in accordance with scientific method to study first the simplest problems. No one with any great scientific feeling would study defects of speech before he had studied hemiplegia, or "diseases of the mind" before he had studied the coarser and simpler diseases of the nervous system. Similarly it would be contrary to scientific method to study first the complex, suddenly-occurring, and transitory paroxysms of "genuine" epilepsy before studying those simpler cases of epilepsy which are commonly called "epileptiform seizures."

As we have seen, there are within the limits of my definition of epilepsy all kinds and degrees of phenomena in the paroxysms resulting from "discharging lesions" of

numerous different parts of the brain. Any part of the cerebral cortex may become unstable—either its sensory or its motor region. The motor phenomena, for obvious reasons, are more easily studied. Our illustration must then be an Epilepsy in which convulsion is the chief thing. But there are varieties of these. I have paid most attention to those cases of convulsion which begin deliberately in some part of one side of the body, in the hand for example. These are of all convulsive seizures the simplest; they are far more easily studied than cases of "genuine epilepsy." In many cases of "genuine" epilepsy there is no warning or there is but a vague one; the convulsion is usually universal, nearly equal on the two sides of the body, and the spasm of different parts is more nearly contemporaneous. Moreover the fit comes on suddenly and is rapidly over. On the other hand, convulsions beginning unilaterally are opposite in all these respects and are the very simplest epilepsies we can study: let me state the reasons categorically.

1st. Because since the spasm begins long before the patient loses consciousness and because it sets in slowly, he can tell us much about his seizure. We can thus learn upon what muscular region the first discharge is, if we can learn no more. In some cases of limited convulsion there is neither loss nor defect of consciousness. In the convulsion of "genuine" epilepsy we learn from the patient or from his friends very little more than that there was much struggling, tongue-biting, and other facts which are not of great use in an inquiry like ours.

2nd. Because, since the spasm is often deliberate, we can ourselves when luckily present at a paroxysm note the place of onset and watch the March of the spasm. We learn what parts it affects first and most, how far it spreads, and in what order. In "genuine epilepsy" the spasm is so sudden, so rapidly universal, and so soon over that it is difficult to observe the details of what takes place.

3rd. Because unilateral convulsion not unfrequently leaves a temporary hemiplegia which writes down, so to speak, the parts which in the paroxysm were first and most affected. This of itself is strong, indeed I think conclusive evidence as to the position of the discharging lesion.

4th. Because it has frequently the very definite temporary complication of affection of speech (Aphasia), or of optic neuritis (with or without amaurosis). When there is optic neuritis we can infer so much of the pathology of the case as that the "discharging lesion" is the result of the irritation of coarse disease of some kind ("injury" by coarse disease), or as it is commonly expressed we can say that there is organic disease.

5th. Because since it is the form of epilepsy which depends most frequently on organic disease, we may obtain post-mortem disproof or verification of the diagnosis of locality we made during life. We can from the position of the coarse disease infer the seat of the minute changes of instability which constituted the discharging lesion.

6th. From these cases we learn how arbitrary the distinction is into cases with, and cases without, loss of consciousness, for in convulsions beginning unilaterally there may or may not be affection of consciousness; all depends on the severity of the discharge, on how far it spreads, and on the rapidity of the discharge.

This kind of convulsion I have named variously Unilateral Convulsion, Hemiplegic Epilepsy, Corpus Striatum Epilepsy, and Convulsion beginning Unilaterally. I am not enamoured of any of these terms. Corpus striatum epilepsy seems to me useful as bringing into prominence the analogies betwixt these convulsions and varieties of hemiplegia. "Convulsion beginning unilaterally" is a term not strictly defensible, as the convulsion in the epilepsy of authorities often begins by preponderance of movement on one side. It is, however, the one least open to objection.

The reader is again reminded that I consider the "genuine epilepsy" of authorities to be but one epilepsy in my definition. It differs from Convulsion beginning Unilaterally simply in difference in the seat of the "discharging lesion." In it the grey matter unstable is that of sensori-motor arrangements which are the highest of all—the series of series; in the convulsion beginning unilaterally those of a subordinate series are unstable. This is the reason why, in the former, loss of consciousness is the first or nearly the first thing in the paroxysm, and that in the latter it is a later event. Those who say that the two differ "only in degree" make a remark the truth of which is admitted. In both there are occasional excessive and disorderly expenditures of force on muscles, the discharge depending on instability of nervous tissue. *But in what kind of degree do they differ?* Not merely in degree of more or less spasm—more or less instability of nervous tissue—but also in degree of evolution of the nervous arrangements which are unstable. A convulsion which is universal and in which the muscular regions affected are affected nearly contemporaneously, must depend on excessive discharge of parts in which the nervous arrangements represent a *more intricate* co-ordination of movements in Space and in Time than those parts represent, excessive discharge of which produce a convulsion which begins in one limb and has a deliberate march all over the body. My speculation is that the first kind of convulsion differs from the second in that convolutions at a greater distance from the motor tract—that is nervous centres of a higher degree of evolution—are discharged.

Let me state some of the differences betwixt "genuine" epilepsy and convulsions beginning unilaterally in tabular form. In either case there may be a partial fit, or in other words there may be a slight and limited discharge. Thus there may be only vertigo and confusion of thought in the former, and in the latter numbness of the hand and spasm of the thumb and index finger. But we shall take for comparison cases in which the fits are severe and the convulsions universal.

Genuine Epilepsy of Authorities.	*Unilaterally beginning Convulsion.*
1. No warning or a transient one.	A warning deliberate and local.
2. Consciousness lost very early.	Consciousness lost late.
3. Spasm often universal.	Spasm often limited.
4. Spasm *begins* nearly contemporaneously—on two sides of body, *i.e.*, is nearly universal at once.	Spasm *not* contemporaneous on two sides of body, *i.e.*, *becomes* universal by degrees.
5. Spasm nearly equal on the two sides.	Spasm very unequal on two sides.
6. March of Spasm rapid and quickly over (currents of "great intensity").	March of Spasm deliberate and lengthy. (Currents of great quantity.)

Unless we have well studied the phenomena of discharges of subordinate centres we are not properly prepared for the study of the phenomena resulting from discharge of the highest centres—the centres evolved out of the subordinate centres—that is to say cases of the "genuine epilepsy" of the authorities. (*a*)

From a simple case of the group of unilaterally beginning convulsion I can illustrate the three lines of investigation of an epilepsy. The investigation is to be on the same style as that of a case of paralysis. In the paralysis, as well as in the convulsion, there is a physiological, an anatomical, and a pathological inquiry. We can, indeed, compare and contrast a case of hemispasm with one of

(*a*) Cases of Migraine are the sensory analogues of the Unilaterally beginning Convulsion. The cases of "Genuine Epilepsy" of authorities which begin by "subjective" sensations stand, I suppose, in the same relation to them as the cases of genuine epilepsy which begin by "subjective" movements do to the unilaterally beginning convulsion.

hemiplegia. We speak of the common form of hemiplegia, that so often caused by destruction of the corpus striatum by clot or softening.

Physiology.—In each we begin by determining the physiology of the case, *i. e.*, the functional condition of nerve tissue. In hemiplegia nerve tissue is destroyed, in hemispasm there is clear evidence of instability, for there is every now and then a discharge. In one there is loss of function; in the other there is over function. Thus the first step—the physiological—is easy in each case.

Anatomy.—As the epileptic discharge results in convulsion of the very same parts as are paralysed in the hemiplegia, and as we know that this paralytic symptom is due to destruction of, or of part of, the corpus striatum, I conclude that the discharge is of convolutions in the region of the corpus striatum.

Before we can with confidence point to the particular parts of the convolutional region which is unstable, we must have more autopsies in well-observed cases. Hitzig and Ferrier's work is, however, what will be of most use in these investigations.

Pathology.—The third step is the pathology. Just as in hemiplegia, so in this case; we have to find the pathological process which *leads* to the physiological or functional change. In hemiplegia the question is, "By what pathological process was the *destruction* of the nerve fibres and cells of the corpus striatum produced?" In the epilepsy, "By what pathological process did the instability of the grey matter of the convolutions result?"

In the former case our task is comparatively easy. If the hemiplegic patient be past middle age; if he have Bright's disease, rigid arteries, and hypertrophy of the left ventricle, and if his paralysis came on with deep loss of consciousness, we say the destruction of the corpus striatum is by clot. If he have no Bright's disease, and if the paralysis comes on deliberately, for example in a quarter of an hour, without any loss of consciousness, we say there is local softening from thrombosis of an atheromatous artery. (It is needless to give further illustrations.) In the case of hemispasm our task is far more difficult. We ask, 1st. "Is the local instability the result of a 'coarse' change, such as tumour, or not?" If there be severe pain, vomiting, and double optic neuritis, we say there is 'coarse disease.' We have then to ask, "Is this coarse disease glioma, syphilis, abscess?" The differential diagnosis cannot be entered on here. Let us suppose we can only conclude that there is a coarse change of some kind. In such cases the inference is that the neigbouring grey matter has become unstable by the irritation of the coarse disease. If, however, we find no evidence of the existence of coarse disease we mostly do not trace the pathological process. (*a*) We often do not even at post-mortem examinations. We discover neither local disease of the cerebral hemisphere nor disease of the medulla oblongata. We often discover no local abnormality in any part of the nervous system.

This method, which from long working at seems to me to be simple, will appear just the contrary to those who have worked in a diametrically opposite way. It will seem more simple to first determine by general evidence whether a case be one of "genuine epilepsy" or not,—whether it does or does not conform to some authoritative definition. Next, supposing the diagnosis to be that it *is* a case of "genuine epilepsy," to investigate its causes—the causes of some entity, "the causes of epilepsy." As has been said, the method I have been illustrating cannot be fully carried out in most cases, but it can be carried out as far as the orthodox plan can. The orthodox teaching assumes not only the physiology, but the anatomy. That is to say, it assumes that it is proved not only that epilepsy depends on increased excitability, but also that the part over excitable is the medulla oblongata. As to pathology, the orthodox opinion is certainly in no better case. We all fail in tracing the steps of the abnormal nutritive process by which grey matter anywhere (whether in the medulla or brain) becomes unstable so that it discharges occasionally. When we do discover a gross lesion or local change *post mortem*, we do not even then find out *how* any part of the cerebrum or the medulla oblongata has become unstable as a consequence of that disease. It is, I suppose, the consequence of an inflammation excited by the gross lesion.

(*a*) Inquiry for conditions allowing embolism and thrombosis (including venous thrombosis resulting from aural disease) should be made. (See chap. vi.)

ON THE ORIGIN OF THE DOUBLE-CURVED MIDWIFERY FORCEPS. (*a*)

By Alfred M'Clintock, M.D., F.R.C.S.I.,
Late Master of the Rotundo Hospital.

The question had been started at one of the meetings of the Society by Dr. Kidd as to who it was that gave to the forceps the second or pelvic curve. Now it would be found that nearly all the English and American writers upon the history of the forceps gave the credit of that discovery either to Levret or Smellie. Most of the English and Continental writers claimed for Smellie the merit of the pelvic curve, which was certainly perhaps the most important change in the construction of the forceps that the instrument underwent since its first invention, and one of such importance that more controversy had raged about that curve, with regard to its utility or objectionableness, than with regard to any other point in connection with the forceps or its usé. It was therefore well worth the while of the Society just to spend a few minutes to look back upon this point and to see to whom belonged the credit of this discovery—whether they regarded it as important or unimportant. As Levret had been the one to whom most frequently the credit had been assigned, he (Dr. M'Clintock) would first advert to his claims. Mülder, in his very learned and erudite history of the forceps and vectis, mentioned Levret, his claims and his works. He (Dr. M'Clintock) did not possess the first edition (published in 1747) of Levret's celebrated work on difficult parturition, "On the Cause and Questions of Labourious Labours." He (Dr. M'Clintock) possessed the third edition of that work, and he had the first edition of a sequel to that work published in 1751. He did not believe there was a copy of the original work in Dublin. Various searches he had made had failed to discover that work, but he had ascertained from Mülder's researches what the work contained upon the point. It appeared that in the first published work of Levret, in 1747, that he mentioned there that he had given to the forceps a new curve. Mülder said—"I have seen in Levret's work of the year 1747 it indicated there that he had given to the forceps a new curve, but which he kept secret"—that was to say, he did not describe it in that edition of his work. "That silence was the cause"—Mulder continued—"why certain anonymous writers raised a question concerning the figure and shape of that curve," which clearly showed that Levret did not describe it minutely. The first edition of Smellie's works appeared about the latter end of the year 1751. The date on the title page was 1752, but it was certain that the work must have been given out in 1751, for he (Dr. M'Clintock) had read a review of it published in the *British Register* in October, 1751. The references in Smellie's works to his claims he (Dr. M'Clintock) would presently refer to. In the 32nd collection, case 13—the case occurred in 1752—and in describing that case, which was designated one of pelvic delivery, the child was delivered by the lower extremities, the head being retained in the pelvis. Smellie said that he encountered extreme difficulty in extracting the head, and after pulling at it for a long time, he attempted to extract it with the short straight forceps, but the head was above the brim of the pelvis, and the curve of the os sacrum prevented him from taking proper hold so as to be of proper service, and that was the reason which prompted him to continue a longer kind of forceps, the virtue of which was a curve on one side. That was in the year 1752, and he said in another case—the 34th collection—a similar one, where the head was retained in the pelvis, both arms being delivered, and having failed to extract the child with the short straight forceps (as in the case previously mentioned) he "resolved to try

(*a*) Abstract of a communication made to the Dublin Obstetrical Society, specially reported for the Medical Press and Circular.

the longer pair with the curve on one side to suit the curve of os sacrum." Smellie continued: "They were contrived some years ago by myself as well as other practitioners, all for the purpose of taking a better hold on the head when high up in the pelvis, but I do not recommend their general use, for fear of doing more harm than good when force is used." That was in 1752 that he said that the double-curve forceps were contrived by him and some other paactitioners, but he made no mention of Levret as another inventor of the second curve. He (Dr. M'Clintock) might mention that Smellie was not at all a man in his writings to deprive any one of his just merits and praise, and all through his work he freely acknowledged what everyone that he quoted had done. They would see that in point of time there did not seem to be much difference really between Levret and Smellie, and it was quite possible that each might independently of the other have hit upon the same expedient Now there was another English writer whose work on midwifery was very little known or quoted, and from the study of his book he (Dr. M'Clintock) thought he was one of the most sagacious practitioners of the age in which he lived, a man of great sagacity and great practical skill, but very brief and terse in his descriptions, and making no affectation of knowledge or research. That writer was "Benjamin Pugh, surgeon at Chelmsford, in Essex," whose treatise on Midwifery was published in 1754, and who said in the preface of that work, "I shall be as trite as possible in the description and use of all the instruments both of midwifery and surgery which are my own inventions. So good effects I have experienced many years, and by the help of those in midwifery, that I have succeeded in deliveries without opening one child's head for these fourteen years past. . . . My curved forceps was invented upwards of fourteen years ago (that would be 1740, because the work was published in 1754), and made for me by a man named Archer, a cutler, now living in Chelmsford, and the preference between them and the common straight forceps in every respect is great." So that Pugh was a strong and ardent advocate of the use of the double-curved forceps, and used this forceps in two sizes, just as did their friend Dr. More Madden. Pugh had a long and a short forceps, and the short forceps also had a pelvic curve. One was eleven inches and the other fourteen inches long. In three different places in his work Pugh reiterated the same remark about using these forceps for fourteen years. From these facts he (Dr. M'Clintock) was inclined to think that the merit of the change of construction and shape of the forceps was really due more to Pugh than any one else whose name had been brought forward in connection with it, for about the year 1740, which was seven years before Levret gave any intimation of it whatsoever, he had constructed and was using the instrument. There was a certificate of the Academie Royal of Surgery of Paris, dated the 2nd of January, 1747, which showed that Levret had presented to the Academy a new curved forceps designed with the view of disengaging the head of an infant locked in the passage and arrested by the os pubis, and then it went on to advocate its use, so that that document authentically established Levret's claim up to that year, January, 1747. But then came in, as he (Dr. M'Clintock) believed, the claim of Pugh, but he thought the priority of publication belonged to Levret. Still, however, he thought that if they investigated fairly the history of the matter that Pugh was the man who had the most decided claims to the discovery of this modification of the forceps. In conclusion, Dr. M'Clintock said he thought he had made out a good case for Pugh as deserving the merit of being the original author of the invention.

Clinical Records.

TRANSVERSE FRACTURE OF THE PATELLA UNITED BY BONE. (a)

Under the treatment of Mr. PHILIP BISSEL.

JOSEPH KIRBY, born in Germany, aged 24 years, received a blow upon the patella (right leg) by the slope-car caused by the breaking of the rope, at the Suffolk Colliery on the 17th of November last, which knocked him into the cistern at the foot of the slope. Being at the place at the time I examined it before tumefaction and swelling took place. I found a transverse fracture of the patella, breaking it nearly in the centre. I placed the fractured edges in coaptation, and confined them by taking pasteboard and cutting out a notch in the side, so that when applied it would extend one-half around the patella, the slips extending about six inches above and below the knee on the outer side. Upon the inside I formed a counter splint in the same manner, so that when I had them on there was a hole through the splint for the patella to project. The inside, or between the splint and the leg, I padded with muslin, with a hole to fit. Before I put the splint on I took Mitchell's surgeon's plaster and placed four strips over the patella to hold it together; then laid on my muslin pad with the hole through to fit the patella; placing the same plaster in four long strips over the muslin, to hold it in place; then I took starch and gave the muslin a coat; then, after immersing the pasteboard splints in hot water to make them fit the leg, I applied them to the starched muslin on each side of the patella, covering the femur above and the tibia and fibula below. The splints were wide enough to extend half-way around the leg. Then I applied a starch bandage on top of the splints in such a manner that I should not cover the patella, dressing the leg perfectly straight, but was careful not to put the roller on so tight as to impede circulation. Aside from the fracture he sustained but a few slight cuts and bruises about the head, to which I applied no dressing save cold water. From the exposure of being wet and nearly drowned while in the dump, having swallowed some water, he had a slight attack of congestion of the lungs, from which he recovered without much trouble.

It is now over ten weeks, and to day I removed the dressing, and find perfect union of the bone. I did not remove the splints from the time I placed them there until to-day. I found it not necessary to remove the roller but once, and then only to tighten it after the swelling had subsided. That bony union will take place in all healthy subjects if the bones are kept in apposition is a conceded fact; the late Dr. V. Mott clearly demonstrated that fact, in fracture of the neck of the femur within the capsular ligament, and I have seen him exhibit his specimens to the class in the sessions of 1850 and 1851, and at later periods. I think it is Mr. Paget that says that when there is healthy nutrition and assimilation union will surely take place; if it be bone, then bony union; if muscle, then muscular, &c. All that is necessary is to keep the parts in coaptation, and in some bones where they are not in apposition, the provisional callus not unfrequently takes place, and bony union is the result, as has frequently been shown in the long bones. In course of over thirty years' practice I have had three cases of fracture of the patella; the first recovered with ligamentous union. Since that time I have not failed to obtain bony union in any case when there was healthy nutrition, and in that case I only failed by simply not keeping the fractured ends in apposition. I see no benefit by the use of Malgaigne's hooks or Ahl's splints, as pasteboard immersed in hot water may be adapted to all cases, and as Hamilton has truly said of them, they are a common-sense splint to say the least, and by the aid of starch may be made to suit each individual case.

(a) *Medical and Surgical Reporter.*

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MR. GANT had in December, 1872, performed the operation of subcutaneous section of the femur below the small trochanter for anchylosis of the hip-joint, the limb being at a right angle with the trunk. His object in dividing the bone below the lesser trochanter was to get rid of the action of the psoas and iliacus, which if contracted would still retain the limb in a bent position, whereas in Mr. Adams' operation the femur was divided at the neck. After the operation the limb was kept straight by the application of a weight, and primary union taking place, an excellent result was obtained.

Mr. SIDNEY JONES spoke as to the greater safety of the saw than of the chisel as used by Mr. Maunder. He considered Mr. Maunder's operation useful to correct deformity when one limb was affected, but cases occurred in which both limbs were affected, and in such it would be necessary to divide above the insertion of the muscles if any movement were to be obtained. He had, however, in cases upon which he had operated, had difficulty in retaining movement; by passive movement anchylosis had been prevented, but only for a time. In one case in which he had divided the neck of the femur and had used passive motion the union from time to time ossified, and he had continually to break it down whilst the patient was under the influence of an anæsthetic.

Mr. BRYANT had performed Adams' operation in anchylosis of the hip-joint in three cases following strumous diseases, and in one after pyæmia. He obtained a good position in all. It was possible to get movement in division of the neck, but impossible if the shaft of the femur were divided.

Mr. ADAMS had operated in five cases, and had collected the reports of twenty-two other cases, but in none had good movement been obtained.

Mr. MAUNDER, in reply, said he thought the use of the chisel or saw immaterial. He believed that the reason why in some cases anchylosis did not take place was that the head of the bone not being sufficiently nourished, did not become reattached to the shaft. If cut or fractured ends of healthy bone were brought near to each other, nature would certainly unite them. If advisable to prevent bony union it would be necessary to cut away a portion of the bone. He had operated upon his reported cases by means of three chisels successively inserted, but he hoped to have one constructed which would serve the purpose of the three.

A CASE OF INTESTINAL CONCRETION PASSED PER ANUM.

The report of this case by Mr. LEGGATT was read. The patient, a girl, aged three, of fairly good health, after a month of unusual constipation and deficiency of appetite, awoke at two a.m. with vomiting, which continued at intervals for twelve hours. During that time two solid motions, followed by loose stools, passed, and there was some abdominal pain. The temperature in the evening was 102 deg., and the child was drowsy throughout the day. On the next day it was reported that the child had had a restless night, and that motions were passed every hour, accompanied by pain and tenesmus. Temperature 99 deg. The child took notice, but was pale and feeble. The tongue was thickly coated and white. The abdomen was flat, soft, and free from pain. The motions were frequent, and consisted chiefly of mucus, with a little fæculent matter, and here and there a streak of blood. Pulse 120, temperature 100 deg. Milk, lime-water, and rice-water were given as food. On the following day the diarrhœa was arrested for fifteen hours by an enema containing three minims of tinctura opii in starch. Severe abdominal pain, however, supervened during that time, and the temperature increased to 104 deg. The pain ceased on the return of the diarrhœa; and the temperature soon fell to 99 deg. The motions became less frequent, and contained more fæculent matter. The child continued to improve; on the fifth day the concretion was passed *per anum*, without pain; the diarrhœa then subsided; and on the tenth day the child was well. Before the above illness the child had had occasional feverish attacks, with pale, almost white, motions; and since the illness there had been three attacks of vomiting, with white motions, but without fever. Each attack lasted two or three days. For many months before the illness the child had eaten brown bread daily. The concretion had the appearance of similar bodies found not rarely after death in the appendix vermiformis. Analysed by the late Mr. S. W. Moore, at St. George's Hospital, it was found to weigh seven grains and a quarter; its length was three-quarters; breadth three-eighths; and depth one quarter of an inch. In 100 parts it contained 22 of organic matter, and 78 of ash. The 78 parts of ash contained 30 of bone earth, 8.2 of alkaline phosphates, and 39.8 of chlorides, &c. A microscopical examination showed the organic matter to consist of starch granules and wheat husk. A section of the mass presented a laminated appearance. The examination of the concretion, and the fact of the child having been in the habit of eating brown bread, perhaps, afforded an illustration of the mode of formation of these bodies. Other causes besides the concretion, perhaps, produced the illness, such as the habitual constipation of the child, the iron of the Ascot water, &c. But, on the other hand, the concretion might have set up inflammation of the mucous membrane around it, and then possibly the severe vomiting and purging dislodged it. There was not, however, throughout the illness any noticeable pain or tenderness in the region of the cæcum.

Sir WILLIAM JENNER said the concretion was such as he had seen in the vermiform appendix, and he should consider that it had come from that part notwithstanding the absence of all pain. He should not expect pain unless ulceration had taken place, and the inflammatory action had attacked the subperitoneal tissue. When any substance or concretion was contained in the vermiform appendix, its valve-like arrangement would prevent escape, but it might be pressed out during the action of vomiting. He had heard of foreign bodies in the appendix, but had never seen one; concretions he considered not uncommon.

Mr. GANT referred to two cases in which a bean had become impacted in the vermiform appendix, one leading to the formation of an abscess and death, the other to fatal peritonitis.

Dr. BASTIAN had made a post-mortem upon a young man in whom the operculum of a whelk had lodged in the appendix, causing ulceration, from which thrombosis and abscess in the liver resulted.

Dr. DUCKWORTH remarked that fæcal matter is to be found in nearly all appendices vermiformes after death.

Dr. DUFFIN narrated a case in which hair had collected into a mass in the appendix, after causing ulceration, perforation, and death.

Dr. GREENFIELD described a case in which he had found the appendix attached by a meso-appendix, and he thought that its position might have determined the formation of the concretion.

The PRESIDENT believed that concretions would not be likely to form in a normal appendix, and that some bend or abnormal position was usual. In the case of a young lady it was folded up behind the cæcum. Most cases which had come under his notice had occurred in boys.

SUBCUTANEOUS OSTEOTOMY OF FEMUR.

Mr. MAUNDER read a paper of subcutaneous section of bone, and exhibited patients to show how great and important results may be obtained with comparatively little risk. The femur was the bone concerned in all the five cases. Two of these operations had been performed on the same patient, with an interval of some twenty months. This patient, M. A. J., now ten years of age, had been the subject of hip-joint disease, which had left the left thigh fixed by fibrous anchylosis at a right angle to the line of the spine, the head of the femur being wasted and displaced upon the dorsum ilii. Notwithstanding section of contracted muscles and subcutaneous division of the neck of the bone, as suggested by Mr. William Adams, the deformity was in no way lessened, and Mr. W. Adams himself also failed a week subsequently in a similar case. This failure led the author to consider how otherwise to act. The outcome was the operation described, illustrated with such gratifying results. After alluding to Messrs. Broadhurst, L. S. Little, and Gant as pioneers in this department, he pointed out that while a certain number of cases of deformity at the hip-joint were remediable by section of the neck of the femur, a large number of instances of deformity in this region were not suited to that operation, but which could be readily relieved by a division of the femur at a suitable point below the upper end of this bone. Three cases were given, of which that of the child M. A. J. above mentioned is typical. The first operation on her having failed, a second was performed, but *below the lesser trochanter*. *Operation.*—Following the method suggested by Professor Volckmann of Halle, Mr. Maunder uses chisels and a mallet. He employs a double-edged knife for the puncture of the soft parts and lays great stress upon dividing these in such a manner that when the operation is completed the wound in the skin shall not communicate directly with the wound in the bone. He advocates also great care when one instrument is replaced by another, as the knife by a chisel, and one chisel by another, the one instrument being used as a guide to the other. The wound may or may not be closed by a catgut suture, and a compress and strapping are employed. Bony union must be encouraged by rest and a suitable splint. He deems it important also to support the soft parts about the wound in order to prevent oozing into the track of this by the application of a sand-bag after the patient has been returned to bed. Such was the nature of the second operation performed on M. A. J. above alluded to. After both primary union of the soft parts occurred. The child was shown standing erect, and with her lower extremities parallel. An-

other instance was that of a man 21 years of age, who had been the subject of hip-joint disease for seventeen years, and in whom a discharging sinus still existed and does exist. The same operation was performed, and the deformity has been remedied. He can stand erect with both the lower extremities parallel. Possibly the most interesting case, and that showing the great importance of osteotomy, was that of Richard H., aged 30. He was a sailor by occupation, and having broken his left thigh at sea, and being without surgical aid, the fragments had united at an awkward angle, and with complete eversion of the foot. The man stated that the leg was perfectly useless to him as a sailor by reason of this eversion of the foot, and was most anxious to have something done to remedy this condition. Here the *shaft* of the bone was divided; the foot could then be turned to the required position, and was so maintained. The wound healed primarily; the man never had an ache or a pain, or a disturbed night, and in six weeks bony union had occurred. Thus this patient, who at 30 years of age was deprived by the accident of his means of livelihood to which he had been educated, was by the operation restored to usefulness. In contemplating osteotomy in reference to the upper extremity of the femur, the points at which the bone is to be divided must depend upon the altered and relative condition of parts. Mr. William Adams' operation—section of the neck of the thigh-bone—appears to be applicable to cases of anchylosis and deformity in which the head of the bone remains in the acetabulum, both without material loss of substance and also in the absence of much surrounding thickening about its neck. On the other hand, if there be great thickening, requiring an extensive use of the saw so as to leave large surfaces of sawn bone in apposition, this extent of surfaces alone will prevent a restoration of the extremity to the desired position, and small benefit only will result from the operation. Also cases of hip-joint disease, displacement of femur, fixity of its upper extremity by fibrous anchylosis and shortened muscles, and distortion of the limb, are not suited to it, as was proved by the first operation on M. A. J., where the deformity could not be remedied by it. Here it is that section of the bone below the lesser trochanter will make the surgeon quite independent of the fixed upper end of it, and will allow him to place the extremity in any position he may think fit, and insure the greatest prospective benefit to his patient. Thus it will be evident that the large majority of cases of severe deformity resulting from disease of the hip-joint will be best remedied by division of the thigh bone at some point below the lesser trochanter, whilst a minority will still remain best suited to section of the neck of the bone. The author felt justified in saying that the three patients whom he exhibited illustrated the value of the operation described, and the result is that they who were previously burdens upon, can now become useful members of society.

Mr. WILLIAM ADAMS said the members of the society would congratulate Mr. Maunder upon the success of his operation of partially dividing the shaft of the femur below the small trochanter, subcutaneously, by means of the chisel and mallet, and then breaking through the remaining portion so as to allow of the limb being afterwards set in a straight position and firm union obtained. In the three cases exhibited deformity had been overcome, and the limbs were both straight and useful. This operation will be found applicable to a class of cases in which the operation of subcutaneous division of the neck of the femur cannot be performed in consequence of structural alterations from disease in the head and neck of the bone. Another operation in the same situation, and applicable to a similar class of cases as Mr. Maunder's, had previously been performed by Mr. Gant, who used the small subcutaneous saw instead of the chisel and mallet, partially dividing, and then breaking the bone. Mr. Gant has twice performed this operation successfully, no suppuration occurring in either case. Mr. Adams observed that he had also twice divided the shaft of the femur subcutaneously with the small saw for badly united fractures, and once the shaft of the humerus for straight anchylosis of the elbow-joint. In one case no suppuration followed, and but very little in the other. Subcutaneous osteotomy, he observed, has of late received a great stimulus, but bones cannot always be divided with the same degree of safety or freedom from inflammation as tendons, though the great majority of the cases operated upon have proceeded just as favourably as subcutaneous tenotomy. There are now three subcutaneous operations for dividing the neck or shaft of the femur in cases of bony, and sometimes in fibrous anchylosis of the hip-joint, cases which were not previously amenable to treatment, except by operations of such magnitude as those of Rhea Barton, of Philadelphia, and Sayre, of New York:

1st. The operation proposed by Mr. Adams of subcutaneous division of the neck of the thigh bone, applicable to all cases of anchylosis in which there is but little diminution in size, or alteration in shape of the head and neck of the femur. Twenty-four of these operations have been recorded, with only one death from pyæmia, and one eight months after the operation, from chronic suppuration with kidney disease.

2nd. Mr. Gant's operation of dividing the shaft of the bone subcutaneously with a small saw just below the small trochanter, applicable to cases in which the neck of the femur could not be divided, in consequence of the structural alterations from disease; and

3rd. Mr. Maunder's operation in the same situation as Mr. Gant's, and applicable to similar cases, but performed by means of the chisel and mallet.

Mr. Adams' experience led him to prefer Mr. Gant's operation where the neck of the femur cannot be divided, and believed that the small subcutaneous saw will be found a more manageable instrument than the chisel and mallet.

In reply to a question by Mr. Sydney Jones, Mr. Adams stated that he had not succeeded in retaining motion in any of the five cases in which he had divided the neck of the femur, but Mr. Jessop, of Leeds, Mr. Lund, of Manchester, and Dr. Sands, of New York, had all succeeded in retaining motion.

DUBLIN OBSTETRICAL SOCIETY.

THE Society met on April 11th, 1876, Dr. LOMBE ATTHILL, President, in the chair.

The PRESIDENT exhibited a specimen of comparative rarity, namely,

EXOMPHALOS IN A FŒTUS

at about the sixth month of pregnancy. The child was born in the Rotunda Lying-in Hospital a few days prior to the meeting. The labour was unattended by any difficulty, and they could easily imagine that the case was one simply of a diseased fœtus. The mass which he exhibited was one of those cases of congenital exomphalos, the whole of the intestines, and in this case the liver, being protruded through the umbilicus, and forming a external tumour of considerable size, as compared with the fœtus itself. The envelope of the mass was composed of the integument of the umbilical cord, and as was common in these cases, the vessels of the cord appeared to be divided; but they generally found the umbilical vein running posteriorly and working at each side. On opening the sac they found the large mass, which consisted of the liver (very much enlarged), the stomach (small and rudimentary), and the intestines large and small below it, in fact, it appeared to him that the whole abdominal contents lay outside the abdomen, with the exception of some very small portions. Cases had occasionally occurred in which the whole contents of the abdomen were so extruded in children, and possibly in adults, but the distinguishing mark being congenital, the envelope was pellucid. On account of the small size of the fœtus, and the size of the mass, labour was easy, but cases sometimes occurred in which these tumours were so large as to offer serious impediments to the birth of the child and seriously embarrassed the surgeon. He thought it worth while to bring the specimen before the Society, as the occurrence which it illustrated were not a very frequent one. In the Obstetrical Society of London, a case of exomphalos had he thought been brought forward which had occurred in an adult. The specimen he now exhibited was the first of the kind that he had seen for many years.

Dr. MORE MADDEN, Vice-President (who had taken the chair during the President's communication), said these cases were so very rare that he was afraid the members of the Society would not be able to add very many to the one just recorded by the President.

Dr. BYRNE said he had a specimen of the kind in his museum, but the tumour was much larger. The child was born alive, and the fœtus was very large, and an acephalous one. It appeared to him to be a question whether this was the cause of the death of the fœtus or not. It was a very interesting pathological inquiry whether the tumour protruding caused any kind of gangrenous affection. He believed they

had not much information to throw light on this very interesting condition.

Dr. M'CLINTOCK then made a communication to the Society (quoting a number of authorities) as to

THE ORIGIN OF THE DOUBLE-CURVED FORCEPS,

which will be found at page 481.

In the succeeding discussion,

The PRESIDENT said the communication that Dr. M'Clintock had made to the Society was a very interesting one. It was not always the man who deserved most credit for an invention that received it. He thought the Society was under great obligations to Dr. M'Clintock.

Dr. KIDD said he was very glad that a chance remark of his had drawn forth this communication from Dr. M'Clintock. He (Dr. Kidd) was very much under the impression that Levret was the author of the pelvic curve. He confessed he never looked very closely into the matter. He had on more occasions than one tried to make it out, but had not taken the pains that Dr. M'Clintock had, and he (Dr. Kidd) had come to the conclusion that Levret was the author of it, and he thought it lay between him and Smellie, and what led him to attribute it to Levret was that he believed Levret's book was published more than four years before Smellie's was. However, there could be no question now from the statements and facts laid before the Society by Dr. M'Clintock that Pugh was really the author of this new curve for the forceps, and there were scarcely any of their books in which the matter had been clearly stated. He did not think that Pugh's claims were ever put forward before. He (Dr. Kidd) thought it was a matter of great literary importance that the fact should be so clearly proved to them that Pugh really was the author.

Dr. M'CLINTOCK observed that the ablest *résumé* of the history of midwifery he had ever seen was that of Caspar Siebold. It was really a most wonderful book. Siebold gave a digest of the writings of every author of any note on midwifery for nearly four hundred years. His (Dr. M'Clintock's) attention had been drawn to the book some year or two ago. In that learned and most accurate work, generally speaking, almost the entire credit of the pelvic curve was given by Siebold to Levret. He gave no credit to and made no mention of Benjamin Pugh.

Dr. T. MORE MADDEN thought the Society must owe a debt of gratitude to Dr. M'Clintock for having brought before the Society such interesting information as that which had been afforded in his communication. The subject which Dr. M'Clintock had brought before them was one that at the present day was constantly engaging their attention, as to the comparative advantages of the two instruments. As for the history of the forceps, so it was with the history of many of our modern discoveries — they had been anticipated by ancient writers. It was interesting to trace back the history of the intrument. In the works of many of the old writers there were a great number of instruments which had been brought out as new instruments, and a great many which had not been were noticed. He thought there was great advantage in drawing attention to the works of the old writers, whether they were of an antiquarian or scientific character, and more especially with regard to the subject that had been discussed, as it was one by which the members of the Society might hope to profit.

Dr. KIDD said that the case which he desired to bring under the notice of the Society was one of ovarian disease—

MULTILOCULAR TUMOUR, COMPLICATED WITH PREGNANCY, RUPTURE OF THE CYST, AND PERITONITIS,

which will be published in our next.

On the motion of Dr. Denham, the debate on the communication was adjourned until the next meeting of the Society.

DR. BALTHAZAR FOSTER has been elected President of the Birmingham Medical Benevolent Society for the ensuing year.

IN the discussion by the Council of the Royal College of Surgeons of England on Lord Carnarvon's Vivisection Bill on Thursday last, a general opinion was expressed that legislation is unnecessary, and subversive of the interests of science.

THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

IN our last we gave the business of the Session up to nearly the close of Saturday's (June 3rd) sitting, when the additional words proposed by Sir Dominic Corrigan in the report of the committee on the Registration of certificates in Midwifery. The remainder of Saturday was occupied with the further discussion of the same report.

REGISTRATION OF CERTIFICATES IN MIDWIFERY.

Dr. Thomson moved the adoption of Section 5 of the committee's report, which was agreed to.

"The committee are of opinion that the communication on the subject of State medicine qualifications from the British Medical Association should be acknowledged; and that the Association should be informed that the subject of a qualification in State medicine or public health has long occupied the attention of the Council. The committee would recommend the Council to express their opinion that any degree or diploma in State medicine should not of itself (that is to say, apart from any of the present qualifications) constitute a claim to be enrolled in the Medical Register. Whether the diploma, though not separately registerable, might properly be admitted to registration on the footing of an additional qualification is a question which, in the opinion of the Council, does not at the present time admit of being brought to a satisfactory settlement."

The following additions to the foregoing paragraph was also agreed to:—"Whether the diploma, though not separately registerable, might properly be admitted to registration on the footing of an additional qualification is a question which, in the opinion of the Council, does not at the present time admit of being brought to a satisfactory practical settlement."

On the motion of Dr. Thomson, seconded by Dr. Pyle, the following words were substituted for clauses 3 and 4 of section 2:—"As regards the registration under the Medical Act af a diploma in State medicine, as proposed by Mr. Gibson's Bill, the committee recommend that the Council should express their opinion that any degree or diploma in State medicine or public health, which may be granted by any of the bodies mentioned in Schedule A to the Medical Act, should not of itself (that is to say, apart from any of the present qualifications) constitute a claim to be enrolled in the Medical Register."

Dr. Smith complained that the report, as amended, did not express, with sufficient clearness, the view of the Council that the privilege of registration should not be limited to universities; and he proposed the addition of the following words:—"The committee are further of opinion that, if such qualifications be rendered registerable by Act of Parliament, the privilege of such registration should not be confined to universities as provided in the Bill, but should also be extended to all degrees, diplomas, and certificates in State medicine or public health which may be granted by any of the bodies included in Schedule A of the Medical Act."

The report thus amended was agreed to. It was also resolved that the report, so far as it related to the Bill of Mr. Gibson, Mr. Russell Gurney, and Mr. Cowper-Temple, should be transmitted to the Lord President of the Privy Council, and that copies of the resolutions of the Council in answer to their communications be addressed to the Royal College of Surgeons of England, the Obstetrical Society of London, the British Medical Association, and to the Secretary of the Foreign Graduates Association.

The Council then adjourned.

WHIT-MONDAY, JUNE 5TH.

With commendable anxiety to finish the business of the session, the Council met two hours earlier than usual, notwithstanding that a general holiday was observed in the metropolis.

After the usual preliminaries the Council proceeded to discuss the Report of the Committee on—

PRELIMINARY EXAMINATIONS.

Dr. Haldane moved the following resolution :—"That it be recommended to the various licensing bodies to instruct their examiners in professional subjects to report to them any cases of decided ignorance in general education displayed by candidates, with the name of the board or boards before which the preliminary examinations have been passed ; and that the licensing bodies be requested to transmit such reports to the registrar of the General Medical Council." He said on the importance of preliminary examination no doubt could be entertained. He felt that the only way to raise the social position of members of the medical profession was to raise the standard of education. The efforts of the Council in this respect had been fully appreciated by the medical profession and also by the public ; but although good had been done the benefits derived had not been quite in proportion to the good will of the Council. Having acted for several years as an examiner both in preliminary and professional examinations he had arrived at these conclusions, viz.,—That of the candidates who present themselves for preliminary examination a considerable proportion were decidedly deficient in regard to general education ; and secondly, that a considerable number of students were admitted upon the Register whose attainments in general education did not justify such admission. With reference to the first point, he spoke as having been on the board of preliminary examiners a number of years. In Edinburgh the standard for the preliminary examination was the minimum fixed by the Council ; for obligatory subjects there were English, Arithmetic, Algebra, Geometry, and Latin, the optional subjects, of which the candidate was to take one, being Greek, French, German, and Natural Philosophy. This certainly was not too high a standard, but it was a melancholy fact that a very small portion of the candidates were able to pass this examination on the first occasion. The knowledge of English could only be said to be moderately satisfactory, and a certain number of candidates were rejected every year for deficiency in spelling. In Latin the deficiency was positively deplorable, not more than twenty or twenty-five per cent. passing on the first occasion. Two of the optional subjects—viz., Greek and German—were very seldom chosen, but the students selecting them generally passed. In French and natural philosophy the result was different, as he noticed that students often had a sort of smattering on these subjects. These results clearly showed that the knowledge of candidates was very deficient, and pointed to a comparatively low state of the preliminary education of the country. How it happened that candidates were admitted upon the Register who had such very deficient preliminary knowledge he did not propose to explain. He did not believe it was from any wish on the part of the different bodies to evade the directions of the Council, but rather from a sort of desperation. The candidates who appeared were often so bad that the examiners felt, if they rejected every man who ought to be rejected, comparatively few would be allowed to study for the medical profession. Be this as it may, there could be no doubt of the fact to which he alluded. The remedy was in the elevation of the general education of the country, but with that the Council could not interfere. The only other plan was to introduce the system of visitations that had proved so successful in the case of professional examinations ; not that he proposed that the Council should send visitors to the different preliminary examinations, but that the differing licensing bodies should, so to speak, visit one another. The object of his resolution was to recommend that in cases where candidates for professional examination displayed decided ignorance in general education, examiners should be requested to report on the matter to the bodies with which they were connected, and that those bodies should be recommended to transmit to the Council either the reports in question or a statement of the facts.

Dr. Haldane's resolution was seconded by Dr. Storrar.

Dr. Pitman expresed an opposite view : he said that if any exceptions were to be taken to the knowledge of candidates who came up for ther professional examinations they should be taken at the time they were passing, and not afterwards. If this resolution were sent to the licensing bodies they would have great difficulty in dealing with it, and he doubted very much whether the Council would get any useful information on which they could act. He believed some better plan might be devised if more time were given for consideration. The Council ought to be very careful in putting before the licensing bodies any recommendation which they could not conscientiously enforce, and he did not think they could do so with the one now before them.

Dr. Wood was surprised at the objection taken by Dr. Pitman. There was a number of men who, when they came up for their professional examination, showed the grossest ignorance in general education, and the embarrassment caused to professional examiners was very great ; and no doubt men were admitted into the profession who were totally incompetent. He conceived Dr. Haldane's object to be that when men were found so deficient in their general education, find out where they passed their preliminary examination, and call the attention of those bodies to the fact in order that their examinations might be improved. The Council were quite entitled to take action upon this question, because it was part of their duty to prepare a list of the bodies who had to qualify in general education, and if they found any board was sending inefficient men into the profession they would take care to erase them from the list. He thought therefore they should try the effect of this recommendation.

Sir. D. Corrigan entertained very serious objections to Dr. Haldane's resolution, which he believed would be wholly impracticable. He agreed with Dr. Pitman that if there was an objection to be made to preliminary examination it ought to be made at the time of such examination. He believed it was possible for a man to have a profound knowledge of medicine and surgery who has no very great knowledge of Latin and Greek. He proposed the following amendment :—"That the only true guard against decided ignorance in general education displayed by candidates will be found in the laying down of a curriculum, specifying that examinations were to be held at certain specified times in like manner as adopted by universities in their course of arts, and that failure at any one of these examinations shall incapacitate candidates from proceeding to the next examination until the previous examination in which failure occured has been passed."

Dr. A Smith in seconding the amendment, remarked that Dr. Haldane's object was of the highest importance, but he thought the time had not arrived for setting it in operation. In the present state of affairs it would be exceedingly difficult to find out where the preliminary examinations of candidates had taken place. But, presuming it had been found out, say at Montreal or Melbourne, how could they get any control over those bodies ? The motion involved the reconsideration of the whole question of preliminary examinations, and he believed one of the first duties of the Council at its next meeting would be to take up seriously the question of preliminary education. It would be wiser to postpone the subject to a future meeting than to pass a crude resolution that would be really of no use in the meantime.

Dr. Haldane consented to withdraw his resolution and would substitute for it the following statement :—"The General Council desire to direct attention to the important fact that many candidates still enter upon their professional studies who are very deficient in preliminary education."

Sir Wm. Gull said he would second the substituted motion. It was no doubt of the greatest importance, if the medical profession was to retain its position in society, it should see that the gentlemen entering it be intelligent and well instructed. He placed intelligence first, because a medical man should have intelligence and that must be tested by his education. Medicine being an intellectual profession, the intelligence of the students should be tested as far as possible as well as their education, and so tested as to exclude men obviously unfit for such a profession, but who would make very useful members of society in some other calling. No doubt the preliminary examinations were the stuff of which medical men were to be made, and unless the material was good at the beginning it was in vain to work upon it afterwards.

The substituted amendment of Dr. Haldane was agreed to; his first proposition being withdrawn by consent and Sir Dominic's resolution negatived.

THE REPORT OF THE COMMITTEE ON VISITATIONS

was then presented.

Dr. Humphry, as chairman of committee, brought up this report, and moved that it be received and entered on the Minutes. In doing so, he said he could not refrain from expressing the sense of the committee at the irreparable loss they, indeed the whole medical profession, had suffered in the decease of their late chairman, Dr. Parkes. Speaking of the visitations he said they were commenced by the Council in no censorious spirit, but with a simple desire to ascertain the facts relative to the examinations of the United Kingdom, and of assisting the various licensing bodies to correct one another. The spirit in which those visitations were commenced had been well responded to by the several bodies; and the tone which had characterised both the reports of the visitors and the remarks of the licensing bodies upon them, with very few exceptions, had been eminently satisfactory to the Council and creditable to all concerned. This being so, the committee felt it would be wiser not to press any fresh resolutions or recommendations on the Council at the present time, but to leave these visitations to work their own quiet way and to exercise their influence by their own weight. The committee did not wish that the Council should hold itself responsible for the analysis made or the opinions expressed, but rather that they should remain on record for the consideration of the bodies who would undoubtedly use them, and for the guidance of future visitors, and perhaps for the future action of the Council. In stating that the result was on the whole satisfactory, he merely meant that the Council might rest satisfied that a sufficient test was given in the various subjects required, not that the examinations were entirely satisfactory. Every one must feel that examination and education were so associated with one another that examination could scarcely be said to be satisfactory till education was satisfactory too.

Dr. Rolleston seconded the resolution.

Dr. A. Smith said grave charges had been made against him and Mr. Power with regard to their report of their visit to the examinations of the Royal College of Surgeons, Ireland. The whole charge rested on a garbled quotation of a sentence in a part of the report, and would never have arisen if the Council of the College of Surgeons had not misrepresented the report.

Mr. Macnamara claimed the right to reply on behalf of the College of Surgeons.

The President said it was not usual to allow replies to personal explanations.

Mr. Macnamara asked the President whether it was to be tolerated that any member of the Council should be permitted to throw dirt against any of the bodies represented at this board, and its representative not be permitted to reply? Whether false statements might be allowed to go forth to the public through pages of the press, and the parties aggrieved not allowed to contradict them? Whether individuals should be aspersed, and no opportunity afforded for their vindication?

The President ruled that no discussion could take place upon Dr. Smith's explanation.

Mr. Macnamara then opposed the report being received because it contained inaccurate statements.

Sir D. Corrigan also objected to the report being entered upon the Minutes, as nine-tenths of the public would regard it as an adoption of the report by the Council. The report was unfair towards the Queen's University, and he recommended that such an unholy production should be passed over in silence.

Upon being put to the vote, the motion of Dr. Humphry was agreed to.

Prof. Turner moved "That the Report of the Committee on Visitations of Examinations of June 25th, 1875, and the Report of the Committee of Visitations of June 5th, 1876, be considered on the first day of session of 1877."

Mr. Teale seconded the motion, which was agreed to.

On the motion of Dr. Humphry, the following report of committee on

THE TABLE OF RESULTS,

which was as follows, was adopted:—"The Committee appointed on May 25th to consider the table showing results of professional examinations for degrees, diplomas, and licences granted in 1875 by the bodies in Schedule A of the Medical Act, with reference to so large a number of rejections, report — that in order to arrive at any conclusions on the causes of the rejection of so large a number of candidates in the examinations, it will be necessary to obtain information and opinions from licensing bodies on the subject. The committee therefore suggest that the Executive Committee be empowered to do this, and that it should report at the next meeting of the Council. The committee recommend that information be obtained from the licensing bodies on the following points among others:—1. As to the chief causes which led to the rejection of candidates in the professional examinations for a licence to practise. 2. Whether it is desirable that any alterations should be made in the subjects of the examinations, or in the number of the subjects, or in the range of any of the subjects, and what those alterations should be. 3. As to the education of the candidates who present themselves for examination. 4. As to the subject or subjects on which rejections are most frequent, and as to the causes to which the rejections in these subjects are especially to be attributed.

PHARMACOPŒIA COMMITTEE.

Dr. Smith moved that the following report be received and entered on the minutes:—

"The Pharmacopœia Committee have to report that 4,020 copies of the last reprint of the Pharmacopœia have been disposed of since its publication, and that 10,754 copies of the additions have also been sold. The whole outlay and return are exhibited in the table of expenditure and receipts, together with a statement of the stock in hand. It must be gratifying to the Council to observe that 29,000 copies of the Pharmacopœia which they have published have been sold in less than ten years, and that the sale continues without diminution, proving the value of the work and the estimation in which it is held. With reference to the future, the committee think it right to direct attention to the fact that the stock of the Pharmacopœia on hand amounts to only some 900 copies, and that as the present average sale of the work exceeds 1000 copies annually, it will be necessary to provide for a fresh issue of the work within the next twelve months. The committee, therefore, recommend that the Council should authorise the Executive Committee to take the necessary steps at the proper time for a reissue of 5000 copies of the Pharmacopœia of 1867, with the additions. The committee recommend that the Pharmacopœia Committee be reappointed."

The report was agreed to, and the following gentlemen

were appointed as members of the committee :—Dr. Quain, Dr. Pitman, Dr. Haldane, Dr. Smith, and Mr. Macnamara.

Professor Rolleston then proposed—"That the committee be entrusted with the preparation of such corrections as may be fairly considered as editorial ; and that, with the concurrence of the Executive Committee, they be empowered to make such further corrections as may seem to them to be urgently desired."

Mr. Turner seconded this resolution, which was carried.

RESIGNATION OF THE REGISTRAR.

Dr. Stokes said the resolution he had to propose involved a grateful though painful duty, and as such he believed it would be frankly accepted by every member of the Council. It was—"That the General Medical Council, whilst accepting Dr. Hawkins' resignation of the Registrarship, desire to express their deep sense of the courtesy and ability with which he has for eighteen years discharged his duties to the Council. The Council beg Dr. Hawkins to accept this resolution as a sincere acknowledgment of the great value of his services."

Sir Wm. Gull seconded the resolution, which was carried by acclamation.

Dr. Hawkins said he was entirely taken by surprise. He thought he had received more than his share of kindness already. He thanked the Council, and should ever remain grateful.

VACCINATION.

Dr. Storrar said in the course of the current year a letter came under the notice of the Executive Committee and of the Branch Council for England from a Mr. Gidley Moore, a medical practitioner in London, who complained that, although he had received a qualification from the Colleges of Physicians and Surgeons, he had been objected to as a candidate for a parochial appointment because he had not received proper instruction in vaccination. Mr. Moore complained to the College of Physicians, and his complaint was forwarded to the President of the Medical Council, who entered into communication with the President of the Local Government Board. Dr. Storrar remarked that somehow or other all the examining bodies in England, with the exception of one, had entirely overlooked the two resolutions come to by the Medical Council in the year 1868, viz :—"1. That a certificate should be required by each licensing body from every candidate for its degrees, diploma, or licence to practise medicine or surgery ; that he has studied vaccination under a competent and recognised teacher ; that he has himself performed the operation successfully under the teacher's inspection ; that he is familiar with the different stages of the vaccine vesicle, and with the method of preserving lymph, and is thoroughly informed in every necessary part of the subject. 2. That such a certificate should only be received by any licensing body from recognised vaccine departments in medical schools or hospitals, or other public institutions where the appointed teacher of vaccination is not liable to frequent change, and where ample means for study are provided by not less than such a number of cases (perhaps eight or ten on an average weekly) as may be found, after due inquiry in the first instance, confirmed by authentic returns, or inspections from time to time, to be sufficient for this purpose at each place." He believed the College of Physicians of London had now taken steps to put itself in comformity with those recommendations, and the only course he thought advisable was to refresh the memories of the licensing bodies on the subject. He moved—"That the attention of the General Medical Council having been drawn to the subject of Certificates of Proficiency in Vaccination, and particularly to the correspondence between the President of the Council and the President of the Local Government Board on the case of Mr. J. Gedley Moore, of Ongar (*see* Minutes Exec. Committee, 27th March, 1876) by which it appears that the recommendations of the Council as regards Certificates of proficiency in vaccination have not been complied with by all the licensing bodies, and that registered practitioners are liable to disabilities in consequence of such non-compliance, the Council invite the special attention of all the licensing bodies to these recommendations, and request that such as have not yet put their regulations in accordonce with them will lose no time in doing so."

Dr. Pitman seconded the motion. He said it was not quite accurate to say that the College of Physicians had "overlooked" the recommendations of the Council, for it was in consequence of the recommendations of the Council that the College issued a new certificate of vaccination which they supposed was in strict accordance therewith. The error arose upon the construction of the word "recognised," and it was thought that by recognising such teachers as were appointed at the several hospitals and public schools, they would be carrying out the recommendations of the Council. Results had shown that this was not the case, and that it must be some one who was an appointed teacher by the Local Government Board, which difficulty would not arise in future, because, as the Secretary of the Local Government Board said, "The Board directs me to add that since the receipt of your letter they have been in informal communication with the Royal College of Physicians, and that they learn that the authorities of the College are about to propose to the College such a modification of their present practice respecting the evidence of proficiency in vaccination to be required of candidates for their licence as will give full effect to the recommendation of the Medical Council, and satisfy the requirements of the Local Government Board."

On the motion of Dr. Storrar, it was resolved to send a copy of the resolution to the licensing bodies.

UNQUALIFIED MEDICAL PRACTITIONERS.

The following communication from members of the Council of the Medical Defence Association was read :—

12, Colebrooke Row, Islington, May 29th, 1876.

"Sir,—I am directed by the members of the Council of the Medical Defence Association to forward the memorial sent herewith, and to say they trust you will be pleased to bring the same before the notice of the General Medical Council during the present session.—I have the honour to be Sir, your obedient servant,

(Signed) "GEORGE BROWN.

"Hon. Sec. Medical Defence Association.

"To H. W. Acland, Esq., M.D., F.R.S.,
President of the General Medical Council.

To the President and Members of the General Council of Medical Registration and Education.

"We, the undersigned, on behalf of the Council and Members of the Medical Defence Association, all of whom are registered medical practitioners, desire to urge upon your notice the pressing necessity for an immediate alteration in the Medical Acts, in order to check more effectually the practice of medicine and surgery by ignorant and unqualified persons. At present no means exists which can be made use of to prevent the assumption of medical titles by unqualified persons. The Medical Act of 1858, from which the public and the profession expected so much, is practically inoperative in this respect. It is found that in order to secure conviction under the 40th section thereof, the prosecution must prove that the person complained of wilfully and falsely pretended' to be *registered* under the Act. Many unqualified practitioners, especially those who hold foreign and 'bogus' diplomas, evade this section by stating in their public announcements that they are 'unregistered.' Others state they were unaware that they were infringing the Act, and escape on this plea. Others again open a shop or surgery, designating it a 'Medical Hall" or 'Provident Dispensary.' The proprietors of these places do not announce their names, or personally assume any medical title, so that it is found impossible to obtain their conviction under the present Act. The Council of the Medical Defence Association, having gained much experience in the working of the Act, respectfully suggests that a short Bill should be introduced into Parliament, to amend the Medical Act of 1858, by substituting for the 40th section thereof the following :—"Any person whose name is not

on the *Medical Register* who shall take or use the name of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Master of Surgery, Surgeon, General Practitioner, or Apothecary, or any name, title or addition implying that he is qualified to practise medicine or surgery, shall upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds.' The Council of the Medical Defence Association earnestly beg your powerful support in effecting the amendment above suggested, or such modification of it as may seem to you calculated to carry out the object set forth in this memorial.

"Signed on behalf of the Medical Defence Association,
"Benj. Ward Richardson, M.D., F.R.S., President.
"Alfred Meadows, M.D., F.R.C.P., Vice-President.
"W. Spencer Watson, F.R.C.S., M.B., Treasurer.
"George Brown, M.R.C.S., Hon. Secretary.

The Council resolved to acknowledge the memorial, and to inform the memorialists that at any time when the Council might have under consideration the question of a general amendment of the Medical Act, the subject to which the memorial referred should have careful consideration.

The President read a communication from the Royal College of Physicians of London, stating that they had lately resolved that three months' clinical attendance at an asylum for insane persons might be accepted in lieu of three months' clinical attendance at a general hospital. They had also made the change with respect to the requirement in vaccination before referred to.

On the motion of Dr. Wood, seconded by Mr. Teale, the report of the Recommendations Committee was received and entered on the minutes, but its consideration was deferred till next session.

Dr. Smith moved, "That the cordial thanks of this Council are eminently due, and are hereby tendered to Dr. Andrew Wood, for his services as Chairman of the Business Committee during the present session of the Council."

Sir Dominic Corrigan seconded the resolution, which was carried by acclamation.

The thanks of the Council were also voted to the treasurer, Dr. Quain, and to the chairmen of the various committees.

On the motion of Sir William Gull, a cordial vote of thanks was heartily accorded to Dr. Acland for his efficient services as President of the Medical Council, which was suitably acknowledged, and the business of the session was brought to a close.

One of the female patients died on Friday last from the bursting of the water-tank in St. George's Hospital.

The Home Secretary, in reply to a deputation which waited upon him on Friday last relative to the duties of coroners, said the subject required much consideration, which would be given to it by the Government as soon as time permitted.

In consequence of the suspicions entertained as to the sudden death of the late Sultan of Turkey, telegrams have been forwarded with a view to confirm the statement that he committed suicide in a moment of desperation by opening the arteries in both arms with a pair of scissors.

The death of Deputy Surgeon-General Sandford McVittie Lloyd at Halifax, Nova Scotia, on the 8th of May, is announced. He was admitted M.R.C.S. Eng. in 1839, and obtained the degree of M.D. Glasg. in 1847. He entered the army as assistant surgeon in 1841, and was promoted to surgeon in 1848, surgeon-major in 1862, and deputy surgeon-general in 1870.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 14, 1876.

THE GENERAL MEDICAL COUNCIL.

The General Council of Medical Education has this year deliberated for a period of eleven days, at a cost of £1,880, abstracted from the profession. Their time has been devoted almost entirely to the consideration of Parliamentary Bills, and though doubtless Parliamentary Bills may have much to do with professional interests, yet we unhesitatingly express the opinion that matters of national importance that require to be settled or investigated by professional men should be paid for by the nation, and not by the profession. It is right that there should be a Medical Parliament, and that every medical man should assist in supporting it, and if in some years there appears but little interest in return for the investment, it is a sufficient satisfaction that some of the deliberations of this Parliament have produced results of incalculable value. During the late, and, we may add, important meeting of the Council, national subjects have been discussed, to the almost complete exclusion of matters which closely concern the well-being of the profession.

Lord Carnarvon's Bill covers a subject with which the profession, as a whole, are absolutely unconcerned. Of the students who study medicine in London, ninety-nine per cent. never see an experiment performed upon a living animal, and when they enter into practice, their whole time is devoted to the special duties and toils of practice, and experimentation upon living animals never suggests itself to them. The few individuals whom the Bill concerns are men of scientific pursuits who spend their whole life in the cause of science, and in return obtain but little more than a paltry pittance, for in no country are men of science so ill-paid as in England.

The public have become impressed with the idea that every student of medicine and every *doctor* delights in torturing dogs and cats, and we are told by a minister that, in his opinion, the majority of the members of the House of Commons will only be satisfied by passing a Bill which shall prohibit all experimentation upon living animals. The Medical Council have ably discussed the

merits of the question, and have put forward in plain arguments the results which would follow the passing of such a Bill. It was the duty of the Government to ascertain by a commission the facts, and nothing short of gross ignorance or prejudice could fail to recognise what effects the passing of the Bill would have; but the Government have shielded themselves behind the Council at an expense to the profession of little less than £500.

As regards the decision of the Council it may be remarked that we have in former articles urged that legislation upon the practice of vivisection is by no means imperative, as some ignorant or blindly prejudiced persons have led the public to suppose, but that, on the contrary, it has up to the present time scarcely gained a footing in this country. It would have been perhaps better had the Council, instead of suggesting alterations in the Bill, at once declared that the practice of vivisection, as carried out in this country, did not justify legislation. It is useless to attempt to hoodwink the public; neither the Bill nor its suggested alterations will bring about what certain sections of the public desire. On the other hand, no law, civil or religious, can in these times stand against science and its advancement, and no law will prevent vivisection, any more than it could prevent human dissection. There was a time when the public would not tolerate dissection of the human body—it was inhuman—it was irreligious. But dissection was a road to knowledge, and fortunately there were those who disregarded public opinion; there were those who would learn from the dead how to save the living, regardless of any punishment that might be inflicted upon them. What was the result? a law was actually enacted to protect *dissectors*, and to supply them with material for dissection. And now comes the same public outcry against vivisection: prohibit cruelty to animals; vivisection is called cruelty, and therefore must be prohibited. But vivisection, like human dissection, is a road to knowledge, bearing upon human suffering, and fortunately there are those in the present day who, with a knowledge of right, and acting conscientiously, will still disregard a perverse public opinion, and will work for the good of the public in spite of themselves; and if any law be enacted, it will surely result ultimately in protection to vivisectionists rather than in prohibition of vivisection.

The public are unable to take an abstract view of the subject of vivisection, but they may realise it where it touches the individual. One point particularly referred to in this Bill is the performance of operations upon living animals for the purpose of obtaining manual dexterity. It is extremely rare for such a thing to happen, because in very few operations can any manual dexterity be gained by operating upon the lower animals. But arguing from this point, we conclude that every surgeon must perform each operation for the first time once in his life, and that there are many operations which, if not performed with manual dexterity, are followed by disastrous results to the patient. Is there a man living who, if about to undergo the operation, would not say—"By all means let the surgeon gain experience on a dog, or a hundred dogs, before putting my sight, or perhaps my life, in jeopardy." Such being the case, every person who signs a memorial against vivisection employed with judgment, either is ignorant of what he is signing, or selfishly trusts that others, and not he, will be the objects of the early, or, so to speak, experimental operations of young surgeons. We repeat that the subject of vivisection is one touching the public, and not the medical profession, except as a part of the public. Whatever may become law, not one medical man in five thousand will reap any advantage or suffer any disadvantage except as an individual member of the public; but payments which have been taken from members of the medical profession, at a time when they can ill afford it, have been, and probably will continue to be, unless the *Press* calls attention to the fact, devoted to State purposes which ought to be defrayed out of the national Exchequer.

THE LAST QUARTERLY RETURN OF THE REGISTRAR-GENERAL.

Some months back we drew attention to the interesting and instructive nature of these returns, and showed how, under cover of a vast array of figures and of dry statistical details, there was to be found a good deal of useful information. It is not our intention to enter into the subject so fully as we did then, but in order to keep our readers *au courant* with the general state of the health and with the general prosperity of the English public, we may select a few of the more interesting facts contained in the last return.

The *marriage* returns are as usual in arrears, and are for the last quarter of the year 1875, while the return of births and deaths is for the first quarter of the present year. It is gratifying to notice that the marriages exceeded the average, and increased faster than the population. At the same time *pauperism* is still diminishing. The number of in-door paupers was one per cent. less than in the corresponding three months of 1875, while the decline of paupers receiving out-door relief was equal to ten per cent. We need scarcely remark that these facts are a good sign of the increasing prosperity of the nation, particularly when we take into consideration the high price of meat and other articles of food. The great discrepancy between the marriage rate of agricultural and that of manufacturing districts is shown in this as in previous returns. For whilst the marriage rate in the last quarter of 1875 was but 15·1 per 1,000 in the agricultural counties of the south-western division, it was 21·7 in the Yorkshire division. And not only is the marriage rate in agricultural counties low, but it is declining.

The return of *births* is remarkably large. In the first quarter of this year the births of 229,980 children were registered, a number exceeding that recorded in England and Wales in any preceding quarter, and equal to a rate of 38·0 per 1,000 of the estimated population. The registration of births was made compulsory in England by the Act which came into operation on 1st Jan., 1875, but the Registrar-General thinks it improbable that the recent large increase in the birth-rate is entirely due to this cause. The birth-rate was lowest—31·4 and 32·4—in the principally agricultural populations of the south-western and south-eastern, and highest—42·2 and 44·0—in the mining and manufacturing populations of the north-western and northern divisions.

We come now to the *deaths*. During the first quarter of this year the number of deaths registered was equal to an annual rate of 23·5 per 1,000 of the estimated population. This death-rate was 1·1 below the average rate in the corresponding quarters of the ten years 1866-75, which is rather remarkable considering the extraordinary alternations of temperature which obtained during the first three months of the year. One of the most noticeable features in the present return is the excessive death-rate in Lancashire, indicating the unsatisfactory sanitary condition of that county. In comparing the health and population of Lancashire with those of London the Registrar-General makes the following remarks: "The estimated population of the county is 3,072,689, the average density being 2·4 persons per acre. The estimated population of London is 3,489,428, showing an average density of 46·3 persons per acre. Bearing in mind the definite relation between density of population and mortality, the death-rate in Lancashire should be considerably less than that in London. The facts show very different results. The annual death-rate in London in the first quarter of 1876 was 24·7 per 1,000, whereas it was so high as 29·8 in Lancashire. Without taking into account the disadvantage which London suffers from having a population more than twenty-two times as dense as that of Lancashire, it is evident that if the death-rate in the quarter in this northern county had not exceeded that which prevailed in London, nearly 4,000 persons would have survived, whose deaths were recorded in Lancashire, and were due in great measure to the unsatisfactory sanitary condition of its urban population."

One fact which never fails to be wanting, or to startle the reader in these reports, is the great mortality among infants under one year of age. We fear this will be the case for a long time to come, and perhaps it is one of the laws of nature that, however much man may strive to the contrary, a large percentage of the human race should not survive the age of infancy. The 142,269 deaths at all ages included 33,516 of infants under one year of age, equal to 146 per 1,000 of the births registered, showing, however, a decline of six per 1,000 from the average proportion in the six preceding corresponding quarters. When reviewing the last quarterly return, we fully noticed the excessive infantile mortality in the manufacturing districts, and the causes thereof, and the present return only echoes the facts to which we then drew attention. We may, however, note the great infant mortality which prevailed in the city of Carlisle, where the deaths of infants under one year of age, partly o wing to the fatality of whooping-cough, were in the proportion of 282 per 1,000 births. Not less remarkable is the decline of infantile mortality in Leicester. "The proportion in the borough was 130 per 1,000, or 24 below the average in the twenty largest towns, and no less than 54 per 1,000 below the average proportion in the borough during the corresponding quarter of the three years 1873-4-5. The special inquiry into the cause of the high rate of infant mortality in Leicester, recently conducted and reported upon by Messrs. W. E. Buck and G. C. Franklin, would appear to have already exercised an effect upon the existing evil, although the sanitary defects arising from the complete saturation of the subsoil (attributed to the river being dammed up against the town by mills) and the imperfect sewage outfalls have probably not yet been remedied."

Turning now to the causes of death, we are glad to see that the death-rate from zymotic diseases showed a further decline from that which prevailed in the two preceding corresponding quarters, and was 0.7 below the average zymotic rate in the first quarters of the six years 1870—5. Scarlet fever, although less fatal than in either of the last two quarters of 1875, again caused in the first quarter of 1876 more deaths in England and Wales than any other of the principal zymotic diseases. Of the smaller towns or villages in which this fever was especially fatal, we may mention Freemantle, where, says the local registrar, "there is no drainage, and the water is impure;" and Chard, the epidemic of which is also attributed to "the bad sanitary condition of the town." On the other hand, the present return shows a further considerable decline in the deaths referred to fever in general, including typhus and typhoid fevers. "There appears to be no sufficient reason," observes the Registrar-General, "why this continuous and considerable decrease in the mortality from fever should not be accepted as satisfactory evidence of an average improvement in the sanitary condition of the English population, especially in towns." But there is plenty of evidence to show that this sanitary improvement is unequal, and is in many localities still much needed. In those towns where sanitary reform is steadily progressing, the fever rate is low, whereas it is high in those places where sanitary measures have been neglected. For instance, the recent epidemic of fever in Sheffield "is as instructive as it was disastrous." A considerable part of the town was drained many years ago into the river Porter, since which the river has been so polluted with various kinds of refuse and liquid impurities, that its bed has been raised to the extent of about five feet, thus burying the outfalls of many of the sewers. This raising of the river bed undoubtedly contributed to the heavy floods which in October, 1875, deluged the cellars and basements of a large number of houses in that town with sewage; while it is to be noted that a severe outbreak of enteric fever followed shortly upon the floods, and "caused during the six months ending March, 1876, more than 200 deaths, and probably more than 1,000 other cases terminating, after protracted suffering, in recovery."

There are some families who look upon *measles* as rather a trivial complaint, who never think of resorting to medical assistance when their children are attacked with that disease, and are contented to do nothing on such occasions, but give them a little syrup of saffron, or some equally simple medicine. We, however, know that measles is by no means free from danger, and therefore we are not surprised to learn that an outbreak of this disease caused 114 deaths in Blackburn, where an excessive mortality from fever and other zymotic diseases also occurred. The death-rate in this town from the seven principal zymotic diseases was universally high. Blackburn is a town of about 80,000 inhabitants, and the Town Council has, remarks the Registrar-General, fixed the salary of their medical officer of health at £25 per annum!

There was a great increase in the deaths from *small-*

pox in and around Manchester and Salford; but had it not been for this local epidemic, the deaths from small-pox in England and Wales in the first quarter of this year would have been fewer than in any quarter since the commencement of civil registration.

Notes on Current Topics.

Illegal Practice Defence Association.

A NUMBER of unqualified practitioners who have formed themselves into a society under the name of the "British Medical Reform Association," held a conference at Hull a few days ago, of which an account is given by the *Students' Journal and Hospital Gazette*, under the presidency of a Mr. Woodhead, of Liverpool. Among the subjects discussed at the conference was that of the acceptation by registrars of deaths of death certificates issued by members of the association, and the general opinion expressed by the speaker was, that such certificates could not be legally refused, an opinion which certainly shows that the speakers knew nothing of the subject. Some discussion took place on the question of titles. It was proposed that in all official documents the members of the "Reformed" School of Medicine should use the title of "Dr."; but as the legality of this course was questioned, the subject dropped without any formal resolution being adopted. The irregular practitioners which form this association may be congratulated on having been permitted to pursue their practices unmolested by the law during the past twelve months, but they will act wisely in not presuming too much on the freedom of action they have been permitted to enjoy.

Poisoning by Santonin.

PROFESSOR BINZ communicated to the Medical Society of the Lower Rhine, Bonn, the case of a child two years old, that was attacked with fits after taking two chocolate lozenges, each of the strength of 0.05 gramme santonin, or about one grain and two-thirds in all. The spasms came on in ten hours, and endangering respiration. The seat of irritation was evidently within the sphere of the nerves of the third up to the seventh pair. The pupils were dilated. The urine showed the usual greenish colour. By means of the warm bath, vinegar enemas, abundant drink and artificial respiration, the patient recovered, the spasmodic attacks becoming weaker and less frequent by degrees. The want of a reliable antidote caused Binz to make a number of experiments, and ultimately he found that chloral hydrate effectually prevented the appearance of convulsions. Inhalation of chloroform also proved effectual, and inhalation of ether suppressed convulsive attacks altogether when administered at the first twitching of eyelids and ears, and curtailed the spasms in duration and violence when resorted to after their appearance. A full dose of santonin given to an animal under the influence of ether, and to another not so narcotised, killed the latter within three or four hours, whilst the former recovered perfectly in a few days. Artificial respiration by means of tracheotomy and the bellows diminished the attacks, but did not entirely subdue them. Binz recommends in all cases of santonin poisoning, in addition to the antidote indicated, the employment of purgatives and plenty of drink for the elimination of the drug.

The Ventnor Consumption Hospital.

IT was a happy idea of Dr. Hassall's when he started a fund for the erection of a hospital for consumption in the congenial clime of the Isle of Wight. Happy, however, as was its conception, the founder, in his most sanguine moments, could hardly have dreamed of the warmth of the public response. But six years have elapsed since the first appeal was made, and now a magnificent structure, consisting of sixteen separate buildings on the cottage principle, with a church in the centre, the whole furnished and complete, is the result. One bar, however, exists to the perfect harmony of the whole, for the removal of which the chairman, Lord Selbourne, made an earnest appeal at a banquet in London on Saturday last; out of sixteen houses, the doors of two of them remain closed for want of funds, owing principally to the increased cost of maintenance. We are happy to say that the handsome sum of £2,000 was contributed in the room, but this need deter no one disposed to add thereto. Mr. Frederick Coleman, the treasurer, has a capacious iron safe, and will, we are sure, be very glad to find room and to take care of any additional contributions sent for the National Hospital for Consumption, Ventnor.

Frozen Fresh Meat from Australia.

A CORRESPONDENT of the *Times* says the growth of meat in Australia is so much greater than the requirements of the population that the pastoral tenants have, according to seasons and circumstances, either had to "boil down" the surplus or else "tin" and export it as "preserved meat." However good in quality, or however carefully prepared, experience has proved that there is a great prejudice against it in the mother country, especially among the very classes for which from its cheapness it was expected to be best adapted. Mr. T. S. Mort has come to the front, and, after eight years of unwearied efforts and repeated disappointment, has at last succeeded, at a cost to himself solely, of over £100,000, in perfecting appliances by which whole cargoes can be shipped frozen, and kept frozen while on the passage, so that on arrival in England the whole uncooked fresh carcass can be handed to the meat salesman as sweet as when first killed. Meat kept at the works for months has been tested by hundreds of people who could detect no difference in flavour or appearance between it and ordinary butchers' meat.

Longevity.

As many as 20 of the 28,290 persons whose deaths were registered in Ireland in the first quarter of the present year are described as centenarians. There are three among them registered as 106 years old, one 109, one woman 110, and two men 111 years of age. The local registrars do not vouch for the truth of the statements of age. The Registrar of Dungiven, Londonderry, however, after recording the death of a person returned as aged 102 years, adds:—"Which, from minute inquiries, is believed to be accurate." The Registrar of Tallow, Lismore, returning one of the deaths at the age of 111, says:—"This man was married in 1798, the year of the Rebel-

lion, and was then 33 years old." The other death at 111 is recorded at Castleblayney, and the Registrar says —"The informant said he could give proof that the deceased was born in 1765, and it seems death took him by surprise in 1876, as he fully expected to reach his father's age, which was said to have been 115." If these two men were 111, more than 90 of their years were passed under only two Sovereigns.

Railways and the Cattle Disease.

THE North-Eastern Railway Company have been charged with contravening the provisions of the Contagious Diseases (Animals) Act and the subsequent Orders in Council with respect to the conveyance of cattle; and as foot-and-mouth disease, pleuro-pneumonia, and the scab all exist in the district, the case excited some interest. The specific charge against the company was that they did neglect to clean and disinfect two loading pens before 12 o'clock at noon on the 25th of April. The Orders in Council provide that loading pens shall not be used before being thoroughly cleansed and disinfected in a certain manner after cattle had been in them, and Captain Tennant, the Government Inspector, had found two of the company's pens inefficiently cleaned on the above day. The Treasury did not wish to press the case unduly, and Mr. Brown, for the company, admitted that they were "in part guilty," the officials, through a great pressure of business on the day in question, having only cleansed the bottoms, and not the posts and rails of the pen. The penalty incurred was £20, but a fine of £2 and costs, £5 4s. 7d., only was inflicted.

Mice Plague on the Border.

THE Border sheep farms are suffering from an irruption of mice. A similar visitation occurred in the New Forest and Forest of Dean in 1813 and 1814, when the mice, besides devouring the grass, did immense damage to the trees, especially to hollies. On that occasion the most effectual means of destroying them appears to have been by pitfalls, in which they were caught by thousands. It is said that the vermin are annoying and injuring the Dandie Dinmonts of Tweedside. The mice are supposed to have come from some distance; for the short-tailed field mouse or vole is comparatively rare in the south of Scotland, its place being taken by the long-tailed species —a true mouse (*Mus sylvaticus*).

Painful Points in Neuralgia.

MORE than a score of years ago, M. Valleix, the distinguished author of the "Guide du Medicin Practicien," called attention to the frequency of vertebral *points douloureux* in neuralgia, and the necessity of directing the treatment to them. Prof. Duplouy, of Bordeaux, now publishes the particulars of three cases of neuralgia that resisted all other treatment, and eventually rapidly subsided after the application of blisters to these points.

Powder for Producing Ozone.

IN order to produce artificial ozone, Mr. Lender makes use of equal parts of peroxide of manganese, permanganate of potash, and oxalic acid. When this mixture is placed in contact with water, ozone is quickly generated. For a room of medium size two spoonfuls of this powder, placed on a dish and occasionally diluted with water, would be sufficient. The ozone developes itself; it disinfects the surrounding air without producing cough.

The Brussels Hygienic Exhibition.

THIS exhibition promises to be a great success. All the European nations are taking part in it, and consignments are expected from the United States, Canada, &c. The opening ceremony takes place on the 26th inst. by the King of the Belgians, the arrangements for which are now being rapidly proceeded with. Up to the present time the English and German departments are the most advanced, and although the works contributed by English exhibitors are unaided by Government assistance, there is every reason to believe that England will be very well represented. The chief department, which is set apart for English exhibitors, is admirably adapted for exhibition purposes, and measures 1,140 feet in length, and 135 feet in width, having a total area of about 2,000 yards. There will be an official reception given by the burgomaster and municipal authorities to the exhibitors at the Hotel de Ville, on the 24th inst., and the Count of Flanders will subsequently introduce some of the leading visitors to his Majesty. A very splendid room is being fitted up inside the building for the reception of Royal and distinguished visitors, and a buffet will also be provided for the accomodation of general visitors.

Lord Carnarvon's Vivisection Bill.

THIS Bill is creating an unusual sensation among large sections of the profession, and at a *soirée* given by the Medico-Chirugical Society, on Tuesday week, nearly all present, including the President of the Society, Sir James Paget; Dr. Risdon Bennett, President of the Royal College of Physicians; Dr. Quain, F.R.S., Dr. Wilks, F.R.S., Dr. Hilton, F.R.S., Professor Marshall, F.R.S., Professor Mivart, F.R.S., Dr. Cobbold, F.R.S., Dr. Sibson, F.R.S., Mr. Spencer Wells, Dr. Marcet, F.R.S., Dr. Robert Barnes, Dr. A. W. Barclay, of St. George's; Dr. Chadwick, of Leeds; Dr. Waters, of Chester; Mr. F. Jordan, of Birmingham; Dr. Radcliffe, Dr. A. P. Stewart, and many others, signed a petition to the House of Lords. The petitioners said that they "are of opinion that the Bill entitled 'The Cruelty to Animals Act, 1876,' will, if passed into law in its present shape, seriously impede the progress of research into the laws and functions of life in health and disease, will retard the advance of medicine, will prevent the complete and satisfactory instruction of students in important branches of knowledge necessary for their future efficiency as medical practitioners, and will thus be injurious to the cause of humanity." They, therefore, earnestly prayed their Lordships to give favourable consideration to the amendments of the Bill proposed by the Parliamentary Bills Committees of the British Medical Association in a report, dated May, 1876, and to a like report of the General Medical Council of Great Britain of the like date, and especially prayed that if their Lordships passed the Bill they would make therein amendments which would have the effect- "1st, of amending the title of the Bill in such manner that it shall not seem to impute to physiologists and to teachers

in medical schools a disposition to cruelty; 2nd, of widening the limits of research by experiment, so as to include, as heretofore, all subjects of research which can conduce to new knowledge of facts or laws of life, or additions to medical and physiological knowledge; 3rd, of permitting the practice of experiments of research in non-registered places by licensed persons or under special certificate; 4th, of omitting the limitation which the Bill imposes on the animals which may be subjects of experiment, and removing the exemption of cats and dogs which clause 5 proposes, seeing that the domestic flesh-eating animals are most necessary for many subjects of important inquiry." The petitioners said that "in making these earnest requests they are animated by the sentiments of humanity which are prevalent throughout the nation, and which are especially dear to them whose profession it is to pass their lives in the prevention and cure of suffering and disease. Intimately acquainted with the nature and object of the studies which the Bill proposes to regulate, your petitioners earnestly trust that you will amend, as they now pray, the provisions of this Bill, which threatens to arrest, if not to destroy, in this country, the pursuit and diffusion of a kind of knowledge most necessary for widening and strengthening the bases of medicine, and for multiplying and improving the means by which the laws of life may be more fully learnt, the beginning of disease more readily checked, the action of remedies more clearly perceived, and the art of healing rendered more certain and more beneficent."

Dr. Wilks, writing to a contemporary, designates "the principle of the Bill as odious, and clauses ridiculous."

The Public Health (Ireland) Bill,

Which was introduced by the Chief Secretary ten days ago, and is looked for with much anxiety by the sanitary medical officers of Ireland, has not yet been printed or laid on the table of the House, and we are therefore not in a position to inform our readers as to its nature. It is set down for a second reading for Monday next, but we trust will not be taken on that evening, inasmuch as it would be very unreasonable that the House of Commons should be expected to adopt the principle of so important a measure with less than a week for its consideration.

The interests of nearly 1,500 medical men in Ireland are deeply involved in it, and for this reason—if for none other—ample opportunity for its consideration should be afforded. We understand that the Bill will be as nearly as possible a copy of the English Public Health Amendment Bill of the year before last. A notice has been placed upon the paper by Mr. Biggar, M.P., that he will move its rejection; but as a similar notice from the same honourable gentleman is appended to nearly every Irish Bill, the opposition, we imagine, is not seriously meant.

Five Children at a Birth.

QUINTETTS are fortunately not common productions in this country; let us charitably hope that the following announcement which appears in the last number of the *Melbourne Medical Record* has often to be made, even for Java:—"At the Sugar Factory, Wonoriddio, near Pasoeroean, at the east end of Java, the wife of a native coachman, named Slokoo, has presented her husband with five children—three sons and two daugeters—at a birth. One of the female children has ten fingers on each hand—five being of full size, and five barely half size."

The announcement is painfully brief; we trust the poor woman's delivery was equally so; albeit we should like to be furnished with a few medical notes of the case, and to learn how many of this interesting brood survived their entrance into this nether world.

A Vegetable Curiosity.

A MARROW has been exposed in a shop window since September last. On opening the marrow it was found that the seeds had germinated inside. The young plants are healthy, with sprouting rootlets, and have a slight green colour. They have developed into second leaf, and the network of green vigorous young plants is especially striking. The marrow is to be seen at the present time at a seedsman's in High Holborn.

Cookery among the Poor.

THE Sisters belonging to St. Alban's Mission are giving practical lessons to some of the girls. Two or three of the sisters appear to be good cooks. The things cooked are purchased at the places usually patronised by the poor, many articles being equal to, but not one half the price of those sold at the West End shops. Soups are not very popular among the poor; they are unable to make them palatable, and they have the idea that the solids are the nourishing foods. A soup at once palatable, nourishing, and inexpensive may be prepared with milk, onions, and potatoes. The scraps and cuttings of meat from butchers' shops, which can be purchased at one-fifth the price of joints, when simmered in soup, are as valuable for the development of tissue in the human frame as the most expensive joints themselves; whereas, in the frying-pan the same scraps are rendered tough, hard, and indigestible, a large quantity being converted into animal carbon by the application of too great heat. It would be true charity to teach the poor the application of those few points of science which may be said to daily act and react upon their very existence.

Hospital Sunday.

SUNDAY, the 18th inst., is the day appointed for the annual appeal for our hospitals. The Lord Mayor and Sheriffs will proceed in state to attend the morning service at Westminster Abbey, and the afternoon service at St. Paul's. This being the first Sunday after Trinity, the Judges will meet the Lord Mayor, and according to ancient custom, proceed with him in state to the afternoon service. This cannot fail to give unusual *éclat* to the service in the Cathedral.

Decrease in the Number of Medical Practitioners in Great Britain.

IN his inaugural address to the Medical Council, the President referred to some statistics supplied to him by Dr. Farr, and contained in the thirty-fifth Report of the Registrar-General. In the army there is a surgeon to every 202 men; in the general population 1 to every 1,276 of the proportion. The population of medical men n 185 1 was 9·7 to every 10,000 living, 8·3 in 1861, and

only 7·8 in 1871. In the army 49 per 10,000 are required. It has become a matter of public concern, that it is difficult to supply the vacancies in the army medical staff with competent practitioners. Dr. Farr further writes to me, "One thing is certain, that the medical attendance for the people of England was extremely defective in 1851, and that it is still more defective iu 1876. The danger is, that it may grow quite inaccessible to vast numbers of the people. We know how this arises. Every one in the profession wishes to see every man in it instructed up to the highest standard." It appears from Dr. Burke that in Ireland the proportion of medical men seems to have increased from about 4 to each 10,000 in 1851, to 5 per 10,000 in 1861, and 6 per 10,000 in 1871. But Mr. Pitt Dundas states that in Scotland the number has diminished, as in England. There were 7·2 per 10,000 in 1851, 6·1 per 10,000 in 1861, and 5·2 per 10,000 in 1861. Should it appear, says the President, on investigation, that the supply of medical men is inadequate, and that the poorer classes especially are attended by unregistered practitioners, it may become a proper subject of inquiry by the Council whether there is any ground for supposing the examinations to be undesirably deterrent, for the methods of preparing for them in any special manner inadequate, or whether there are any details of study enforced which have no direct relation with the clinical practice of their profession, and of which the average student's memory may be lightened; or whether the secondary schools which our students attend do indeed give the best preparation for the medical life, whatever that may be.

National Health.

THERE is a society in London which in a very quiet way appears to be doing a considerable amount of good in the way of spreading abroad a sound general knowledge of the laws of hygiene. "The National Health Society" has enrolled amongst its members men known for their attention to all matters relating to the public health—as Dr. Acland, Dr. Farr, Dr. Corfield, E. Chadwick, &c. A large number of philanthropic ladies share its work, and some of whom undertake to deliver lectures on sanitary matters. The society has now been established three years; it gives an annual course of lectures at the rooms of the Society for the Promotion of Social Science, and among those who have contributed to its state of knowledge we notice the names of Dr. Bartlett, Dr. Wilks, Miss Hill, W. Eassie, Dr. Humphry Sandwith, &c. The subject of the last-named gentleman's lecture was one of much interest at this moment—"The Water Supply of London." This lecture has been printed and distributed by the society. It is in every way an excellent and well-digested epitome of the water question. Dr. Sandwith holds that it is impossible to purify the contaminated source from which London now draws its water for domestic uses. He observes that while London is peculiarly favoured by Nature—a magnificent river running through it—the chief use we make of it is to turn it into a big sewer. Much stress, he adds, "has been laid on the importance of boiling doubtful water as well as filtering it, but the eggs of animalcules are not always killed by this process any more than by intense frost. The immense dilution of sewage thrown into a large river like the Thames has comforted most minds—my own among the rest before I studied the question—but this consoling view has been dissipated, and in the wettest climate in the world we are unable to get even a decent drinking water":

"Water, water everywhere, and not a drop to drink."

LAST week the police seized the goods of a number of persons at Banbury, as payment of fines imposed for non-compliance with the provisions of the Vaccination Act.

WE understand that Mr. Quain, the representative of the Royal College of Surgeons of England in the General Medical Council, has notified his desire to resign the post.

A BILL has passed the Legislative Assembly at Melbourne authorising medical schools to obtain anatomical subjects necessary for dissection and for teaching purposes.

AN afternoon performance in aid of the funds of the Samaritan Free Hospital is to be given on Friday next at St. George's Hall, London. Mr. Henry Irving is announced to recite Hood's "Dream of Eugene Aram."

A PERSON described as a surgeon, named Robert Forsyth Brown, was last week indicted for stealing a gold watch and a sum of money; the prisoner pleaded guilty to the indictment. The case against the prisoner was that for a few days he resided at a Tavern in Old Kent Road. Upon the barmaid going into her room she missed her watch from the dressing-table and £1 2s. 6d. in cash. She communicated her loss to her mistress, and the prisoner was watched. He became very indignant; but finding the potman was determined to detain him, he agreed to give him a half-sovereign. When taken to the police station, he produced the watch from his waistcoat, and asked if he could not "square things."—Two previous convictions were proved against the prisoner. The prisoner was sentenced to twelve calendar months' imprisonment with hard labour.

A BILL for the better regulation of English prisons is now on its passage through Parliament, and it will be succeeded as soon as may be, but possibly not this session, by a Bill to deal with Irish prisons. When that measure is introduced it will deserve the attention of the Irish Medical Associaton and of the county infirmary surgeons of Ireland, because the arrangement for medical attendance on gaols has long been anomalous, and the opportunity ought to be seized to amend it. By the 86th section of the 6th and 7th George IV., cap. 116, the surgeon of the gaol, if he be also surgeon to the county infirmary, is obliged to give his attendance and professional assistance to the prisoners and other inmates of the gaol without fee or reward. By another statute the salary to county infirmary surgeons granted by the grand jury ceased at the death of the holders then in office, and as many of them have died within the last ten years it has been necessary to make separate arrangements for the medical care of county prisons, which arrangements have been very unsatisfactory.

The election of the Council of the Irish College of Surgeons took place on the 5th inst. It was expected that the attendance of Fellows would be small, but the meeting of the Irish Medical Association attracted a large number of the College constituency to Dublin, and the voters were more numerous than was anticipated. One hundred and twenty Fellows voted. The whole of the nineteen outgoing Councillors offered themselves for re-election, as well as Mr. Hamilton, the outgoing President, and Mr. Corley, of the Richmond Hospital, the only new candidate. As Mr. Hamilton's readmission to the Council was almost certain, it was essential that one of the Council should go out of office, and there was a smart contest as to who the extruded member should be. On a scrutiny of the votes it appeared that the highest poll was 96, and the lowest of a successful candidate 66. Mr. Corley polled 65, and did not obtain the seat he sought, while Mr. William Stokes polled 60, and was not re-elected. The voting may be conceived to have been close, when we state that between the 11th elected Councillor and the last of the 19 successful competitors there were only 10 votes, there being one vote only between each of the three lowest polls.

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We noticed last week the extraordinary proceedings which took place at Toronto in connection with the medical examinations of the College of Physicians and Surgeons, it being alleged that more than one of the court was drunk, and that the Examination Hall was a pandemonium. The *Canada Medical Record* refers to the subject in its last issue, and says :—

"The programme was not adhered to, the reports concerning the written examinations in some instances not being forthcoming till long after the required time, thus compelling the oral examinations to be put over, and putting the students to considerable additional expense. This state of things is bad enough, but when it is openly stated that the cause of this delay was the over-indulgence of some of the examiners, the accustion is one of a very serious character. A Mr. King, under his own signature in the *Globe*, brings this charge against them, and although one of the Board—its chairman, if we mistake not—denies the accusation, the information which reaches us from several independent sources forces us to believe that the charge is not devoid of foundation. For instance, it is asserted that one of the examiners, while in a mood more jovial than correct, passing through a crowd of students waiting in one of the hals, pulled out some specimens from his pocket, and handing them to a student near him, asked him to describe them, saying at the same time he intended giving oral examinations on these specimens, and would like them to be well up on them. Information also reaches us that the same examiner, in the same condition, entered a billiard room and attempted to examine some students who had congregated there in the same irregular manner."

Correspondence.

THE PUFF DIRECT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your readers need not be accused of flattering you when they give you praise for the course you have taken in exposing the manœuvres of the mischievous clique who have been doing their utmost to cause disunion in their profession by the establishment of the sham association alluded to under this heading by "Anti-Humbug" in your last issue. You have doubtless merely taken the trouble to inform yourself of the actual state of affairs, instead of like your contemporary, taking the word of one of your "young gentlemen" who had been—to use the most expressive terms—"*got at*" or "*nobbled*" by the clique in question. Your contemporary has not had the manliness to make the *amende honorable* and to retire with dignity from his false position, but with characteristic meanness has endeavoured to sneak from the field under the cover of apologetic phrases which are in reality more offensive than his open attacks. In the first place, not daring to refuse insertion to the disclaimer repudiating the Association, signed by twenty-five on behalf of more of the fifty surgeons practising dentistry in the United Kingdom, he has struck out in printing the protest what was very likely to influence many in the profession, and which was therefore prominently placed in the manuscript of the disclaimer—namely, the public appointments of those by whom it was signed. These appointments showed that the list included two present and two past examiners in dental surgery at the College of Surgeons, besides thirteen gentlemen holding appointments at the chief hospitals and medical schools in the metropolis. Your contemporary says he has consistently supported the Association because he believes that its members are actuated solely by an honest desire to elevate the status of the speciality, and that it reflects the aspirations of a large number of highly qualified dental surgeons, and that ample justification for its formation is found "in the laxity of the rules regulating admission into the Odontological Society, which cannot by its constitution be held to faithfully represent what is most advanced and most creditable in the speciality." Whether this statement arises from ignorance or from a deliberate desire to insult the signers of the disclaimer, it is equally offensive and unjustifiable. If he had inquired he might have ascertained that the good faith of at least the promoters of the Association is questionabl, since they are gentlemen who are well known in the dental profession as having either held aloof from or openly opposed the movements which have resulted in dental reform. Among the objects of the Association is said to be the promotion "of an improved code of ethics for dentists;" yet one of the projectors of the Association is actually a gentleman who now holds, or lately held, a patent for a toothbrush, a fact which has been stated in the journals. The rules of the Odontological Society rightly exclude practitioners guilty of the grossly unprofessional act of taking out a patent for any appliance used in the profession, not to say such a triviality as a tooth brush, and on this ground the connection of the gentleman in question with the Society has some time since been severed. A code of ethics which allows such conduct will be certainly a curiosity of literature, and will be waited for doubtless with anxiety. The promoters of the Association appear not to be aware that a cede of ethics in any profession has never been reduced to writing, and indeed that it must ever remain unwritten, the ethics being merely the expression of that innate gentlemanly feeling without a due proportion of which no body of professional men can be kept in union or work in harmony. "The laxity of the rules of the Odontological Society" are illustrated by the above statement, and, further, it may be mentioned to show the amount of truth in the complaint of your contemporary that these rules forbid in precise terms the admission of any but strictly professional men, and give summary power to the Council to suspend anyone guilty of unprofessional conduct; besides which every candidate's name has to be submitted to the Council, held over for four months in order that his character may be investigated, and then submitted to ballot by the Society. Now, Sir, the Society numbers among its members upwards of 150 dental surgeons holding full medical and dental diplomas; among them are several of the Universities, and Fellows and Members of the College of Surgeons, as well as licentiates in dental surgery. Some of them are men of great reputation, known by their works throughout the scientific world. If such a body does not represent what is "most advanced and most creditable in the speciality," and if it is not likely to be able to take care of itself and prevent the admission of improper persons to its ranks, perhaps your contemporary will kindly inform us where we are to look for it in the dental profession. Is it to be found in the minority of discontented busybodies who have started the Association, as your contemporary states? He knows, or ought to know, that it is not.

I remain, Sir,
Yours faithfully,
M.R.C.S., L.D.S.

ENGLISH SURGERY.

THE death of Captain Henry Eustace Leader, of Mill Street, in the county Cork, has given occasion for much comment in surgical circles in Dublin. Captain Leader, it is stated, died from the effects of an operation for the removal of a large and deep-seated encephaloid cancer, which presented itself as a tumour in the gluteal region. On the early development of the cancerous growth he was treated by the local practitioners, who, not being satisfied of the nature of the disease, sent him to Dublin, where he was seen by Mr. Butcher and Dr. Robert Smith, lately Professor of Surgery in the University, who at once diagnosed it encephaloid, and advised that—being deeply seated—it could not possibly be removed, or it would prove inevitably fatal, and not only gave expression to their opinion, but committed it to paper, signed by both of the consultants. It is stated that long afterwards, and when the tumour was further developed, the gentleman's friends induced him to go to London, where he was placed under the care of three surgeons of the highest eminence, who are stated to have advised an immediate operation for the removal of the growth, and held out hope of a speedy recovery. The report runs that on operation the growth was found—as the Irish surgeons predicted—deep-seated, and only a small part of it could be removed, and the patient died within a day or two. We have Mr. Butcher's authority for the statement that both he and Dr. Smith advised in the most emphatic manner against the performance of an operation, and distinctly predicted the result, and the case is regarded by the profession in Ireland as one of a too numerous class, in which patients whom Irish surgeons have conscientiously refused to touch have been subjected to operation in London without hesitation, and with apparent inappreciation of the great hazard to the patient.

Medical News.

Royal College of Surgeons of England.—The following Members having passed the required examinations for the Fellowship on the 25th, 26th, 27th, 29th, and 30th of May, were, at a meeting of the Council held on June 8th, duly admitted Fellows of the College :—

Clutton, Henry Hugh, L.S.A., Witham, Essex.
Cottle, Ernest W., B.A. Oxon., L.R.C.P.L., Savile Row, W.
Cretin, Eugene, L.S.A., Mauritius.
Godlee, Rickman J., M.B., M.S. Lond., Henrietta St., W.
Keetley, Charles R. B., Great Grimsby.
Lediard, Henry A., M.D. Edin., Cleveland Street.
May, Bennett, M.B. Lond., Birmingham.
Morgan, John H., M.A. Oxon., Chapel St., Park Lane.
Osborn, Samuel, L.S.A., Brixton.
Pepper, Augustus J., Barrowden, Rutlandshire.
Pope, Harry C., M.B., B.S. Lond., Birmingham.
Ransford, Thomas Davis, L.R.C.P. Lond., Salisbury.
Roechel, Joseph W., L.R.C.P. Lond., Bath.
Sanders, Thomas, L.S.A., South Molton, Devon.
Shuter, James, Tufnell Park, Holloway.
Tweedy, John, L.R.C.P. Lond., Harley Street.
Webber, W. Littleton, L.R.C.P.L., Modbury, Devon.

Of the 30 candidates examined on the above-named days, 13 failed to satisfy the Court of Examiners, and were referred for twelve months.

Pharmaceutical Society of Ireland.—The monthly meeting of the council of the above Society was held at the College of Physicians, Kildare Street, on Wednesday the 7th inst, Dr. Aquilla Smith, Vice-President, in the chair. The following members were present:—The Right Hon. the Lord Mayor, Mr. Wm. Allen, Dr. Collins, Dr. Frazer, Mr. J. Goodwin, Mr. Wm. Hayes, Mr. J. T. Holmes, Dr. Ryan, and Professor Tichborne. A letter was read from Mr. Myles Jordan, Crown Solicitor for co. Mayo, requesting a certified copy of the register of pharmaceutical chemists, as he had been instructed by the Attorney-General to prosecute in a case of illegal sale of poison. The council directed the Registrar to forward the copy as requested. Mr. Holmes moved the following resolution :—"That a circular requesting support to Mr. Errington's Amendment in Committee on the Juries Procedure Bill (Ireland) be forwarded by the Council to Members of Parliament." He said that at the last meeting of the council, a request had been forwarded to the Chief Secretary, asking him to include pharmaceutical chemists in the exemption clause of the Juries Procedure Bill. A reply had been received, in which Sir M. H. Beach stated that "as at present advised he did not see sufficient reason for exempting pharmaceutical chemists." A meeting had been held at which he (Mr. Holmes) had been deputed to endeavour to get some private member to urge the matter. He had applied to Mr. Errington, M.P., who at once took the matter up, and had given notice of an amendment exempting pharmaceutical chemists. It was understood that Sir M. H. Beach was strongly opposed to the amendment, on what grounds it was hard to say ; he could bring forward unanswerable arguments in favour of their exemption, but would simply state the fact that in England pharmaceutical chemists are exempt. The Lord Mayor said he had great pleasure in seconding the motion, he fully endorsed what Mr. Holmes had said, and considered it very desirable in the interests of the public that pharmaceutical chemists should be exempt from service, and was at a loss to understand why there should be exceptional legislation for Ireland in a case of this kind. A circular in accordance with the terms of the motion was drawn up by the council, and the Registrar was instructed to forward a copy to all Irish members of Parliament.

Vital Statistics.—From the Registrar-General's return we learn that during last week 5,826 births and 3,500 deaths were registered in London, and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 24 deaths annually in every 1000 persons living. The annual death-rate was 22 per 1000 in Edinburgh, 20 in London, 26 in Glasgow, and 23 in Dublin. The annual rates of mortality during the same period in the other large towns were—Norwich 26, Hull 19, Leicester 19, Portsmouth 25, Newcastle-upon-Tyne 23, Birmingham 21, Brighton 20, Leeds 24, Wolverhampton 30, Bradford 26, Sheffield 24, Plymouth 29, Bristol 20, Oldham 32, Manchester 27, Salford 32, Nottingham 17, Sunderland 26, and Liverpool 30. The annual death-rate from the seven principal zymotic diseases averaged 3·4 per 1000 in these towns, and ranged from 0·0 and 0·4 in Nottingham and Newcastle-upon-Tyne, to 7·9 and 10·2 respectively in Portsmouth and Salford. The high zymotic rate in Portsmouth was due to scarlet fever, and in Salford to small-pox. The deaths referred to small-pox in the twenty towns were 41, against 21 and 17 in the two previous weeks ; 23 occurred in Manchester and Salford, and 11 in Liverpool. Since the heginning of the year 305 fatal cases of small-pox have been registered in Manchester and Salford, including 74 in the Monsall hospital. In London, the 1,343 deaths included 4 from small-pox, 33 from measles, 45 from scarlet fever, 5 from diphtheria, 76 from whooping-cough, 21 from different forms of fever, and 13 from diarrhœa. To the seven principal diseases of the zymotic class 197 deaths were referred, against 186 and 187 in the two preceding weeks. These 197 deaths were 48 below the corrected average number from the same diseases in the corresponding week of the last ten years, and were equal to an annual rate of 2·9 per 1000.

POISONING BY GOAT'S MILK.

A LARGE number of cases of apparent cholera occurred lately in Rome under circumstances which led to the examining of the goat's milk used by the families affected by the disease. The goats were all found to be in full health and excellent condition, but on examining their fodder a number of poisonous plants were detected among it, among others hemlock and colchicum. It is well

known goats can eat large quantities of hemlock and tobacco without injury, but the similar innocuousness of colchicum—which acts powerfully upon cows—was not known before. Prof. Ratti examined the milk of these animals as well as the matters vomited by the affected persons, and detected in both considerable quantities of colchicin. (*New Remedies.*)

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF APRIL, 1876.

APRIL 6th.—Warren, Samuel, 1 Abercorn Terrace, Merrion, co. Dublin, M.B. Univ. Dub., 1876.

11th.—Jenkins, Aneurin, Loughor Rectory, Glamorganshire, S.W., Memb. R. Coll. Surg. Eng. 1875, Lic. R. Coll. Phys. Edin. 1875.

13th.—Whitty, Patrick Joseph, Waterford, Lic. 1875 and Lic. Mid. 1876, R. Coll. Surg. Irel., Lic. K. Q. Coll. Phys. Irel. 1876.

17th.—Roberts, Browne, 11 Rathmines Road, co. Dublin, Lic. R. Coll. Surg, Irel. 1875, Lic. 1876 and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

25th.—Myles, Wm. Zachary, Richmond District Lunatic Asylum, Dublin, Lic. Apoth. Hall, Dub. 1875.

29th.—O'Connor, Lorenzo, Ballycastle, co. Antrim, Lic. R. Coll. Surg. Irel. 1875, Lic. 1876, and Lic. Mid. 1876, K. Q. Coll. Phys. Irel.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

E. D. M.—The "Dr." who distributes his filthy pamphlet is a swindler, without any qualification, and the letters which he attaches to his name are a decoy for the public. The pamphlet being an indecent one, he could be prosecuted for issuing it under Lord Campbell's Act if its circulation could be brought home to him, which is a matter of great difficulty. More than one of these quacks has been successfully prosecuted, but the hindrances are almost insuperable. Meanwhile he would only derive advantage from our advertisement of him.

LIEBIG'S EXTRACT OF MEAT.—The Eleventh Annual Report just presented shows that the consumption of this article has become so great, and its position so firmly established in the public estimation, that the company founded by our late illustrious *confrère* is paying the handsome dividend of 10 per cent.

MR. H. B.—As soon as space permits.

DR. A.—We regret we cannot insert your communication.

MR. SPENCER WATSON is thanked.

DR. GARFIELD, OHIO.—The subscription, post free, per annum, to America is six and a-half dollars, payable in advance either to our agents in the States, or at our London office.

A HIGH-TITLED PRACTITIONER.

I'm Ned Youleboy, M.D. and
L.A.S. of London grand,
Fell. Roy. Med. Chir. and oh, oh!
Obst. Socs. Lond.: Act. Hon. So, so.
Med. Soc., Victoria;
Hon. Lib. Roy. Soc. Oh! ha, ha.
Asst. Phys. Melbourne Hosp., he he
Lect. on For. Med. U. Ni. V.,
Cons. Phys. Melb. Hosp. for Sick Chile.,
Phys. Train. Inst. Bd.—Oh! Pills.
Pres. Med. Soc. Victoria,
Phys. Melb. Benev. Asyl., ha!

Of these titles he may boast,
For they form a splendid host,
And of one which by great Mars
Leaves the others all behind;
That's "Paid Puffer to some stars,"
Pleasant way to raise the wind.

PILL-BOX.

The above clipping is taken from the last number of *The Melbourne Medical Record*. We fancy that the Medical Directory of Great Britain could furnish many longer lists for satire than the above.

SOCIETY PROCEEDINGS.—The Transactions which appear in our present number have been in type for three weeks past, our space having been so materially occupied by the Medical Council proceedings. Authors of papers will please excuse the delay on this account.

DR. MELDON.—The address of the gentleman named is 18 East Twenty-ninth Street, New York. We believe he is still in practice.

A. Z. has forgotten to comply with our rule by omitting his name, which we require in every case as an evidence of good faith. It is particularly necessary in the present instance, as we must return the MS. our correspondent having in one or two parts of his communication left so much to the imagination that readers would fail to understand it in its present form.

MEDICAL CRITICISM IN THE STATES.—We are apt in this country to be not over nice in our criticisms of literary productions which do not come up to our beau ideal, but we doubt if anything ever appeared in an English Medical Journal of equal severity with that which we quote from our Cincinnati contemporary *The Clinic*. It appears that one Dr. Reed had read a paper before the Academy of Medicine in that city, which was afterwards published in a Medical Journal. This is too much for our enraged *confrere*, who forthwith accuses the author of giving as his own the writing of English medical men and stringing a lot of unacknowledged and incongruous sentences together, with some incomprehensible jargon of his own, winding up his criticism thus: "Such medical writing should be suppressed, and a pillory provided for the incarceration of an individual who inflicts such stuff on a society, and afterwards publishes it in a medical journal." Poor Dr. Reed.

COMMUNICATIONS, Enclosures, &c., have been received from Mr. Erasmus Wilson, London. Mr. Pomfret, Hollingworth. Mr. Popjoy, Accrington. Mr. Egan, Westport. Dr. Meldon, Dublin. Dr. Orlvie Will, Aberdeen. Dr. McCall Anderson, Glasgow. Dr. W. A. Byrd, Quincy, Illinois. Dr. Bastian, London. Mr. Stott, Disley. Dr. Shuttleworth, Royal Albert Asylum. Dr. Wilson, Leamington. Dr. Woodworth, Washington. Dr. Clark, Folkestone. Mr. Sewill, London. Dr. McLeod, Calcutta. Dr. Dunn, London. Mr. Black, Edinburgh. Surgeon Otis, New York. Mr. Mortimer, London. Mr. Redmayne, Manchester. Mr. Kemp, London. Dr. Roseburgh, Toronto. Mr. Buckley, Stoke Newington. Dr. Hooper, Cheltenham. Dr. Handsel Griffith, Dublin. Mr. Macnamara, London. Dr. Garfield, Cleveland, Ohio. Mr. Wheelhouse, Leeds. Sir Dominic Corrigan, London. Dr. Forbes Watson, Indian Museum. Mr. Spencer Watson, London. Le Docteur A. Amussat, Paris. Dr. Maudsley, London. Dr. Duffield, Kensington. Dr. Dolan, Halifax. The Registrar-General. Dr. Gubler, Paris. Mr. Lunn, Birmingham. Dr. Woodham, Westport. Dr O'Leary, Milford. Rev. Dr. Haughton, Trinity College. Dr. G. H. Porter, Dublin. Dr. Stanley, Dublin, &c., &c.

VACANCIES.

Owen's College, Manchester.—Demonstrator and Assistant Lecturer on Anatomy. Salary, £100 per annum. Applications to the Principal.

Lancaster County Lunatic Asylum.—Resident Medical Superintendent. Salary commencing at £450. Mr. Sharp, Solicitor, Lancaster, will furnish full information.

Lancaster Infirmary.—House Surgeon. Salary commencing at £90. Applications to the President of the Infirmary.

York Rural Sanitary Authority.—Medical Officer of Health. Salary, £140 per annum. Application to Mr. Brearey, 1 Museum Street, York.

Bolton Union.—Resident Assistant Workhouse Medical Officer. Salary, £150. Endorsed applications to the Clerk of the Union.

St. Thomas's Hospital.—Resident Assistant Physician, and a Resident Assistant Surgeon. Salary attached to each office, £100 per annum, with board and residence. Address the Treasurer.

Westminster Hospital.—House Surgeon without salary, but with board and residence. Applications to the Secretary.

West London Hospital.—Assistant Surgeon, Honorary House Surgeon. Salary, £70. Applications to the Secretary.

Belgrave Hospital for Children.—House Surgeon. Honorary. Address the Hon. Sec.

Fulham Union.—Medical Officer for No. 1 District. Salary, £50 exclusive of fees, And a Medical Officer to the Workhouse. Salary, £80 exclusive of fees. Applications to be sent to the Union Offices, Fulham Road, S.W.

Downpatrick District Lunatic Asylum. Assistant Resident Medical Superintendent. Salary, £100, with board, &c. (See Advt.)

Newport Union, Louisburgh Dispensary District.—Medical Officer. Salary, £100, with fees extra. (See Advt.)

Deaths.

COLLINGWOOD.—On the 29th of May, at Corby, Joseph Collingwood, M.R.C.S.E., aged 66.

JENKINSON.—On the 4th of June, at the Leeds Public Dispensary, Harold Jenkinson, Senior Resident Medical Officer, aged 25.

JOHNSTON.—On the 2nd of June, of inflammation of the lungs, after a few days' illness, at his residence, Riversdale, Middleton, co. Cork, Benjamin Johnston, Esq., M.D. T.C.D., L. and F. R.C.S.I., &c., aged 59 years, deeply and deservedly regretted.

LINTON.—On the 29th of May, at Oundle, Charles Linton, M.R.C.S.E., aged 67.

MORRIS.—On the 26th of May, at Blackpool, Charles Henry Morris, M.D., aged 5[illegible].

PRITCHARD.—On the 24th of May, at Saltash, Richard Davison Pritchard, M.R.C.S.E., Staff Surgeon R.N. (Retired List), aged 58.

SHANNON.—On the 25th of May, at Brailsford, Thomas Edward Shannon, M.D., aged 42.

SMITH.—On the 2nd of June, from drowning, at Chichester, Sumner Wyke, the eldest son of Henry Smith, Esq., F.R.C.S., Wimpole Street.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

THE annual meeting of the Irish Medical Association took place on the 5th inst. In the morning Dr. Croly, Chairman of Council of the Irish Medical Association, entertained a large number of the members of the profession at breakfast at the Shelburne Hotel, Stephen's Green. Among the gentlemen present were the Right Hon. the Lord Mayor, the President of the College of Surgeons, the President of the College of Physicians, the President of the Obstetrical Society, and most of the leading members of the profession in Dublin and the provinces. The meeting was held at noon in the Library of the Royal College of Surgeons. Dr. Chaplin, of Kildare, presided.

The President delivered his opening address, which we unavoidably hold over till next week.

REPORT OF COUNCIL 1875-76.

MR. PRESIDENT AND GENTLEMEN,—Your Council are gratified at being able to report favourably of the condition of the Association. The reorganisation scheme has proved to be very satisfactory in its operation.

At their first meeting, held 11th June, 1875, your Council elected Dr. H. G. Croly of Dublin their Chairman for the ensuing year; Dr. Morgan, Hon. Treasurer; Dr. Chapman, Hon. Secretary; Dr. Grimshaw, Hon. Sec. to Council; and Drs. Purcell, Jacob, J. W. Moore, and Pollock to be the other members of the committee of Council. Of the 39 officers for the year just ended, 26 were holding Poor-law medical appointments, 4 were retired Poor-law medical Officers, and 9 were not connected with the Poor-law Service. Of these 26 were resident in the country districts, and 13 in Dublin. The President and the four Vice-Presidents were not only Poor-law medical Officers, but residents of country districts.

The Coroners' Bill of last year was not proceeded with in Parliament; but a new Bill on the same subject has since been introduced to the House of Commons by Mr. A. M. Sullivan, which, however, was to apply only to the City of Dublin.

Your Council have given the Bill their earnest attention, and sent forward to the House of Commons a petition against the Bill in its present form, urging that legislation on the subject applicable to all Ireland was urgently needed; and your Council issued a circular to each Irish member of Parliament, in which they suggested the introduction into the new Bill of certain clauses affecting medical witnesses at Coroners inquests. In this circular your Council proposed that a mileage allowance should be granted to the medical witnesses for the expenses they incurred in travelling to the place where the Inquest was to be held. That a fee of one guinea should be paid to the medical witness for each day or part of a day that his services were required, and one guinea for his attendance at each adjournment of an Inquest; also that he should be paid a fee of two guineas extra in case a post-mortem examination by dissection was required. This Bill has just passed the House of Commons, and your Council regret to have to report to you that many of their suggestions have not been approved by the House of Commons; nevertheless several important changes in the original Bill have been made, and it has, consequently, become much less objectionable than when first introduced.

The Pharmacy Bill, which has since become law, was supported by your Council, who sent forward to the House of Commons a petition in favour of that Bill, as well as a circular to each Irish member of Parliament on the subject, controverting the objection raised against the Bill by "The Pharmaceutical Society of Great Britain."

Copies of resolutions 3 and 5, passed at last Annual General Meeting, on the subjects of Compulsory Superannuation to Poor-law medical officers, and proper remuneration to the sanitary officers respectively, were transmitted to the Local Government Board.

A Circular on the subject of abuse of Dispensary Medical Relief, quoting the observations on that subject in the last report of the Local Government Board, and also containing a copy of resolution 8, passed at last Annual General Meeting of this Association, has been sent to the Hon. Sec. of the Committee of management of every Dispensary Committee, to which several replies were received. Much good has resulted from this communication, as many Dispensary Committees have attempted to check the abuse complained of; but it is to be regretted that all these bodies have not used their best exertions in the interests of the Ratepayers, as well as of the medical officers, to put a stop to this species of imposture.

By this Circular of the 18th September, 1875, the Local Government Board informed the dispensary medical officers that the Justices now have power to order the Guardians to pay such medical officers for each examination of alleged dangerous lunatics, such fee, and other expenses, if any, in the aggregate not to exceed two pounds. It has been decided by the authorities that *only the dispensary medical officers* are entitled to receive remuneration for making these examinations; and your Council would advise the dispensary medical officers, whenever they are called upon to examine alleged dangerous lunatics, to apply to the Justices for an order on the Guardians to pay (as provided by Sec. 14 of the Lunacy Amendment Act) such fee as they allow. The dispensary medical officer having received such order, should forthwith send it to the Guardians, and request payment thereof, and any refusal on the part of a Board of Guardians to recognise the Justices' order should be reported to the Hon. Sec. of this Association.

In compliance with resolution 4, passed at the last annual general meeting of this Association, your Council

have given their best attention to the grievances of the registrars of births and deaths; and Dr. Purcell, who has special charge of that department on the Committee, devoted much valuable time to the subject. A new Bill has been drawn up and printed, with the view to amend the Registration of Births and Deaths (Ireland) Act of 1863. The Bill was entrusted to Mr. Gibson, Q.C., M.P., to lay before Parliament; but as the session had so far advanced, Mr. Gibson thought it more advisable that the proposed Bill should be submitted to the House of Lords in the first instance; and with this view he transferred the Bill to the Right Honourable the Earl of Donoughmore, with whom some members of your Council have had a conference upon its details. The Earl of Donoughmore being of opinion that the Bill would be likely to be adopted by government, advised that it should be sent to the Chief Secretary for Ireland, and this suggestion was acted on; but the Chief Secretary's views have not as yet been ascertained.

Your Council expect that new legislation on this very important subject will take place, and they have reason to hope that the principles of the Bill they have proposed will be adopted. If their Bill became law, many, if not all, of the grievances of the registrars will be removed, and the increased remuneration obtained. The law in Ireland will be, in all desirable respects, assimilated to that in force in England, and registration will be made more perfect.

The interests of the Infirmary surgeons in Ireland, in connection with Mr. Gibson's and Mr. Meldon's Bill's have received the attention of your Council; but in the present state of public opinion, with regard to the County Infirmaries, they deemed it more prudent not to take any action in the matter, lest the positions of the Infirmary Surgeons should be endangered rather than improved by their interference, your Council being aware that the authorities contemplated abolition of these institutions, and utilisation of the workhouse hospitals in their stead.

The subject of vaccination in Ireland having been brought under the notice of Parliament by Mr. Meldon, M.P., your Council communicated with Mr. Meldon, and supplied him with full information on the subject; and specially drew his attention to the disparity existing between Ireland and England in the matter of remuneration for public vaccination. Subsequently a deputation of the Council waited upon Mr. Meldon, who is now thoroughly conversant with this important subject, and who has promised to avail himself of the earliest possible opportunity of raising the question again. Mr. Meldon proposes to ask the Government to bring forward a new vaccination bill for Ireland next session, and in the event of the Government declining to do so, he has requested that a draft of a suitable bill should be submitted to him by your Council, who have undertaken to comply with the request; but owing to the great pressure of business of late the preparation of the draft bill has not yet been completed; it shall, however, receive early attention.

A very important case, affecting the interests of dispensary medical officers, has recently been decided—viz., Dr. Kisby, Medical Officer of Ballyfurnan Dispensary District, having been requested by the relieving officer of his district, upon the authority of the guardians of Boyle Union, to attend at petty sessions and give evidence in cases of prosecutions of defaulters under the Vaccination Acts, complied with the request, and obtained from the justice s presiding at petty sessions an order on the guardians to pay him a fee of one guinea for his services (as specified in Section 13 of the Vaccination Amendment Act), which he forwarded to the guardians, requesting payment. The guardians refused to pay the claim, on the ground that Dr. Kisby had incurred no expense, inasmuch as the petty sessions were held in the town in which he resided: whereupon Dr. Kisby appealed to the Local Government Board, and was informed that that board declined to interfere in the matter.

The ruling of the Local Government Board appears to be that whenever cases of prosecution against defaulters under the Vaccination Acts are tried at a Court held in the town in which the medical officer resides, they do not support his application for remuneration; but if he has to travel a distance to another town, they recommend the guardians to pay him the amount of fee certified by the magistrates. The law, however, makes no distinction between the medical officer who has to travel and the one who has not—both are unquestionably entitled to remuneration for their services, the one who has to travel a distance being admittedly entitled to the fullest consideration.

Dr. Kisby's claim not being supported by the Local Government Board, he brought it under the notice of your Council, who urged Dr. Kisby, in the interests of the profession, to persist in his demand; and your Council undertook to defray the expenses of a trial of the case at quarter sessions in the event of his being nonsuited. Dr. Kisby consented to this request, and the case was tried before the chairman of quarter sessions, who decreed against the guardians, and ordered them to pay Dr. Kisby's fee of one guinea, twelve shillings and sixpence expenses to a witness, and the costs of the trial.

At the hearing of this case the chairman expressed his opinion that medical practitioners could not be compelled to attend at court and give evidence without being remunerated. Your Council would recommend all dispensary medical officers who are requested to attend at court and give evidence in prosecutions of vaccination defaulters to comply with such request, and to apply to the justices for an order on the guardians for payment of a fee (under section 13 of the Vaccination Amendment Act), and to forward same to the guardians, with a request that it be paid.

The guardians of Boyle Union appear to have learned a salutary lesson by Dr. Kisby's case, for very recently Dr. Drapes, of Keadue, claimed from them two pounds, the amount certified by the justices for his examination of an alleged dangerous lunatic, which this board of guardians paid forthwith.

Dr. Spencer, of Burton, Port, Letterkenny, communicated the following case to the Council:—

He had been requested by the relieving officer of his district, with the authority of the guardians of the Union, to attend at court and give evidence in cases of prosecutions of defaulters under the Vaccination Acts. Dr. Spencer being aware that all the odium attaching to these prosecutions was attributed to him, to the detriment of his private practice, declined to attend and give evidence unless summoned by the court.

When the cases came on for trial they were dismissed, in consequence, as the guardians alleged, of Dr. Spencer's absence; but as he alleges, there being no person to prosecute, as recorded on the register of the court.

The Guardians reported the matter to the Local Government Board, and requested that Dr. Spencer be dismissed. The Local Government Board asked Dr. Spencer for an explanation, and submitted the matter to the Committee of management of his dispensary district, who passed an unanimous vote of full confidence in Dr. Spencer. In reply to Dr. Spencer's explanation, the Local Government Board informed him that if he refused to attend "voluntarily" in court in such cases in future, he must be prepared to accompany such refusal with his resignation; to which Dr. Spencer replied, that he had no desire to be obstructive, and in future would comply with such requests, whereupon the Local Government Board directed the Guardians to let the matter end. In the course of time the Guardians were called upon to pay £2 1s 3d. the amount of the costs incurred in the dismissed cases. The Guardians called upon Dr. Spencer to pay that amount, and directed their clerk to institute proceedings at law against him in the event of his refusal. In order to avert the proceedings threatened, Dr. Spencer, under protest, sent half notes and stamps for the amount to the guardians, and sought the advice of your Council; who, having considered all the circumstances of the case, saw

no other course open to Dr. Spencer than to appeal to the Local Government Board. At the same time they were of opinion that if Dr. Spencer had allowed the proceedings to go on, the amount claimed probably could not have been recovered from him. Dr. Spencer was, soon afterwards, served with a Civil Bill Process, whereupon he sent the remaining half notes to the guardians. In reply to his appeal to the Local Government Board, he was informed that that Board declined to interfere in the matter.

Your Council thought the question involved in this case one which they should obtain a legal opinion on; and accordingly Mr. John Mallet Williamson, solicitor, was instructed to prepare a case for the opinion of Mr. Gerald Fitzgibbon, Q.C., as to the legality of the power assumed by the Local Government Board in ordering dispensary medical officers to attend at court and give evidence in prosecutions of defaulters under the Vaccination Acts, upon the direction of the guardians, and without receiving a summons from the court; and also as to whether they could claim remuneration for such services.

Mr. Fitzgibbon's opinion is to the effect that the dispensary medical officers acting as public vaccinators are not bound to take part in prosecutions; that the fact of the medical officer's certificate being legal evidence tends to show that his personal attendance at prosecutions was not contemplated by the legislature; that his absence need not necessarily be fatal to a prosecution; whilst his attendance at court may be seriously injurious to, if not inconsistent with, the due performance of his professional duties; that the Local Government Board cannot prescribe a duty not imposed by statute; that a medical officer cannot be compelled to attend at prosecutions, unless by a summons from the court, the same as any other person: and that his refusal to attend without summons would not afford legal ground for depriving him of his office. He is also of opinion that it is the duty of the authorities directing the prosecutions to provide sufficient evidence without trespassing on the time of the medical officers, or to fairly remunerate them; but that however clear their rights may be, they are not capable of being enforced; that the fee for vaccination does not include payment for attendance as a witness; that every medical officer who attends any prosecution ought to apply for a certificate for his expenses, which the justices ought to grant, though they cannot be forced to do so; and lastly, that if the medical officers refused to attend at prosecutions, the guardians might obtain summonses, and compel them by *subpœna* to attend, so that they would gain nothing by resistance, which would only aggravate this substantial grievance; their only course being to endeavour to obtain from the Local Government Board a regulation which will either preclude the necessity for their attendance, or fairly remunerate them for such services; or to seek redress from Parliament.

Your Council also deemed it desirable to obtain an opinion of counsel as to the legality of the powers assumed by the Local Government Board in ordering sanitary officers to "*attend at and assist in all proceedings*" in cases of prosecutions under the Public Health Act, upon receiving notice so to do from the executive Sanitary officer, and without being summoned by the court; also whether the sanitary officers could claim remuneration for such services; and, accordingly, Mr. John Mallet Williamson, solicitor, was instructed to prepare the case for the opinion of Mr. Robert O'Brien Furlong. Mr. Furlong's opinion is to the effect that the Local Government Board has power to order sanitary officers to "attend at and assist in all proceedings" upon being directed so to do by the executive sanitary officer; that it is part of the duty of the sanitary officers to so attend, without being summoned by the court; and that they are not entitled to any fees as witnesses, inasmuch as the additional salaries paid to them, under the Public Health Act, was intended to compensate them for the duties imposed, of which this is one; but that the legislature intended the remuneration to be *just and reasonable;* that the duty is, no doubt, an invidious one; but he does not see how it could have been avoided, as medical testimony may often be essential to the success of these prosecutions. In conclusion, he thinks it unfortunate that district medical officers of health have not been appointed, who should be debarred from private practice, and who would take the odium and responsibility of carrying out the Health Statutes, without risk of loss of private practice.

The grievances of militia medical officers have been under the consideration of your Council.

There are a great many surgeonships and assistant-surgeonships of militia regiments vacant—no new appointments having been made for some months. The War-Office authorities are preparing a new warrant to regulate militia medical appointments,&c., and it is expected that this warrant will soon be issued. When it is published, your Council will give it due attention, and endeavour to have the militia medical officers placed upon a proper footing.

The insufficiency of the remuneration allowed to civil medical practitioners in charge of military troops in Ireland has been brought under the notice of your Council, and a resolution on this subject will be submitted to this meeting. Your Council consider that the remuneration for this service should not be less than that given for attendance upon the Royal Irish Constabulary, which is almost a similar duty.

Your Council received a letter from Dr. Scully, jun., of Clonmel, Hon. Secretary to the "County Tipperary Medical Protective Association," requesting that that Association, in consideration of an annual subscription of three pounds, should be affiliated as a branch of this Association, and that each of its members should thereby be members of the Irish Medical Association. Your Council replied that Rules Nos. 2 and 20 prevented them entering into the arrangement suggested, which would require the assent of an Annual General Meeting; and they are of opinion that it would not tend to the interests of this Association to have it broken up into branches. By such a course they believe the influence of this Association would be prejudicially affected, and that the independent existence of the County Tipperary Association would not only render its exertions less useful, but would continue that disunion in the profession which is so much to be deprecated. At the same time, your Council highly approve of local meetings being held by members of this Association under the one common banner; and consider that the proposition of the County Tipperary Association would best be met by their working expenses being defrayed by this Association upon all their members becoming individual members of this Association, which they hope will meet with the approval of this meeting, as well as of the members of the County Tipperary Association.

Dr. John MacDonnell having resigned his office as Medical Commissioner, Local Government Board, and a rumour to the effect that the appointment would not be filled up having reached your Council, they sent a petition to the Lord-Lieutenant, praying that a medical practitioner be appointed to the vacant commissionership, and Dr. Croker King was promoted to that office. Your Council then fearing that the vacancy in the medical inspectorship, caused by Dr. Croker King's promotion might not be filled up by the appointment of a medical practitioner, sent a petition to the Lord-Lieutenant, praying that a medical practitioner be appointed inspector, and Dr. M'Cabe has been appointed to the office.

Your Council also brought these matters under the notice of the College of Physicians and the College of Surgeons in time for these bodies to bring the weight of their influence to bear upon the authorities.

Your Council, finding that the duties of the hon. secretary were so onerous, and that the funds of the Association would admit of it, authorised the hon. secretary to appoint a clerk at a salary of thirty pounds a-year, to perform such duties as the hon. secretary required of him, who should hold office only during the will and pleasure of the hon.

secretary, and an appointment was accordingly made on the 1st February last.

It having been brought under the notice of your Council that the Public Health Committee of the Corporation of Dublin convened a special meeting of the medical sanitary officers to consider the cause of the inordinate death-rate of Dublin, and to suggest a remedy. That such meeting was held, and that the medical sanitary officers presented a statement of their views, and that the Public Health Committee ignored that statement when reporting their proceedings to the Local Government Board. Your Council passed a resolution expressing their disapproval of the course adopted by the Public Health Committee, in suppressing the statement of the medical sanitary officers, and directed that same be communicated to the Public Health Committee, and also to the Chief Secretary for Ireland. This matter has been brought under the notice of the House of Commons by Dr. O'Leary, M.P., and your Council consider that the conduct of the Public Health Committee in this matter was a slight to the profession which they were bound to take notice of.

Your Council, with very deep regret, have to announce the deaths of several members of the Association, which occurred during the past year, viz.:—

Dr. Hynes, of Kinvara, Vice-President for the province of Connaught; Sir William Wilde, Surgeon-Oculist to the Queen; Drs. Barrett, of Kilcullen; O'Rorke, of Enniscorthy; and Pollock, of Dundalk; also Dr. John Morgan, Honorary Treasurer of the Association. Up to the time of his death Dr. Morgan was a most active member of the Committee of Council, and took a deep interest in the welfare of this Association. During the past year he submitted to your Council the draft of a scheme by which he hoped, to some extent, to prevent the too frequent abuse of the system of dispensary medical relief at present occurring. Dr. Morgan proposed that your Council should draw up a scale of small fees, proportionate to the incomes of persons of small means, based on the valuation of their holdings, and recommend the adoption of same to the medical practitioners of country districts. He believed that, if adopted, his suggestions would be fraught with benefit to these gentlemen, whose incomes would thereby be increased and hardships diminished, while their professional dignity would not be compromised. Your Council though considering the suggestion in many respects good, thought it better not to recommend it at present to the country medical practitioners, nor until their opinions were received on the subject. Dr. Morgan undertook to modify his scheme, and submit at some future time, when he was suddenly cut off by the hand of death. A resolution of condolence with Mrs. Morgan in her bereavement was passed by the Council, and forwarded to her. Dr. Chapman, Hon. Sec. undertook the duties of Hon. Treasurer until a successor to Dr. Morgan was appointed. There remains in Bank to the credit of the Association, in Dr. Morgan's name, a balance of £46 0s. 4d.; but, until some legal formalities have been complied with, this sum cannot be transferred to your Hon. Treasurer.

Dr. Nolan, of Gort, was promoted to be vice-president for Connaught, in room of the late Dr. Hynes; and Dr. Kerans, of Ahascragh, was selected to fill the vacancy on Council caused by Dr. Nolan's promotion.

Your Council have had under their consideration the subject of amalgamating the Poor-law Medical Officers' Association with this association, and have received from Dr. Speedy, the hon. treasurer, a letter, dated 26th May, 1875, stating that if four members of the Poor-law Medical Officers Association were elected to the new Council, that association was willing to unite. Your Council consented to this proposal, and approved of the names of the four gentlemen nominated by Dr. Speedy. These names will be found placed first on the ballot paper, and your Council hope that you will elect these gentlemen *unanimously*, and so complete the amalgamation of the two associations.

(The letter referred to from Dr. Speedy was then read.)

Your Council regret that, owing to the great pressure of business during the past year, they have found it impossible to devote attention to the consideration of a scheme to provide for the widows and orphans of medical practitioners in straightened circumstances. This matter, however, should not be lost sight of, whenever a favourable opportunity for considering it occurs. For the present such cases must only rely upon whatever the funds of the Royal Irish Medical Benevolent Fund can bestow; and they would take this opportunity of commending that valuable Institution to the consideration of the members of this association.

In concluding their report, your Council are aware that all the grievances and hardships of the medical officers of the public services have not been removed, though they have, to the utmost of their ability, discharged their duties; and that still there is ample scope for exemplifying the usefulness of this association. The duties of the sanitary officers, as well as the utterly inadequate remuneration they receive, are subjects demanding the most earnest attention of this association; and your Council are hopeful that an opportunity may now be afforded of having the sanitary officers' grievances redressed, as a new Bill to amend the Public Health (Ireland) Act has been introduced to Parliament on the 30th May. They have therefore, to commend this Bill to the immediate attention of their successors in office, and to entreat most earnestly that each member of this association will use his utmost influence with his representatives and friends in Parliament to persuade them to do justice to the sanitary officers of Ireland *now*, as there may not soon again be an opportunity of doing so. This matter is so urgent, that your Council would impress upon the members, one and all, to be up and doing, without a moment's loss of time, as the value of such help cannot be over-estimated.

Mr. Furlong's opinion, with regard to the duties and remuneration of the sanitary officers, plainly showing that their position under the existing law and regulations is deplorable; and that if the present opportunity be not universally taken by the sanitary officers themselves individually, as well as by the profession generally, and its representative bodies, the present state of affairs may be perpetuated. Now is the time to work and every man should put his shoulder to the wheel!

The unsatisfactory state of the law, with regard to public vaccination in Ireland, is also a subject which demands the attention of this association.

There are other subjects of importance to be dealt with which will require all the influence and exertions of this association to effect.

Whilst your Council are gratified at being able to report that this association has achieved, in the past year, a considerable accession of strength, in the large number of new members, they must express their regret and surprise that there still remains a large number of medical practitioners throughout the country who have not become members, and they believe that the apathetic might be induced to support this association if the members generally undertook to canvass their neighbouring brethren to join its ranks; not only because it is the interest of the profession at large, but also that of every individual member of it, to do so. And your Council would remind each member of the profession that no matter what his individual interest might be, it is cared for and undertaken by this association, which is now the chief medium of expressing the opinion of the profession in Ireland. The interests of the medical officers of the public services, whether they be naval, military, militia, infirmary, or poor-law officers, or private practitioners solely, are alike promoted and protected by this association to the utmost of its abilities.

The following gentlemen form the new Council:—

President, G. H. Kidd; Vice-President, Robert MacDonnell; Council, William Colles, Richard G. H. Butcher, Alfred H. M'Clintock, George H. Porter, Professor M'Dowell T.C.D., Albert J. Walsh, T. Jolliffe Tufnell, Edward Hamilton, Edward Ledwich, Rawdon Macnamara, John K. Barton, Edward D. Mapother, Archibald H. Jacob, Philip C. Smyly, John Denham, Henry Wilson, John Cronyn, William I. Wheeler, and Samuel Chaplin.

In consequence of the length of the Report of Council we are compelled to postpone the further proceedings until our next.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 21, 1876.

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THE NATURAL HISTORY OF PULMONARY CONSUMPTION. (a)

By A. B. Shepherd, M.A., M.B., F.R.C.P.,

Physician to the Victoria Park Hospital for Diseases of the Chest; Assistant Physician to St. Mary's Hospital; &c.

LECTURE I.—(Continued.)

Let us turn for an instant to the comparative pathology of these modern days. I have here a series of diagrams, copied, by his permission, from the second part of Dr. Klein's work. On the table is a drawing of the naked eye appearances of the lung in a case of acute tuberculosis in a child, together with microscopical preparations of a case of the same kind, made for me by Mr. Lithgow, our assistant-curator at St. Mary's; the latter show perivascular growth, with some lobular collapse, and but very slight catarrhal product. [A description of the diagrams, &c., followed here.]

In these two diagrams (Figs. xxiv. and xxvi.) it is possible to see in the lung of the guinea-pig, as well as in that of the child, certain histological products which it has been attempted, not for the first time in the history of "tubercle," to set up as the specific elements of that growth. Happily these giant-cells will soon be relegated—if they be not even now relegated—to the list of ordinary epithelial cells, the limbo in which rest already the pathognomonic tubercle-corpuscle and cancer-cell. As my friend Dr. Klein informs me, and as I am quite prepared to believe, the giant-cell is but an epithelial cell growing under certain conditions. But

"Each month is various to present
The world with some development,"

and the specific element refuses still to be unrecognised; this time it appears under the form of the particular cells drawn and described by Rindfleisch in Ziemssen's *Handbuch des Respirations-Apparates* (vol. ii. p. 161. Leipzig, 1874). I am perfectly prepared to see these cells, also, sink to the same position as the Riesenzellen. I confess that I do not perceive why, in the pursuit of a supposed scientific truth, the same common-sense which men use, or ought to use, in the ordinary affairs of life, should not exert itself; and when through the long list of specific structures, started by one author only to be hunted down by another, we find always the same untimely death, I believe that the very best thing we can do is not to join in the shadowy chase, but to abjure, as something that oppresses us, with no fault of our own, this "specific" incubus.

With the results shown in those diagrams and described in his work by Professor Klein, the researches of Dr. Burdon Sanderson and Dr. Wilson Fox in the main agree. But the latter writer goes much further, and states that he finds "in the lungs of patients dying of phthisis almost identically the same changes as those found in the lungs of children dying of acute tuberculosis"—a sentence to which I cannot altogether give my adhesion. There are cases, no doubt—cases of which I hope to speak more at length hereafter—in which the physical signs and symptoms of lung-disorganisation are followed by death, with all the symptoms of this "acute tuberculosis." But there are also cases, of not infrequent occurrence in the adult, of this same "acute tuberculosis" with almost the same series of clinical symptoms, and the same pathological changes, as far as I am able to make them out, as those found in artificial tuberculosis, and in the general tuberculosis of the child. The only case of the kind which I remember to have come almost entirely under my own observation that of a young man, about twenty-one years old. In him there were no abnormal signs on percussion; the respiratory sounds were everywhere coarse. There was increase in temperature and pulse-rate; his chest and abdomen were covered with sudamina; he was admitted into hospital as a case of probable acute tuberculosis, or doubtful typhoid; within a short time, he died with symptoms of tubercular meningitis, and his body presented the expected changes.

And it was, I think, from these comparatively rare cases

(a) Goulstonian Lectures.

in the adult that observers and writers argued that "ista tubercula (seu tumores)"—I use the words of Morton—underwent a further, and that a cheesy change, resulting—not in these cases, which, if the argument be true, must be said to die before such changes can take place—but in cases the clinical symptoms of which are entirely different, in a larger or smaller destruction of pulmonary tissue. That I am not, Quixote-like, opposing some image of my own brain, is, I think, shown by the fact that writers of the present day still class these cases of "acute tuberculosis" with "pulmonary consumption;" though it is but fair to state that Dr. Douglas Powell has, in his small work, drawn the distinction which others, though by no means all, have failed to make. I need not travel far for an illustration. In a very valuable, because very true and practical, though it may be a very simple paper on the different forms of pulmonary consumption by my colleague Dr. Peacock—a paper published originally in *St. Thomas's Hospital Reports* for 1870—are given two cases, "selected from numerous instances of the same kind;" together with a third, which differs from them in several respects; all three classed by the writer under the name "acute constitutional phthisis." Dr. Peacock's first case was that of a young lady, aged 22, who died on the twentieth day of her illness of apnœa. Four days before death, "the respiratory sounds were found everywhere harsh . . . but there was no rhonchus and no marked deficiency of the resonance on percussion in any part of the chest." These signs were slightly modified the day before death. On *post-mortem* examination, the body "was thin, but not emaciated." There were old pleuritic adhesions over a large portion of the left lung; the right lung was collapsed. "Both lungs were copiously infiltrated throughout their whole substance with miliary tubercles, having an average diameter of from half a line to a line, and uniformly of a yellowish-white colour . . . In no part had any of them undergone softening." Nothing is said about the head or abdominal organs. The second case is also that of a young woman, aged 24, who died after an illness lasting over three weeks of capillary bronchitis; here was the same absence of phenomena on percussion and auscultation; but little emaciation of the body, a chest sufficiently broad and expanded; both lungs contained a copious deposit of small, round, yellowish-coloured and semi-transparent-looking bodies, which in no part had softened; the bronchial glands were softened to a brown-coloured pulp; the abdominal viscera were free from tubercle. Dr. Metzquer in a *Clinical Study of Galloping Consumption*, published in Paris in 1874—and I may mention, in passing, that, to the majority of French writers, galloping phthisis is synonymous with acute tuberculosis—Dr. Metzquer gives two similar cases. Case 1 is that of a female aged 28-30, free from history of hereditary phthisis, and always well till she was taken one day with pains in the head and back, intense fever, rigors, and ringing in the ears. There were no signs on percussion or auscultation, though a few days later there were rhonchi and râles in both lungs, and streaks of blood in the sputa. Death occurred a month after the commencement of the illness, and there were "tubercles in all organs." The second case, that of a man, aged 43, is precisely similar: the same absence of hereditary phthisis and physical signs on the part of the lungs; the same general tuberculosis without softening. In both these cases there was some diarrhœa and slight jaundice before death. It would be easy to multiply from modern literature cases of this kind, but I prefer to turn back again to the commencement of the century. I quite agree with M. Thaon that Bayle's cases numbered 4, 14, and 15, named by him cases of granular phthisis, do not answer (see Andral, *op. cit.*, iv. 10), either clinically or pathologically, to this "acute tuberculosis;" but, in spite of the distinction Bayle makes between the *miliary tubercles* found in the lungs of his first case, a woman aged 20, who seems to have exhibited as her chief symptoms those of "tubercular peritonitis," and the *miliary granulations* in the lungs of his second case, a postillion aged 24, who died, as the four cases I have just quoted from Drs. Peacock and Metzquer did, from apnœa, both of them agree in these three points, that neither had any of the physical signs of phthisis pulmonalis during life; neither was emaciated, but rather both were remarkably plump; and both presented pathological products elsewhere as well as in the lungs. His cases 7 and 8, of men aged respectively 45 and 24, are very similar. They are the more interesting that, in addition to the lung-changes found, the cerebral symptoms which were chiefly exhibited during life left some after-death results; while the author himself adds in the title of the last "Death from a disorder of the brain" (Barrow's translation of Bayle: Liverpool, 1815, p. 173). In case 7, "there was near an ounce (of serum) at the bottom of the skull, which was as turbid as that contained in the lateral ventricles." (*Ib.*, p. 171). In case 8, there was what some pathologists would call now-a-days a "scrofulous" tumour in the medulla oblongata, and a collection on the surface of the brain of miliary round bodies of a dull opaque white, which may have been only Pacchionian bodies. But both cases again agree in these points: the most marked symptoms during life were not on the part of the lungs; the pathological products were presumably those found in general tuberculosis; the writer distinctly tells us there was no emaciation in either.

It would be but time wasted to quote similar cases. My own views as to the pathological products found in all these cases of "acute tuberculosis" are briefly these: There are found frequently together, sometimes alone, numerous vesicular pneumonias, collections of lymphoid cells round the vessels or round the smaller bronchi, or—and the distinction from the two last is by no means easy—proliferation of the nuclei in the wall of the capillaries themselves. Each of these products to the naked eye is exactly like the typical tubercle of authors, and without injection of the tissue and microscopical examination, cannot be distinguished from either of the others, except that, in cases where the vesicular pneumonias are the sole or almost sole production, the lung on section does not present to the hand that feeling of points standing out from the surface; though later, in a shorter or longer period after removal from the body, the lung-tissue collapses and sinks away, leaving the solid nodules more prominent. Such was the case here, (*a*) in which even the skill of Mr. Hurst did not catch them in their original superficial flatness.

I have purposely abstained from quoting cases of general tuberculosis in children under my own observation, because I find that they are only examples of what has been stated and illustrated by authors, who have expressed in a far better manner than I can do ideas which carry with them, at least to my mind, the impress of truth. But if, in addition to the evidence not only adduced for the purpose by writers like Buhl, but unconciously present in the observations of older workers, there were needful, for my own decision, facts within my own knowledge and my own reasoning, they also are forthcoming to uphold the statement of others beside Buhl that acute miliary general tuberculosis is a disease of absorption and infection. And this conclusion, in the very case I am about to state, is the exact contradictory of the older theory—that of Laennec—inasmuch as he considered the larger areas of softening and destruction to be due to the smaller disseminated product, which we hold to be the consequence of some older caseous centre. The one case I wish to mention is this. At the commencement of January, 1871, a boy aged 10 was brought to the Children's Infirmary with marked dulness at the left apex; no increased vocal resonance or tubular breathing; tympanitic resonance over the right chest, which measured a quarter of an inch more round than the left. The pulse was 90; the temperature 98·2. Towards the end of the month, there supervened diarrhœa and night-sweats. Admitted into the hospital, the boy improved in general health, without much change in the physical signs up to the commencement of April. In the second week of July in the same year, he was brought back. The left side was

(*a*) Drawing of lung of child: acute tuberculosis: catarrhal pneumonia most marked.

flattened from above downwards. There was absolute dulness over the whole left front; less absolute behind. On coughing, there was tubercular breathing, and slight crepitation at the end of expiration. The voice-sound was rather ægophonous and diminished in loudness. The right side was normal. There was no cough; no pyrexia to hand. The bowels were now constipated. Four days later, there was sickness. On the 25th of the month, he was readmitted in the drowsy state of tubercular meningitis. Early on the morning of August 3rd, the fifteenth day after the certain diagnosis of the tubercular meningitis, he died, his temperature the night before having been 102·3: and on the afternoon of that day we made a *post-mortem* examination. The result was as was to be expected: the left lung consolidated; the vesicles filled with cheesy deposit; in the apex, a cavity which communicated with a half-chalky, half-cheesy mass in the position of the thymus, making its way apparently into the pericardium; perivascular nodules in the pia mater; small miliary tubercles elsewhere; cheesy bronchial glands. The only comment I can make on this case is this: As a matter of reasoning, it must either be allowed that the antecedent presence of miliary tubercles which, according at least to the language of some, had caused the changes in the lung, gave no fatal indication till they appeared in the adventitia of the pia mater; or—and I confess the conclusion is easier to my mind—the presence of these perivascular nodules was in all the organs of the body simultaneous, or almost so; later than, and in every probability secondary to, the lung-changes which had already proceeded. There is no need to look upon the cheesy mass in front of the trachea as the original focus; though, as a pathological curiosity, its connection with the lung, and the thinning it was causing in a portion of the pericardium, is extremely interesting. There is one more point connected with this case, to which I may allude later on, which shows the probably hereditary character of what I assume to be the original disease. A younger sister and brother, of whom the latter died, both exhibited symptoms of pulmonary change, commencing, as it did in this boy, at the left apex. I cannot lay my hand on any notes of, nor do I remember making, a *post-mortem* examination of the younger boy. In all probability it was not allowed.

In everything I have said about this so-called "tubercle" to-day, I have confined myself altogether to that description of it by various writers as applied by them entirely to its supposed presence in the lungs. Unhappily, as I have already hinted, conclusions made as to its occurrence or supposed occurrence there, whether histologically as homologous growths, or pathologically as heterologous products, have been referred to the occurrence of "tubercles," neither histologically nor pathologically similar, in other organs. Backwards and forwards, from its implied type in the lung, its somewhat less defined repetition elsewhere, has this word "tubercle" been tossed, till, if it could speak for itself, it would make of men the same complaint which men, according to Plautus, make of the gods: "Dii nos quasi pilas homines habent." (*Capt. Prol.*, 22.) If any support for such a proposition be needed, the latest standard works on pathology supply, in their woodcuts, the most various microscopical illustrations, stamped all of them with the very same name—"Tubercle."

What, I think, we must conclude from a careful reading of different writers is this: that among the ancients, and even down to the time of Morton, pulmonary consumption was due to what they considered to be destruction of the lungs by ulceration. Sydenham even looked upon the close of the disease as due to what we should call now-a-days a pyæmia: "Pulmones exinde pure referti purulenta μίασματα quaquaversum in carnes dispergunt." (*a*) But with every writer, from Hippocrates to Morton, the φυμάτα ἄπεπτα, the *tubercula cruda*, were the first cause of that ulceration. Bayle, with larger experience of *post mortem* observation, allows a distinction, hardly perhaps accurate, between tubercular and ulcerous phthisis, and draws attention to the difference between miliary tubercles and miliary granulations; Laennec makes one step further, and describes the first commencement of the phthisis as extra-alveolar, leading on by some means or other to infiltration; Rokitansky sketches the sharply marked line of demarcation (*op. cit.*, vol. iv, p. 102) between "interstitial tuberculous granulation" and "tuberculous infiltration," insisting (vol. i. p. 29) on the existence of a "genuine grey tubercle granulation" which never undergoes the cheesy change, and asserting that Bayle's pulmonary granulations are vesicular tuberculous infiltrations; while Virchow (*a*) took the grey granulation to be the typical tubercle, of which cheesy metamorphosis was the subsequent characteristic. With writers of this century generally, it seems as if the word "tubercle" had become coextensive with and almost limited to "tuberculous infiltration," thus returning very nearly to its ancient meaning. The special pathology of the tubercle-granulation of the last ten or fifteen years, down to the present moment, I have attempted to sketch briefly, and I hope truly; and it needs no words of mine to show any one who reads the literature, whether of France, Germany, Italy, or England, to how many different, even histologically different, products this word "tubercle" is now applied. And I cannot but feel that, with all this uncertainty of use, even clinical facts will have no bearing till we all agree to discuss the same thing from the same standpoint—the same definition. With all humility, I think it would be well if we ceased to use the word altogether, at any rate in reference to ordinary consumption, To borrow the words of Andral in reference to the term inflammation—"created in the infancy of science, this expression, altogether metaphorical . . . is become so very vague, its interpretation is so very arbitrary, that it has really lost all value; it is like an old coin without an impression, which ought to be removed from circulation, as it only causes error and confusion." (*b*) If it must be kept, let it be for that series of clinical symptoms and pathological results, always secondary, as I believe, and always fatal, to which we do apply the name general tuberculosis; for, as regards this last affection, I am not prepared in any sense to adopt the term "granulia," first applied to it, I believe, by Empis over ten years ago, and advocated recently by Dr. Bastian. The word "granule" has at present a well-defined precise meaning in histology—a meaning which no want of a name for any particular affection ought to disturb; the vagueness of which meaning, if disturbed, would be open to the same abuses as φῦμα, tumor, tuberculum. Bayle (*op. cit.*, p. 10) truly says: "Nothing is more powerful than the influence of language. Erroneous denominations, and equivocal definitions, and false appreciations, bring in their train error, confusion, and the gravest mistakes, especially in sciences which, like medicine, are open to practical solution."

In coming to the close of this lecture, I would wish to add that, in anything I have said, I would not be supposed to detract—no assertion or supposition of mine could detract—one iota from the greatness of Laennec. The use of the word with which I have found fault did not originate with him. His attempt—and an honest one—to simplify the origin of phthisis has been carried much further, I think, than he intended. But the words in which Addison spoke of him exactly thirty years ago are to every one who reads Laennec carefully a mere statement of the truth regarding him. "We are never permitted (*c*) for a moment to imagine that we are reviewing for the first time the mere professions of an ingenious speculator or plausible theorist. We are led insensibly to the bedside of his patients; we are startled by the originality of his system; we can hardly persuade ourselves that any means so simple can accomplish so much—can overcome and reduce to order the chaotic confusion of thoracic pathology; and hesitate not, in the end, to acknowledge our unqualified wonder at

(*a*) *Works*, p. 605.

(*a*) *Cellular Pathology*, Chance's translation, page 447.
(*b*) *Précis d'Anat. Path.*; Paris, 1829, tome i., page 9.
(*c*) *Guy's Hospital Rep.*, ser. ii., vol. iv., p. 1.

the triumphant confirmation of all he professed to accomplish." It may seem almost an odd thing that in these days, in which we look—and, as I take it, look rightly—for light to come from the Teutonic rather than from the Latin race, we should be turning back to the pages of these French writers, some of them still fresh in the memory of many yet living, and, digging, as it were, through the rubble that has already half concealed the real foundations, should attempt to raise, not only each for ourselves, some firmer superstructure. And yet the lesson, if in some sort our own, comes to us to-day from the Germans. Buhl sixteen years ago, and his approving critic Waldenburg later, seem to aim somewhat at the simplicity, though by no means at the theory, of Laennec. And perhaps, Sir, if simplicity and truth—the very elements of the most powerful observation—are at all to be praised, you will allow me here to pay a passing homage to one who, stepping out, as it were, from between the half-closed portals which for years had hidden him from ears that longed to hear him, inscribed, only some twelve months back, (*a*) one more conscientious record on the truthful and brilliant monument of his *Clinique Médicale*. The death in life which parted him almost altogether from the active work of his profession has become, in these last four weeks, the death indeed of one who to a great number of Englishmen had ceased to be the living possessor of a vast knowledge and a large reputation. To many of us, much his juniors, so far as he is concerned—

"Obserat umbroscs lurida porta rogos."

But Andral's name may well be added to that list, including those of Hippocrates and Aretæus, Sydenham and Morgagni, of whose works Bayle speaks (*op. cit.*, Préf. xiv.) with discerning praise as "being only expositions of facts; not, therefore, brilliant"—as compared, he means, with theories and speculations—"but having the advantage of never growing old."

ON SALICYLIC ACID.

By J. C. Ogilvie Will, M.D.,

Assistant-Surgeon to the Aberdeen Royal Infirmary.

Some months since I published in the pages of a contemporary (*Lancet*, Dec. 18, 1875) a paper on salicylic acid; since that time my experience of its effects has been greatly extended, both in hospital and in private practice, and the belief I then expressed of its usefulness has now become even stronger; I therefore desire to direct the attention of those who may be still practically unacquainted with it to some points connected with this valuable antiseptic. It is unnecessary to enter into the expements which have been practised to prove that salicylic acid is a reliable antiseptic, as that is now a matter beyond dispute; but its superiority to other antiseptics is, to say the least, at any rate so far as this country is concerned, still *sub judice*, and it is to the elucidation of this point that I at present propose to devote my remarks. The questions I shall endeavour to answer are—Wherein does the superiority of salicylic acid over other antiseptics lie? and where should it be employed? The main advantages claimed for salicylic acid, in addition to its powerful antiseptic effects—which, as I have just said, I take for granted—are its non-irritant quality, its non-volatility, and its freedom from odour. Among its lesser advantages may be classed its non-poisonous nature and the readiness with which it can be incorporated with fatty substances in the preparation of ointments. Carbolic acid is a powerful irritant, and even when used in a very dilute form it still gives rise to such a degree of irritation as to prevent epidermic formation. The irritant character of carbolic acid is universally allowed, even by its most ardent supporters, for the talented leader of the antiseptic school—Professor Lister—speaks of antiseptic suppuration, and for the purpose of preventing its occurrence he interposes a layer of prepared oiled silk—the protective as it is called—between his carbolic dressings and the wound, to preserve the wounded part from direct contact with the acid. With salicylic acid no such precautions are requisite, and that for a twofold reason, viz., that on account of its extreme antiseptic powers only a very small proportion of the acid is required, and that even when a strong preparation is employed the irritation is so slight as to be hardly worth consideration. This I have proved, not once, but very many times, and the conclusions I have myself arrived at are in perfect accord with those of Thiersch and Kolbe, who have had great experience of the effects of this antiseptic. Carbolic acid then being a most unsuitable application for a sore or wound when cicatrising action is required—some other must be sought for. Sulphate of zinc in the form of red lotion, boracic acid, and chloral hydrate all answer fairly well, and in many cases leave nothing further to be desired; but I am firmly persuaded that salicylic acid is at once both the most generally useful and productive of more favourable results than all the others put together, for under its influence the granulations become small and pointed, the discharge lessened and non-irritant, and the formation of epithelium takes place with amazing rapidity. During the past few months I have had some very striking examples of this in my wards in the Aberdeen Hospital, in cases of injury, where, as I have often pointed out to those who accompanied me during my visit, a few years ago, before the antiseptic era commenced, it would have been thought extremely bad surgery to endeavour to save the limbs, and instead of attempting to do so, immediate amputation would have been considered the correct rule of practice. In the cases referred to I simply removed such parts as were absolutely dead, and made no attempt to form flaps, the wounds being left to heal by granulation. In several cases the ends of the bones were left uncovered without the slightest untoward result, for granulations in sufficient quantity speedily sprang up from the surrounding soft parts, and useful and seemly hands resulted—for it was especially in machinery accidents in which the hand had been involved that I had recourse to this form of extreme conservative surgery. The importance of the least sacrifice of parts cannot possibly be exaggerated, when we remember that each inch of tissue left represents to the working man a certain sum of money, and this principle should ever be kept in view when dealing (surgically) with those who depend on the work of their hands for their daily bread. Some of the cases looked exceedingly unpromising for the first few days, and when I first adopted this line of practice I at times feared I had risked too much; but in no case had I ultimately reason for regret, as the results were invariably satisfactory. Salicylic acid, however, cannot of itself be credited with the successful results obtained, for carbolic acid played no small part during the course of treatment, and the comparative disuse of poultices, "the very name of which," to use the late Mr. Liston's expression, "is associated with putrefaction and nastiness," contributed not a little.

The successful issue in cases of lacerated wounds, or other open sores, does not depend on the employment of any one antiseptic throughout, but on the judicious selection of a certain substance at the proper period—at least such is my experience; and the practice I now almost invariably follow is to use an oily liniment of carbolic acid so long as marked sloughing goes on, and after the wound has become so far cleansed, a watery solution of salicylic acid is then applied. In my former remarks on salicylic acid I stated that I did not think that aqueous solutions of that substance would ever come into general use, on account of its slight solubility in water; but a more extended experience of watery preparations has convinced me that I was in error when I rather disadvised their employment. Though only sparingly soluble even in boiling water, still by adding a small proportion of borax, a lotion strong enough for any purpose can be readily

(*a*) *Documents pour servir à l'Histoire de la Glycosuria: Comptes Rendus*, 1875, tome xxv. p. 858.

obtained. The lotions I use contain respectively 5 and 10 grains of salicylic acid and 3½ and 7 grains of biborate of soda to the ounce of water. No stronger watery solution can be required than the ten-grain one, and the presence of the borax is not in the slightest degree objectionable.

The plan I generally adopt is to commence with the weaker solution, and if I find that it is not sufficiently stimulating, I gradually increase the quantity of the antiseptic, and *vice versa*. The effects of these solutions are unequalled, for the growth of the granulations proceeds at a simply marvellous rate, deep hollows becoming filled up in a few days, and simultaneously epithelial formation proceeding rapidly in such parts as are ready for that process taking place. This seems to me to be the peculiarity of salicylic acid, for in the case of all other antiseptics with which I am acquainted, it is impossible to obtain rapid development of healthy granulation tissue and epithelium at the same time. For if a solution of say carbolic acid be employed of sufficient strength to encourage granulation growth, it will certainly impede or altogether prevent that of epithelium; and again, if the strength of the antiseptic solution be such as to favour the cicatrisation of a wound, it will not be stimulating enough to further the filling up of the less advanced portions of the raw surface. In this particular, then, salicylic acid differs from all other antiseptics, for when dressings impregnated with it are employed, both indications are fulfilled, healthy granulations springing up in abundance in the deeper parts of the wound, and cicatrisation taking place at the edges. The granulations are small and extremely vascular; this is absolutely the rule, and so far as I have seen, it has no exception; so certain am I of it, that when I order salicylic acid to be applied, I feel perfectly assured that within a very short space of time the wound will present as healthy an appearance as could be desired. This is undoubtedly a strong statement; but experience has shown me that I am justified in making it, and if put to the test, I know that every member of my excellent staff of dressers would bear me out in what I have said. It has been alleged that salicylic acid gives rise to severe pain; but this I have never found, slight smarting being the nearest approach to any such sensation that I have yet heard of, though I have questioned and re-questioned many whose wounds were dressed with salicylic applications, and even when that was experienced, all the patients have assured me that it was merely momentary, and that, too, in cases where preparations containing a large percentage of the agent were employed, and even when the pure acid has been applied. As I cannot possibly account for this discrepancy of opinion, I need not dwell on it, especially as I feel convinced that if a reliable sample of the acid be employed no such symptom as severe pain will show itself.

I have as yet only alluded to watery preparations of salicylic acid, and I entered on their consideration first, not on account of their being more generally useful than the many other forms in which it may be prescribed, but because, so far as I am aware, they have been even less used than the others, and for the personal reasons already given.

Various forms of ointment may be compounded, as salicylic acid, unlike boracic acid, can be readily incorporated with fatty substances; but it would answer no useful purpose to repeat at length what has already appeared in a medical periodical regarding the different unctuous preparations of salicylic acid, so I shall simply give the formulæ for two ointments which I have found of much service. The following is perhaps the most generally applicable of any:—Salicylic acid ℥ss.—℥j., white wax ℥j., paraffin ℥ij., almond oil ℥ij.; melt and rub up in a heated mortar. This ointment, which is merely a modification of Professor Lister's boracic ointment, should be spread on strips of muslin or fine linen, and is a thoroughly trustworthy antiseptic application. The other ointment is a simple admixture of the acid and simple ointment. Wagner states that in making it it is advisable to use alcohol as a solvent, as the direct mixture of the acid and lard does not give the same good results; but as I have long been in the habit of using it in its more simple form, and have obtained most excellent results, I have not thought it necessary to change my original formula. The proportion of the acid varies with the use to which the ointment is to be put; in the cases in which I have chiefly prescribed it—viz., circumscribed eczematous affections of the head and face, I have found half-a-drachm to a drachm to the ounce wonderfully efficacious; and if any one be dubious regarding the therapeutic value of salicylic acid, let me advise him to prescribe it for a case of the kind mentioned, and I feel persuaded that the result he will obtain will at once convince him of the efficacy of the agent he has employed. On this point I cannot speak too emphatically, for I have now used it in a large number of cases, and the results were uniformly good, far surpassing any mode of treatment I have yet seen in the practice of others or in my own, so much so that I have come to regard salicylic acid as a specific in cases of eczema narium and such like affections, and I hope at a future period to give in detail a series of cases treated by salicylic ointment.

Oleaginous preparations of salicylic acid are the least elegant of all the forms in which it can be prescribed, as it is hardly at all soluble in oil; still they may be used with good effect in burns, healing action quickly taking place under this mode of treatment, putrefaction, if it be present, being arrested, and fœtor at once disappearing.

I have now endeavoured to state as briefly as possible some of the advantages of this new antiseptic, and I feel satisfied that salicylic acid only requires a fair trial to be looked on as an invaluable addition to our list of curative agents. When I first employed it I was inclined to regard the statements of those who extolled its use in the light of *omne novum pro magnifico*, but in this I was agreeably disappointed in the very first case where I prescribed it, and the conviction then arrived at has taken deeper root with each fresh case in which it has been used, and I firmly believe that ere long salicylic acid will occupy, if not the first, at least one of the foremost places, among antiseptics.

THERAPEUTICS: INCLUDING THE PHYSIOLOGICAL ACTION OF MEDICINES.

By W. Handsel Griffiths.

(*Continued from page* 379).

ACIDUM CITRICUM.

Citric acid has been used beneficially as a lotion (one or two drachms to eight ounces of water) to cancerous ulcerations. In angina, gangrenous sore-throat, &c., it is a good topical application, and it has also been found useful when applied in pruritis of the genitals.

Although citric acid was enumerated by Orfila among the irritant poisons, it has been ascertained that even in large doses it does not cause inflammation of the intestinal tract, and Broussais goes the length of affirming that citric acid is of all others that which is best supported by the stomach when that organ is inflamed. Be that as it may, it is unquestionable that lemon juice occasionally causes severe griping or diarrhœa.

Citric acid exerts a liquefying action on the blood, and hence is useful in affections characterised by excess of the fibrinous element. In scorbutic affections, in which diseased condition the coagulability of the blood is markedly impaired, although the amount of the fibrine is increased, citric acid acts beneficially, but is immeasurably inferior to lemon juice as a remedial agent. Garrod considers that citric acid is devoid of antiscorbutic properties, and that the efficacy of lemon juice in this respect is due to the potash salts which it contains.

Citric acid and lemon juice reduce the force and frequency of the pulse, and the latter is given by Dr. G. Owen Rees in doses of one or two ounces in rheumatic affections. The writer's experience of lemon juice in the treatment of rheumatic fever leads him to accredit it with the power of mitigating the severity and alleviating the pain, while it does not shorten the attack. In syphilitic

or gonorrhœal rheumatism, or in rheumatism connected with purulent discharges, lemon juice is powerless for good.

It has been stated by some writers that in hæmorrhages lemon juice or citric acid assuage thirst and counteract the tendency to loss of blood. However efficacious these agents may be in slacking thirst, the writer would pronounce them to be absolutely contraindicated where there was the slightest indication of a hæmorrhagic tendency.

Although citric acid is frequently employed for its refrigerant properties, it must not be supposed that it in any degree diminishes febrile heat.

Vogt considers that citric acid acts more on the skin and less on the alimentary canal and urinary organs than tartaric acid. The diaphoretic action of the former acid and of lemon juice is augmented when they are given in effervescence.

The administration of tablespoonful doses of lemon juice several times daily is a reputed treatment for jaundice produced by hepatic obstraction.

Mitscherlich's experiments on rabbits show that citric acid in poisonous doses exerts a powerful action on the spinal cord, causing spasm of the muscles of the back, of the respiratory muscles, and of the masseters. It also diminishes sensibility and enfeebles the action of the heart.

Citric acid is enumerated among the antidotes to alkaline and narcotic poisons.

ACIDUM GALLICUM, ACIDUM TANNICUM, GALLA.

As a topical astringent tannic acid is superior to gallic. The remarkably persistent astringency effected by the former acid on the mouth and fauces is due, not only to the coagulation of the secreted mucus but also to the constriction of the follicular orifices. Druitt recommends a solution of tannic acid in the treatment of apthous ulcers of the mouth, for moderating mercurial salivation, for reducing sponginess of the gums, and in relaxation of the uvula and pharyngeal mucous membrane. In toothache from caries, after scarifying the gums, he stops the cavity with a piece of cotton saturated with a solution consisting of twenty grains of tannic acid and five grains of mastiche in two drachms of ether.

A strong solution of tannic acid has been found useful in the treatment of conjunctivitis, acute or chronic.

Glycerine of tannic acid is recommended by Professor Ringer as an application in ozæna and nasal discharges, and in otorrhœa. A solution of five grains of tannic in an ounce of water is recommended by Druitt as an application to sore nipples, and for anal and scrotal excoriations.

In fissure of the anus Van Holsbek uses a solution of one part of tannic acid in sixteen of glycerine. Tannic acid has been employed to prevent prolapsus ani and extension of hæmorrhoids.

Several cases are recorded of prolapsus uteri having been cured by means of a tampon soaked with a saturated solution of tannic acid, and renewed daily for four or five weeks. Tannic acid injections have been beneficially employed in the treatment of chronic mucus discharge, as in gleet and leucorrhœa.

As a local application tannic acid was used by Homolle as a means of preventing the development of variolar pustules: he used a solution of one part of the acid in four of tincture of benzoin.

Tannic acid has been used in the treatment of certain skin affections, thus Alison advocates the use of an ointment of tannin in psoriasis, and the application of glycerine of tannic acid followed by poulticing has proved useful in some stages of eczema. Tannic acid topically applied in local perspirations, particularly from the armpits and feet, has been found extremely serviceable.

Given internally, in doses of one or two grains daily, tannic acid increases the appetite. On account of the small doses required it is not so likely as other astringents to disturb a delicate stomach. It is said to induce constipation but this effect rapidly subsides, indeed some authorities contend that, even in large doses, tannic acid does not constipate. It is unquestionable that in large doses it diminishes the mucous secretions of the alimentary canal, and it is hard to understand how this result can be effected unaccompanied by a certain degree of constipation. In impaired digestion of chronic diseases and in chronic diarrhœa Dr. S. C. Alison has found in tannic acid a valuable remedial agent. In all cases of chronic and wasting discharges from the bowels unaccompanied by inflammation, no other drug will be found equally efficacious. In the diarrhœa attending the abuse of alcohol I have found tannic acid to act more certainly and speedily than any other single drug, but its efficacy in this affection is infinitely enhanced when given in combination with strychnine. Gallic acid was proposed by Bayes as a remedy for pyrosis, but therapeutists are not agreed as to the class of cases most suited to such a treatment.

In irritable piles gallic acid in combination with opium is of good service.

Tannic acid has been employed as an anthelmintic, but with such poor success as to discourage its future employment for such a purpose.

As tannic acid coagulates albumen the question arises, How does it circulate in the blood? Clarus supposed that the coagulum is emulsified and rendered absorbable by fat. Buchner considers that it is converted into gallic acid, but this substance is so slightly astringent of itself that it is probable that its constitution becomes modified in its passage through the blood. It is unquestionable that tannic acid is superior to gallic acid as a topical astringent, while as a remote astringent gallic acid is the more powerful. In order to account for the astringent properties which gallic acid possesses when given internally Headland suggests that in the blood it is converted into tannic acid by the elements of grape sugar which is being continually formed during the blood-processes connected with respiration. That tannic acid is a compound of gallic acid and the elements of grape sugar is the inference to be drawn from the researches of M. Braconnot and of Strecker. When tannic acid is therefore taken into the system the elements of the grape sugar are oxidized into carbonic acid and water and gallic acid is set free. Gallic acid alone will not precipitate albumen, but a mixture of gallic acid and gum will do so. Now gum has the same constituion as sugar, and a material containing the same elements is known to be continually forming in the blood, hence gallic acid may act along with this material and so exert an astringent action. Dr. L. Earle considers that the anti-hæmorrhagic property of gallic acid is increased by combination with sulphuric acid, an opinion which an experience of several cases will not permit me to coincide with. Granthamsuccessfully gave five-grain doses of gallic acid every three hours in several cases of purpura hæmorrhagica. In internal hæmorrhages especially when of a passive nature, or when long continued, or in those in which the congestive tendency has subsided, tannic acid, although to a certain extent efficacious, is superseded by gallic acid. In the treatment of menorrhagia testimony as to the value of the latter astringent is abundant, and in hæmoptysis cures have been effected by it when all other remedies have failed. In hæmatemesis gallic acid has also proved of service, but in this latter affection I have seen better results from tannic acid, and this is to be expected on account of the topical astringency exerted by the tannin on the bleeding vessels of the stomach. In hæmaturia gallic acid has proved a reliable remedy.

In bronchial discharges tannic acid has been found to act with great benefit, but Woillez (*a*) states that its efficacy in this respect is more marked in recent than in chronic cases of excessive bronchial secretion. Tannic acid has been found to act beneficially in moderating the sweats of phthisis and other exhausting diseases; indeed, in phthisis the symptoms often appear to be palliated under the influence of this drug, and some therapeutists

(*a*) *Bull. Gen. de Thérapeutique*, Jan. 13, 1863.

suggest that it may restrain the evolution of the tubercular deposit. Of course in acute phthisis tannic acid is contra-indicated.

In whooping-cough benefit has been obtained with tannic acid, and I have known one case in which sufflation of the finely powdered acid on the fauces and pharyngeal mucous membrane was productive of very satisfactory results.

Tannic acid has been used in intermittent fever but without much benefit, it should be mentioned, however, that according to M. Sistach and others, tannate of quinine is in every respect superior to the sulphate of that alkaloid in the treatment of intermittent fever. (*a*)

Tannic acid given internally appears in the urine as gallic and pyrogallic acid.

In albuminuria depending on temporary causes gallic and tannic acids are occasionally efficacious, and Lyell states that in cases in which it is likely to do good the benefit from them will be evident within a few days. Dr. Garnier states that in albuminous anasarca consecutive to scarlatina he has found great benefit from doses of half-a-drachm or a drachm daily of tannin. (*b*) The most recent testimony in favour of the value of gallic acid in albuminuria is afforded by Dr. J. T. Jameson. (*c*) He assumes that the gallic acid is carried unchanged to the congested and inflamed capillaries of the kidneys and acts as an astringent and tonic to them, promoting their contraction, and thus arresting the exudation of the red blood corpuscles and favouring the normal secretion of urine.

In fatty or chylous urine gallic acid has proved useful, and an interesting case has been recorded by Dr. H. Bence Jones. (*d*)

Tannic acid has been recommended in diabetes, but in this affection its administration has not been productive of beneficial results.

In the after stages of gonorrhœa and in gleet injections of glycerine of tannic acid diluted with an equal quantity of olive oil or mucilage have been found to be beneficial.

Tannic acid was proposed by Kunzak as an antidote for strychnia, but it has not proved of any value in this capacity. Galls have been proposed as an antidote for tartar emetic and many alkaloids, on the ground that they form insoluble compounds with those substances, and that they constringe the mucous membranes so as to impair their absorption power. Their efficacy is at least doubtful.

(*a*) *Journal de Méd. et de Chir.*, April, 1872.
(*b*) *Arch. Gen. de Med.*, Jan. 1859.
(*c*) *American Practitioner*, and Author's "Monthly Reports on the Progress of Therapeutics," *Edin. Med. Journ.*, Jan. 1876.
(*d*) *Med. Chir. Trans.*, Vol. 33.

Clinical Records.

ROTUNDA HOSPITAL.

Case of Ovariotomy.

By Lombe Atthill, M.D., Master of the Hospital.
Reported by Mr. H. J. Battersby, Resident Clinical Clerk.

Having previously published the particulars of two cases in which I successfully performed ovariotomy, I think it right to give those of the following one, which terminated fatally.

M. S., aged 37, unmarried, was admitted into the chronic department of the Rotunda Hospital on the 26th May last. Her history was as follows :—

Eleven years ago, when suffering from an attack of pleurisy, she noticed a tumour in the left iliac region which was very tender and painful to the touch, and which from this date extended gradually across abdomen; her size slowly increasing, her general health being good. Four years ago she came under the care of the late Dr. Duigan, of Mullingar, who diagnosed ovarian dropsy, and decided to operate, but he died before he could do so. Menstruation had been irregular of late.

In August, 1875, she was admitted into the hospital, and was tapped, twenty-one quarts of fluid being drawn off. At this time she measured upwards of 50 inches round abdomen at umbilicus.

The fluid, however, rapidly reaccumulated, and on her readmission, on the 26th of May, she measured round abdomen at umbilicus 51½ inches; ensiform cartilage to umbilicus 14 inches; symph. pubis to umbilicus 13½ inches; left ant. sup. spin. of ilium to umbilicus 17 inches; right do. to do. 16½ inches.

Fluctuation was very distinct; the front of the abdomen was dull; the flanks resonant on percussion.

On a careful consideration of the case, I decided to advise that the operation should be submitted to, as offering the only hope of prolonging life beyond a few months. The case, besides, seemed favourable, the patient being in good health, and the tumour unilocular. The risk of the operation having been clearly explained to the patient, she expressed her entire willingness to undergo it. I accordingly performed it on the 6th of June. The sac was exposed without difficulty; on sweeping sound over its peritoneal surface numerous adhesions of recent origin were broken down; the cyst was then successfully tapped with Spencer Wells' trocar, and the fluid contents evacuated without the escape of any into the cavity of the pelvis. So far all seemed most favourable; but on attempting to draw out the cyst it was found to be bound by very strong and dense adhesions, to the omentum, the transverse colon, and to the small intestines posteriorly; the breaking down of these adhesions was a most difficult and tedious matter; it was effected at last without the loss of much blood, the pedicle secured with a clamp and severed. The pedicle being very short, I cauterised it with the actual cautery freely, and securing it with a catgut ligature, removed the clamp, and threw the pedicle back into the pelvis. There had been some oozing of blood from the vesicles torn in breaking down the adhesions; this ceased. Any fluid which had collected in the pelvis was carefully sponged out, and the edges of the wound in the abdominal wall brought together with catgut ligatures, the patient swathed in a flannel roller and laid in a warm bed.

Ether and chloroform mixed was the anæsthetic employed, there was not any vomiting during the operation, which occupied about 40 minutes.

At 2.30 p.m., being two hours after the conclusion of the operation, her pulse was 88; temperature 100°.8. She was quiet and sleepy; did not suffer any pain; has had 1oz. milk and soda-water at intervals of half-an-hour; ice *ad libitum*.

3.30.—Stomach inclined to be sick—to have beef-tea instead of milk; pulse good.

6 p.m.—Pulse 110; temperature 101°; inclined to be sick; no pain. Catheter passed at 3 and 7 o'clock, and a moderate quantity of urine draw off; passed again at 10.30. Very little urine secreted.

1 a.m.—Stomach very sick, vomiting every 15 minutes; pulse 120; temp. 102°. From this time she began to sink. Stimulants were freely administered, but were instantly rejected. Enemata of beef-tea and brandy, though retained, did not appear to produce any effect; the secretion of urine was suppressed altogether; and she sank and died without pain at 6 p.m. on the 7th, being 30 hours after the operation.

Post-mortem examination made seventeen hours after death by Dr. R. Harvey.—On cutting the stitches which closed the wound there was found to be no attempt at union in it. Abdominal parietes (in front) very hæmorrhagic. The peritoneum broken away in several places to a great extent, and a large number of ecchymoses on and under its surface; in some places it is also greatly thickened, best marked low down in the abdomen (this thickening was the result of old-standing inflammation). Corresponding to the lips of the wound, the coils of small intestine and the transverse colon were firmly matted to the parietes by recent adhesions; the omentum

was thickened, highly vascular, rolled up together, and passing into a state of sphacelus. There was a good deal of bloody serum in the peritoneal cavity. Uterus, apparently somewhat elongated. Other ovary appeared healthy.

While deeply regretting the termination of this case, I have no hesitation in affirming that the operation was not only justifiable, but called for; it was impossible that life could have lasted long in a patient in whom disease had made such progress, and in whom there existed a sac of such magnitude still steadily increasing in size. The difficulties resulting from the extensive and dense posterior attachments were not and could not have been forseen, and to them the unfortunate termination of the case was without doubt due. What is to be regretted is that Dr. Duigan a unable to perform the operation when he detected the nature of the case four years ago; had he done so, the result most probably would have been different. The cause of death was evidently due to the shock, from which she never perfectly rallied.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 21, 1876.

THE DENTAL PROFESSION.

In another column we print a letter from Mr. John Tomes, in which the main points of the discussion affecting the dental profession which has occasionally occupied a portion of our space during late weeks, are set forth temperately and clearly. Our readers will not be surprised to find that we have been in complete accord with the opinions of Mr. Tomes and the party which he represents—that part in the dental profession to whose labours the speciality entirely owes its present position. With characteristic modesty, Mr. Tomes refrains from mentioning the fact that the good work to which he alludes has been accomplished, through the energy and wisdom of himself and his coadjutors, some of whom, unfortunately, have now passed away. Twenty years ago it may be said there was no dental profession, and the vast majority of dentists were unqualified. There existed, however, a considerable minority of educated professional men pursuing the practice of the speciality, some possessing diplomas, and others, although accomplished dentists, and sometimes men of scientific attainments, without recognised qualifications. This minority after much discussion, at length united themselves into a body with the object of promoting the advancement of dentistry and rescuing it from the hands of the ignorant charlatan. With this view the Odontological Society was founded; the College of Surgeons was induced to establish a special qualification for dentists; and efficient schools for the education of dental students were organized. Since 1858 the progress of the profession has been continuous, and it has been recruited by a large number of properly educated dentists, much to the elevation of the speciality and to the benefit of the public. The Odontological Society has continued to form a bond of union between all that is good in the speciality. A scientific body in the main it has kept a due watch over the professional conduct of its members; comprising all the most eminent dentists, it has not refused its membership to any practitioner duly vouched for as an educated professional man, whether possessing a diploma or not. In this way it has tended to the elevation of the whole body of dentists, its membership being sought and valued as a stamp of honourable position, and many unqualified practitioners have doubtless been induced to practice their calling as a profession instead of as an inferior trade in the hope of meriting the membership of the society. When it is remembered how important is the union of all interests worthy to be united in furthering the progress of a profession under such circumstances, it will be seen that the Odontological Society has acted wisely in not making itself a small association to the exclusion of whatever power and energy was further available. The holders of the licence in dental surgery form the largest party in the society, and to some of them dental reform owes most; next in numbers come those without diploma, comprising many excellent dentists. Lastly, the remainder is composed of the comparative few holding full degrees in surgery. Seeing what this judicious combination of available force has accomplished with such excellent promise for the future, and how equally the credit of what has been done must be divided among all parties, it is easy to understand the resentment which has been aroused by the recent action of a small section of the qualified members of the profession, who with no real claim whatsoever to a position of leadership, have set themselves up publicly as the sole pioneers of a new departure in the path of reform, and by excluding from their ranks not merely unqualified practitioners, but also the licentiates in dental surgery, insulting by implication an honourable section of the profession, and one to which as we have said the whole body owes, to a great extent, its present respectable position.

THE VIVISECTION BATTLE.

The current number of the *Langham Magazine* contains an article on "The Vivisection Battle," written in a calm and conciliatory spirit, and worthy of the consideration of those interested in this, at the present moment, prominent question. The writer starts with the inquiry, "What have the advocates of vivisection to urge as reasons for such a practice?"—the answer to which is, we think, quite conclusive. They believe in vivisection experimentation because by this means the alleviation of human suffer-

ing is procured, and human life can be prolonged, remedical discoveries are made, and the general advancement of scientific knowledge is promoted. Every dispassionate and reasoning person will agree in the conclusion that "such avowed objects must not be rashly interfered with," for in the case of a fatal disease ravaging a country, experimentation by vivisection may enable scientific men to discover its cause and supply a remedy, or means for arresting its further progress. Cruelty to a few animals in such a case, it cannot be denied, may prove to be kindness to thousands of human beings. The opponents to this view are "total abolitionists," practical abolitionists, prohibitors of pain, and restrictionists. Among the first are those who have a total disregard as to whether experimentation may do good. "Human suffering is a matter of indifference, so far as remedial discoveries by vivisection are concerned." To be consistent, all who entertain such views, "must be stoical enough to denounce even a painless experiment on an animal to save wife, children, or relative from disease or death. If a plague break out amongst us, a disaster which may occur, rather than permit a remedy to be discovered by vivisection, they would allow thousands of their fellow-creatures to perish!" "Under any circumstances," they say, "we have no right to subject living animals to experimentation." The end to be obtained can under no circumstances, it is stated, justify the means. Careful observers of modern progress and logically minded persons will admit that such a position is totally untenable. The total abolitionists, also, in their zeal, misrepresent facts connected with this subject. "It is urged that man has no right to take away or tamper with animal life. It is said to be an abuse of man's power to subject animals to experimentation and curtail their lives by vivisection. Life, in all its profound mysteriousness, having been given by the Creator to animals, is considered too sacred to permit of man's interference with it. Being unable to replace the life which has been sacrificed, man in sacrificing it oversteps the limit of power and dominion with which he has been entrusted. To abbreviate the span of existence allotted to animals is an unjustifiable interference with their rights, and an offence against the laws of God." A careful consideration of such arguments must convince any one, as it has the writer of the article, that they are "either maudlin sentimentality or twaddle;" for is not animal life hourly sacrificed for human food, clothing, and many other purposes? Do we not out of compassionate feelings destroy animal life in aged animals? Where then, is the sacredness of animal life as represented? As regards the unqualified statement that an abbreviation of life in animals is an offence against the law of God, it may be asked, Who ordered the law of nature? By the decree of a wise Providence, many species of animals exist only by the destruction of certain animals of other species. Is then the whole order of nature wrong? Has Providence not only initiated, but perpetuated error in its arrangements with regard to nature? This, of course, will not be admitted, and at once the argument advanced resolves itself into an absurdity. Then what becomes of the proposition that man has no right to take away life in animals? It tumbles to pieces, and in its fall necessarily injures the claims of a righteous cause. It is incumbent upon us, no doubt, to protect all creatures from cruelty; but, we ask, do those who advocate abolition of vivisection, and would prohibit the infliction of pain on animals, carry their condemnation into practice? We fear not, or they would not be found joining in cruel sports, and the unnecessary mutilation of animals, as the cropping of the tails of horses and cattle, the ears and tails of dogs, and the still more barbarous practice of entirely shaving off the coats of dogs, the mutilation of lambs and pigs, the trapping and subjecting to a cruel and lingering death various animals and birds supposed to rob orchards and gardens, in short, of those "who needlessly set foot upon a worm." One other point, and we have done, and this we would briefly notice, because it has given rise to misconceptions in quarters little suspected, during this discussion on vivisection—it is in reference to hospitals. It has been urged that even the Hospital Sunday contributions should be "withheld from institutions in which the dissection of live animals is practised." It is also urged that "some portion of the money collected may be applied to the purchase of the unfortunate animals condemned to undergo these experiments, or to the building of premises for experimental purposes." This appeal is cruelly unjust, for several reasons. In the first place, the funds of medical schools are entirely distinct from those of the hospital. Medical schools and medical teachers are paid by the fees of the students, and not by the hospital: if there were no hospitals, experimental physiology would in all probability be taught for the sake of gaining scientific knowledge. In some instances the teachers of the medical schools contribute largely towards the maintenance of the hospitals and the relief of suffering humanity. In the next place, the contributions of the Metropolitan Hospital Sunday Fund are divided solely amongst hospitals already in existence, unendowed charities; those in course of construction, and the large endowed hospitals—Bartholomew's, Guy's, and St. Thomas's, the University of Edinburgh, Owens College, Manchester, and the Brown Institution, over which Dr. Klein presides, have no share whatever in the distribution.

Notes on Current Topics.

Lord Elcho on Pure Air and Water.

ALTHOUGH Lord Elcho's commendable efforts to bring about a better state of things for the metropolis, secure a pure water supply, supersede the chaos of vestries and divided authorities, apparently perpetuated to increase our sanitary evils, has once more been unattended with the success it deserves, we do hope he will not be disheartened by his defeat, but rather stimulated to persevere to the bitter end. It is certainly very derogatory to the largest city in the world, as well as impolitic, to have such necessaries of life, as the water we drink, the air we breathe, gas, and other equally important matters, in the hands of those whose chief object is to make money, but not to preserve the health or prolong life, or inquire in what way sewage and water pipes conduce to spread fevers. Mr. Lowe, in the course of the debate, drew a vivid picture of divided authority in London, and its consequences. He said:—"Take the case of gas. There

was not a town in England that would submit to be treated as London was treated in its gas supply, the quality of which was deteriorating, whilst its price was increasing, the chief reason of which is a barefaced and gross monopoly on the part of a number of chartered companies. Then take the case of water, What was one of the greatest insult which one human being could offer another? If one man compelled his neighbour to drink his sewage, the latter was put almost as low as he could be put. Yet this was precisely the position of most of the inhabitants of London. He enjoyed the blessings of a water supply from the Chelsea Water Company, and hardly a newspaper he took up without reading about the large proportion of animal organisms it contained. This meant that all the towns on the banks of the Thames, above the metropolis, were discharging their sewage into the river, and that the people of London were forced to drink the water so defiled. The people of the first city in the world were thereby subjected to an insult which no decent master would offer to his slave." This state of things, Mr. Lowe believed, would soon be terminated if London enjoyed a "Municipal Council" of the best class of men, who would devote their attention to the noble task of securing and regulating the daily life of so large a portion as 3,600,000 of the human race. In this view of the question we are quite agreed.

Medical Females in Russia.

THE thin end of the wedge towards legalising women for the practice of medicine in Russia, was inserted last week, when for the first time the degree of M.D. was conferred upon a lady. The fair possessor of the doctorate is Madame Roudneff, who entered the medical academy as a free scholar in 1868, and, after having completed her course of study, left the establishment with the gold medal, and soon afterwards went up for her doctor's degree. Referring to the subject, the correspondent of the *Standard* newspaper says it is generally allowed that Madame Roudneff defended her dissertation with remarkable ability, and she was highly complimented by all the members of the faculty who were present.

The Treatment by Injection of Ammonia for Snake Bites.

SOME experiments have been lately made by a subcommittee of the Medical Society at Melbourne, with a view of testing Professor Halford's remedy for snake bites. A number of snakes were procured, and were made to bite a capsule covered with oiled muslin, the poison deposited in the capsule being carefully weighed by Dr. Kirkland, of the University. An accurately weighed dose was then immediately injected with the hypodermic syringe under the skin of the dog to be experimented on, and time and effects duly noted. The ammonia used was liquor ammoniæ. As the attention of the committee was particularly directed to the intravenous injection of ammonia, this remedy was employed in thirty-one cases, in four of which it was injected by Professor Halford. The committee reported that it could not be said that the ammonia treatment was in any way beneficial. All the four dogs experimented on by Professor Halford himself, died, as did the other dogs in the hands of the committee. At a meeting of the Medical Society, Professor Halford said that he had no doubt whatever that the results of the experiments were given correctly in the report. It seemed to him, however, that it was the mode in which the dogs mentioned in the report had been poisoned, which caused the difference between the results arrived at and those he found when he made similar experiments before.

International Science.

ON Tuesday week Professor Donders gave an interesting demonstration at Moorfields on the "Metrical System of Numbering Spectacles," and on "Snellen's Photometer." The learned lecturer said the only difficulty was to fix unity, some wishing it to be two hundred and forty centimetres, some three hundred, whilst he preferred four hundred. He explained that by the adoption of uniformity and from *unity*, the operation of correcting ametropia by means of single or combined lenses would be greatly facilitated. Whether the metrical system will in this country supersede the old method of numbering remains to be seen. It must be some time before it can be brought into use, as opticians will scarcely care to take it up, since it involves time and trouble, as well as expense. The photometer was shown to be simple in its application, and thoroughly efficient for the determination of the relative value of lenses. The learned Professor was even more at home at South Kensington last week, where he exhibited and explained some of the numerous ingeniously contrived scientific instruments that enrich the collection under the heading of Ophthalmological Apparatus. He commenced by giving a short account of the movements of the eyes, and how this is effected by the muscles; he then went on to describe an instrument designed by him, which he called "a controller." This consists of a bent wooden rod, with a mouth-piece set on one end, and on the other a coloured strip, moving on an axis, passing through the centre of movement of the eye. After fixation in the direction of the axis, the eye being directed upon the coloured strip, the after-picture is seen in the prolongation of the strip (the law of Listing), and in whatever way the line of fixation reaches the extremity (the law of Donders). A series of experiments made with lateral inclination of the head shows how far the associated rotary motion interferes with the law of Listing. This "controller" of the laws of Donders and Listing has not previously been described. He then exhibited an ingenious instrument, the Cycloscope, intended to show the direction of the meridians, the great circles, the direction of the circles, and the parallel circles of the field of vision. The value and bearing of such investigations will be found and fully explained in Helmholtz's "Physiological Optics." The Horopteroscope, Donders explained, was an instrument designed for the determination of the line-horopter-plane at different degrees of inclination of the plane of fixation and at different degrees of convergence. By this contrivance we find the position for close work with the hands, and which, according to the inventor, has in course of time determined the angle between meridians of apparent equal direction; whilst the Isoscope enables us to determine the angle between the meridians of apparent vertical and horizontal directions at any degree of convergence, separately or simultaneously, and investigate at

the same moment how lines or objects in the field of vision influence these angles. By another instrument equally ingenious, the Photostereoscope, we are enabled to determine the relative value of the second eye for binocular vision; this has been constructed by Donders on the principle of Hering; whilst the Noematachometer accurately registers two sounds, two lights, or a light and a sound (by sliding prism rods and frames), the difference in time between two impressions, and to a perfect certainty. The priority of two impressions can also be determined by this instrument. Donders concluded by describing his apparatus for observing and registering physical processes; the method of testing the length of the duration of the action of willing and producing a result. A vowel sound, for instance, is called out by some person, and a second person has immediately on hearing that to call out the same sound. The processes involved are those of hearing the sound, arranging the larynx to repeat it, and making the muscular effort to reproduce it. It was thus seen that when it is known beforehand what vowel is to be sounded the time occupied can be measured with accuracy.

The Anti-Vaccination Craze.

The Bishop of Manchester being solicited to attend an anti-vaccination meeting, has administered a rebuke to the promoters, which is all the more severe, because it is consistent with common sense and at variance with the mistaken feelings of these fanatics. "You," said the Bishop, "are prepared to argue the vaccination question on the simple basis of ascertained facts. According to the preponderance of these, one way or the other so let the conclusion be. The vaccination question has become one of primary sanitary importance, if the facts alleged can be substantiated. They do not, however, prove to my mind that vaccination is mischievous—indeed, its benefits seem to me to be established by an overwhelming mass of evidence —but simply that vaccine lymph is often poisoned; in which case, of course, it must be mischievous, and may be fatally mischievous. My opinion is not changed upon the subject of the prophylactic efforts of vaccination when properly administered, nor as regards the necessity of the proper conditions being observed in the administration—namely, that the lymph is procured from a healthy subject, and that the child is in a proper state to receive it into its system. I should, however, be unfeignedly glad to see the question once for all disposed of in a full and fair discussion between competent representatives of the opposing schools."

The Determination of Sex.

In an article which appears in the *Philadelphia Medical Reporter*, of May 20, Dr. Capshaw refers to the experience a French stock raiser, M. Thury, had acquired of controlling the sex of colts and calfs, whose dams were subject to his management. His theory was that the impress of sex was made at the moment of fertile conjugation, and that it took form from the parent which happened to be possessed of the greater amount of erotic humour at the time of sexual contact. He also observed that the erotic heat of the females was highest during the first few days of its advent, after which it gradually abated in them to aversion, before the males gave up the pursuit.

In pursuance of this theory, when he desired a female product, he only admitted the males to his mares and cows at the early stage of the erotic fever. On the contrary, if a male product was desired, he kept the sexes apart till the females had passed the climax of excitement and were about to reach the point of aversion, before the males were permitted to conjugate with them. By carefully watching and managing, in the manner described, he confidently asserted that he could foretell the sex of each forthcoming young before it was dropped.

In applying this theory to the human subject, Dr. Capshaw states that he has watched all cases in which male children had been born at the natural period after the marriage day, and had found on inquiry in such cases that the mother had just passed her menstrual period at the time of marriage. A more forcible proof of the truth of the theory—if it be true—is that in nearly every instance in which a woman complains of having gone beyond her time the child is a female, because conception has taken place immediately *before* menstruation, though the mother had made her calculation from the previous period. The same effect takes place—says the author—in those cases in which persons abstain from intercourse for ten or twelve days after menstruation in the hope of having no children. They trespass upon the succeeding erotic term of the wife, and the almost invariable result is a girl.

Sanitation in Dublin.

The prospects of sanitation in Dublin, are—we are gratified to observe — promising. The Sanitary Association has done a great deal towards stimulating the Public Health Committee of the Corporation and the laws of nature have aided them by causing a couple of dilapidated houses—types of many hundred disease dens which exist under corporate patronage—to fall and thus bring into disrepute the City Engineer, whose duty it is to look after such dwellings.

To Sir Arthur Guinness and his brother Mr. Edward Cecil Guinness is due the greatest honour of the sanitary revival, upon which we trust we are not premature in congratulating the city of Dublin. To their liberality and energy the citizens owe the opening of St. Stephen's Green to the public and its improvement, which not even the antagonism of a selfish and retrogressive party in the Corporation will now prevent; to them we owe the principal share in starting the Artisans' Dwellings Company which has just held its preliminary meeting, and which will take from the incompetent hands of the municipal body the application of the Artisans' Dwellings Act to the city. To Sir Arthur Guinness also, is mainly due the investigation of the city finances by the Select Committee of the House of Commons, which inquiry has already relieved the citizens of a defaulting treasurer, and which, without doubt, will yet bear important fruit in the way of further reform. If the main drainage of the city and the cleansing of the Liffey were, as they are likely to be, snatched from the hands of the Corporation by the citizens, as the building of bridges has been, there would be a reasonable hope of these urgent improvements being carried out.

It is too bad that the taxpayers should be obliged to undertake such works themselves, and that the generosity of individuals should be called upon to execute works

which it is the function of the Corporation to deal with, but—if it be impossible to relieve the community of the burthen of its civic representatives, the next most desirable consummation would be that they should be left no higher function than the eternal squabbling over politico-religious controversies and the perpetration of petty jobs which duties they now discharge with so much efficiency and *gusto*.

Poisonous Disinfectants.

A CHILD has been accidentally poisoned by drinking carbolic acid. The mother said that the landlady bought two penny-worth of carbolic acid at an oilshop, which she put in a milk can, and placed it in the passage as a disinfectant, one of her children being ill with fever. Subsequently deceased took up the can, and drank the contents, and was found lying in the passage nearly choked. The child was taken to the Great Northern Hospital, were it died two hours after.

Pollution of Rivers.

MR. SCLATER-BOOTH, in moving for leave to bring in his promised Bill for Preventing the Pollution of Rivers, described it as an initiatory Bill entirely removed from a party character. A Royal Commission on the Pollution of Rivers had been sitting for many years, and last year the final volume of their report was published. The time had therefore arrived when something ought to be done. Three or four Bills had been presented to Parliament, and, although they had from various causes failed to pass into law, there had never been any dispute as to the necessity for legislation on this subject. The obstacles were, however very great, and the alarm of the manufacturers had been so difficult to deal with, that successive Bills had been brought in and withdrawn. Last year there was a reasonable opportunity of passing the Bill brought into the other House by Lord Salisbury if it had not been for the late period of the Session at which the measure came down to that House, and the necessity of proceeding with other measures. A Bill for preventing the pollution of rivers, however, formed no part of the Government programme of the Session, and advisedly so. But several members had within the last few months urged him to bring forward a measure on the subject, and he had reason to believe that a Bill, somewhat of the character of that which had passed the House of Lords last year, would be generally acceptable. The present Bill, he might add, proposed to enact generally that rivers were to be kept from pollution, and that their pollution in various ways was to be a statutable offence. In the first place it was intended to prohibit the casting of noxious refuse, whether manufacturing or mining, into rivers so as to pollute the stream or to impede navigation. The second part of the Bill related to the mode of dealing with the sewage of towns, and it was proposed that the pollution of rivers by that means should also be made a statutable offence, but that ample time should be given within which proceedings should be instituted, as well as ample time to the authorities within which to construct necessary works. There was nothing in that portion of the Bill more stringent than had for many years been the law with reference to the streams which flowed into the Thames and the Lea, in both of which cases the arbitrary power of preventing the throwing of noxious sewage into those streams had been prohibited. The manufacturing and mineral pollution of rivers stood in a very different position, but it was not deemed expedient in such a Bill as the present to make any exceptions from the general obligations of the law, but it was proposed in the case of manufacturing and mineral pollution not only that ample time should be given, but that industrial interests should be duly considered, and that no prosecution should be instituted except by the public sanitary authority, with the sanction of the Local Government Board. Up to that point the Bill stood very much in the position of that which had passed through the House of Lords last year, but there were two or three important additional provisions. It was proposed to constitute a Conservancy Board which would take in hand the functions of carrying out the necessary works, and that the sanitary authorities might be permitted to pass by-laws and regulations, and give facilities for the use of their sewers. The prosecutions under the Bill were, he might add, to be carried on before the county court judges, as under the Bill of last year. Other points of importance would remain which might be dealt with in future measures, but he hoped the present Bill, as an initiative measure, would in future secure our rivers from pollution. He moved for leave to bring in a Bill to make further provision for the better prevention of the pollution of rivers.

If any proof were wanting to show the urgent necessity for immediate legislation, we might refer members of Parliament to Dr. A. Watson's report for the urban districts of Penistone and Thurlstone. He writes:—"The river Don is at present the receptacle for all the sewage and liquid refuse of the district. For a considerable distance, from the reservoir at Dunsford, it is a beautiful stream of water; but as the ochre water from Crowedge comes in, impurity commences, and by the time it reaches Penstone Bridge, it may be said to be converted into an open drain. The river is liable to floods all the year round, and on the subsidence of these, the banks are more or less covered with the slimy refuse of drainage. As it reaches Spring Vale, it again becomes a source of danger from a sanitary point of view. The Cubley Brook is here the watercourse from which danger is to be apprehended. This little stream receives the refuse and drainage from the brewery at Cubley, and immediately after it receives all the drainage of every kind from Penistone Green. It now becomes a stinking ditch, and for six months of the year it is a standing nuisance to the unfortunate people who live beside it. Many of the houses are close to its edge, and persons living in them suffer from headache, sickness, and general *malaise*. But this is not all: a few yards further down this drain is dammed up to form a reserve for the works of Messrs. Carmell and Co., and it is the only available source of drinking water for a large number of people in Spring Vale. It follows from this that at any moment a single case of typhoid fever at Penstone Green may affect the whole of Spring Vale, a large and increasing suburb."

Collapse of the Sham Diploma Trade.

A CORRESPONDENT of the *Students' Journal* says that there is now no one in London who sells foreign diplomas

and degrees, as "Professor" Sturman who formerly held "the official position of secretary to several foreign universities" (these are his own words) has entered on another line of business. On passing his house a few days ago, I found that it was no longer designated "Packington College," and that in place of "Dr. Sturman" on the door-plate, was simply engraved "Sturman." In the parlour window were exposed three fowling-pieces, and a card relating to Eley's ammunition. A card was also exposed in the window, on which was printed "Sturman, gunmaker, established 1820."

The Queen's University Graduates' Association.

We are glad to learn that the Queen's University Graduates' Association which was established last year under the presidency of Mr. MacCormac, of St. Thomas's Hospital, promises to become an active and useful body. The association had their annual dinner on the 31st ult., at the St. James's Restaurant, Piccadilly, after which the prospects and work of the society were discussed, and the officers elected for the ensuing year. Among the members are a great number of medical men in practice in or near London, besides barristers, clergymen, members of the Civil Service, men of letters, and others.

An Administrator of Sanitation.

At the meeting of the guardians of the Athy Union last week, a member of that enlightened body is reported to have spoken as follows: "I have heard nothing at this board for the last twelve months but sanitary business—an eternal ding of 'pumps, pumps, pumps, sewers, sewers, sewers, nuisances, nuisances, nuisances,' until it has become *perfectly disgusting!* How on earth does it happen that the sewage of the town *has been running into the river for the last fifty years*, and has only now been discovered to be a nuisance?" This gentleman accurately expresses the views of a number—if not a majority, at least a very large minority—of the Poor-law guardians of Ireland. It is to this class of persons that the Government of the day most unfortunately entrusted the execution of Irish sanitary law, and as any Poor-law medical officer in Ireland could have foretold, the Public Health (Ireland) Act has proved to be a miserable failure. The Irish Local Government Board complacently congratulates itself on its sanitary performances, but those who choose to tell the truth say, that at the present rate of progress in health reform in Ireland it will be at least a quarter of a century before a really better state of affairs is established throughout the country. In a few sanitary districts—perhaps fifty out of the thousand and odd—the medical officers have gone into the work *con amore*, and without being paid for it, and at the cost of much unpopularity, have insisted on forcing the matter on the attention of the guardians. Very frequently their representations have been utterly and contemptuously disregarded, and in not one union, as far as we know has a well-intentioned energetic effort been made by the guardians. It was not to have been expected, on the principle of "Set a thief to catch a thief." Parliament has employed for the abolition of cess-pools and dung-heaps and the shutting up of disease-dens persons who are often themselves the proprietors of cess-pools, dung-heaps, and disease-dens, and who have been brought up from childhood in the familiar contemplation of such objects. Of course, they are not likely to keep the sanitary officer awake and active, and the sanitary officer is not likely to offend his patrons and give himself trouble and annoyance, when he is only paid a nominal salary of £5 or £10, as a hint that he is not expected to bother himself or the guardians. The noteworthy part of the system is, that the Irish Local Government Board are the body who first gave this hint to the guardians and officers, for they ordered that nothing but a sham salary should be paid, and from that day to this they have looked on placidly and complacently, leaving the machine to work itself if it could, but not making the least effort to quicken its speed or give it fuel.

Visitation of the Irish College of Surgeons' Examination.

A debate, which if it had no other advantage, lent animation and interest to the deliberations of the General Medical Council, arose in reference to the reply of the Irish College of Surgeons to the censure upon its examination expressed by the visitors of the Medical Council, Dr. Aquilla Smith and Dr. River, upon which document Dr. Smith claimed a right of personal explanation. The reply was published in the Medical Press and Circular of the 6th of September, 1874, and with it was published our comments upon the matter which Dr. Smith quoted at length in evidence of the justice of the censure passed by the visitors. He now claimed the permission of the Council to explain that the reply misrepresented the views of the visitors by a suppression of parts of sentences which altered the sense. The article in the Medical Press and Circular, Dr. Smith observed, said, "It is quite true that the Council had had under consideration for nearly three years a scheme for a new examination, which would have removed all the objections of the visitors" The visitors had admitted that they had heard that such a thing was in contemplation. The article then continued: "These good intentions, however, could not have the effect of modifying the verdict of the visitors upon the system upon which they were ordered to report; and though the contemplated action of the Council should be prominently alluded to, yet the duty of the visitors was clearly to expose and comment upon the faults of the system which was in action before them." This the visitors did honestly. That fact is, that the Council (of the College of Surgeons) had weakly permitted itself to be influenced by the violent opposition to improvement which emanated from the Dublin grinders, and from some of the examiners, and an active minority of its own members, and had conceded, in deference to this opposition, a further continuance of the old system; and that system was, at the time of the visitors' report, practically, if not legally, the law of the College. The visitors, the Medical Council, and the Medical Press may be congratulated upon the immediate outcome of the strong censure to which the College has been subjected; and the Council of the College deserves credit for having shown a praiseworthy readiness to acquiesce in the views of the visitors."

The speaker tells the truth in an unpleasant phrase,

but it is the truth nevertheless, and the Irish College of Surgeons deserve the blow which Dr. Smith has dealt it. It is a compliment to the visitors that the College has greatly improved its examinations since their report was made public, and if the much needed reforms of system which have been carried out be passed, there will be no cause for an expression of disapproval on the part of the next visitors.

While thus approving of Dr. Smith's defence we consider that he was permitted by the President to step altogether outside the limits of a personal explanation and to make accusations and raise issues, which it was most unjust to forbid Mr. Macnamara to reply to. Serious charges capable of denial, and, if an irregularity of debate had been already permitted, a further latitude ought to have been given Mr. Macnamara to refute them.

The Evils of Intemperance.

CARDINAL MANNING speaking last week in support of Sir Wilfred Lawson's "Permissive Bill," said that in his opinion the publicans' business came under the law passed against "noxious trades," and ought to be proceeded against as a nuisance. It is certainly a trade directed against the health and morals of the community at large; and we gather from the debate in the House last week, that the country is thoroughly convinced that the facilities for drinking ought in some way to be curtailed, but in what way this can be done, so as not to interfere with vested interests, the large brewing firms, &c., and where Parliamentary influence, is just now paramount to every other consideration, it is difficult to say. It seems, however, as Mr. Bright observed, "that the Government have retrograded with respect to the question, inasmuch as they had repealed one of the most beneficial provisions of the late Government; with respect to the hours at which public-houses should be closed." The question is one, in which all who seek to promote the happiness of mankind must take a deep interest. The broad facts, which meet us face to face, are sufficient to convince every reasoning person, of the great and growing evils of drunkenness. The crimes, the poverty, the misery, and the damage to health and life, that follow in the train of intoxicating drinks, surely need no further enforcing on the attention of the Legislature. There is one phase of this important question, and which is rarely allowed to enter into our discussions; it is, as to whether intemperance is a principle factor in the production of insanity. Members of the profession who have had considerable opportunities for throwing light upon this point, assert that intemperance is a leading cause of insanity, brings in its course destruction of mind as well as the body; while others hold to a contrary opinion. Dr. Dolan, the medical officer of the Wakefield Asylum, in a late report to the Halifax magistrates observes that while insanity appears to be on the increase, the cause of this increase is somewhat obscure, for in the Halifax Asylum only two patients were classified as suffering from insanity, result of the abuse of alcohol. He further states, that, of the 200 insane who have come directly under his notice, in only five cases can the cause be traced to intemperance; but as an indirect agent, that is acting through parents, &c., he is unable to give an opinion; though it must be confessed that habits of intemperance may, in many ways, be a great indirect factor in the causation of insanity. We agree with Dr. Dolan's general remarks on this question, that although "much of the increase of insanity has been assigned to the feverish excitement of the age, to the high pressure put on all in the struggle for existence, the race of wealth, ambition, and all the other indications of a fast life," that these causes alone will not account for the great increase of insanity.

The Vivisection Bill.

THE followiug series of resolutions have been adopted by the Council of the Royal College of Surgeons in Ireland:—

1. "That the Council of the Royal College of Surgeons in Ireland, while deeply impressed with the importance of avoiding the infliction of needless pain in the performance of experiments on living animals, regard experimentation as indispensable for the advancement of physiological knowledge."
2. "That the Council is aware that the Report of the Royal Commission to investigate the subject of experimentation on live animals, has not brought to light one single case of abuse in any of the English or Irish Medical Schools, such as would justify exceptional legislation on the subject."
3. "That the Council of the Royal College of Surgeons in Ireland views with regret the restrictions placed upon Physiologists by the Bill intituled "An Act to prevent cruel experiments on Animals," now before Parliament, and earnestly recommends to the favourable consideration of the Government the modifications of the Bill suggested by the Medical Council."

Accident to Dr. Farre.

DR. FARRE, while dressing in order to dine with his brother, had his attention drawn to a confused noise outside the house, and opening the window at the back of his residence in Hereford Street, Mayfair, he overbalanced himself and fell into the area below, a fall of thirty feet. His professional friends, Mr. Prescott Hewitt, Sir James Paget, and Mr. Pollock were immediately called in, and upon investigation found that Dr. Farre had sustained a compound fracture of the right ankle, and a few bruises of no import. Dr. Farre is doing well; but it will be some weeks before he will be able to resume the active duties of his profession.

Poor-law Medical Administration

A DEPUTATION from the Council of the Poor-law Medical Officers' Association waited on the President of the Local Government Board, to press upon him the advisability of an amendment of the Superannuation Act, and the desirability of requiring guardians to find all medicines. Mr. Sclater-Booth in replying, said that as Poor-law medical officers did not devote their whole time to their duties, and were employed by local authorities, they were in a different position to that held by civil servants of the Crown, especially as regards pension allowances. Government would not be likely to charge the rates with the superannuation of parochial medical officers, In those rare occasions where a man's service had been continuous, he would encourage the granting of pensions. Regarding the establishment of dispensaries,

there was no reason why the system should be extended to populous places throughout the country. There was, however, an impression abroad that medical relief was too freely given at present. The deputation thanked Mr. Booth, and then withdrew.

The Plague.

VERY many contradictory reports have appeared in the papers with regard to the plague. One day it is asserted that it is spreading, and the next this is positively denied: but, from the report just issued from the Medical Officer of the Privy Council, we gather from a note appended by Mr. Simon that, "at the present time, the infection of the disease is in Bagdad; and, being there, it may find considerable facilities for diffusing itself to other places; and though, in view of the experience of the last two centuries, we need not anticipate as probable that, if plague should extend considerably in the Levant, it must therefore necessarily extend to any part of Western Europe. and at least to cause much derangement of traffic."

The Gratuitous Services of the Profession.

THE President of the Sacramento Medical Society, in his address published in the *Pacific Medical and Surgical Journal*, discussing the claims of the profession to public consideration, says:—"There is no profession, by the members of which eleemosynary services are more liberally dispensed than the medical; but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties above referred to, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals; societies for mutual benefit, for the insurance of lives, or for analagous purposes; nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicans to furnish certificates of inability to serve on juries, to perform militia duty or to testify to the state of health of persons wishing to insure their lives, obtain pensions or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be given."

Outbreak of Measles amongst Emigrants.

AN outbreak of measles has occurred at Liverpool amongst the Russian emigrants *en route* for Canada. On their arrival in Liverpool, from Hull, they were in such a state that they had to be at once removed to the workhouse, where they were kept at the request of the steamship agents—the Dominion Shipping Company. Not being paupers, the workhouse authorities were not bound to relieve them, but rather than risk the spreading of the disease by allowing them to locate in the town, they consented. It is intended, however, to ask the Local Government Board that an inquiry should be instituted into the circumstances of the sending of the emigrants from Hull, as it is said their condition must have been evident to the medical man who passed them on a clean bill of health from that place.

The Effects of Lightning.

WE learn from *Nature* a remarkable instance of the attractive power of metals and living beings for lightning. It appears that on June 7th a violent thunderstorm occurred at Valbonne, a large plain near Lyons, on which soldiers were encamped, and the only objects struck were huts full of soldiers with their arms piled. The occurrence furnishes a marked illustration of the "power of points." Three tents were struck in succession; the occupants of the first were absent at the moment, and the effects were relatively slight, producing only the breaking of stones and dispersing clouds of dust. In the second instance a soldier who was standing erect in front of one of the tents was struck, but the tent being near an electric telegraph, the lightning escaped by it, fired the arris, and broke a dozen poles. This circumstance may suggest an easy method of protecting an encampment. The third flash struck a number of tents placed in a zig-zag line, doing much damage, several of the occupants being either killed or wounded. In one tent three men were killed and seven wounded. All of them were either touched in both legs or on the right side, except one, who was wounded in the right eye. In another tent four men were wounded, all of them in both legs or in the left one. In other instances men were turned [round in or heaved out of their beds, made of iron, and the sentry standing in front remained unhurt. In one tent a man who was lying between two others who were killed escaped injury. The uniforms of the soldiers were perforated, and exhibited small spots, one, four centimetres in diameter, entirely sulphurised. A chemical analysis will be made of this part of the uniforms, and the result communicated to the Academy of Sciences.

Ulceration of the Frænum Linguæ in Whooping-cough.

SOME discussion has been raised by Dr. Morton's paper on the above subject, read at the Harveian Society. The coincidence of ulceration in this particular position with pertussis is not new, though English authors have not referred to it, except casually, in association with stomatitis. This ulceration has been described in both French and German literature, more especially by Bouchut in his works on diseases of children and new-born infants, though what relationship it has to pertussis, or why it exists at all in that position, is not decided. To Dr. Morton, however, is due the credit of collecting statistics of the percentage of cases of whooping-cough in which it occurs, and also of bringing it prominently forward for the consideration of English observers.

The Ethics of Adulteration.

IN giving judgment in the milk of sulphur case to which we referred last week, the judge gave expression to an opinion which fairly and honestly conveys the merits of his judgment:—"Can it be just and right," he said, "that the practice advocated by the defendant of selling the impure article under the same name and at the same price as the pure should be allowed to continue? I think not, and it ought to be put a stop to. A person who sells as milk of sulphur an article which contained only one-third part

of pure sulphur and two-thirds of plaster of Paris does sell to the prejudice of the purchaser a drug which is not of the nature, substance, and quality demanded by such purchaser. *If, as is stated, there are many persons who prefer the impure article on the ground that it is more easily dissolved in water, by all means let them have it, but let them demand it* eo nomine, *and let it be sold with a distinctive label, that it 'contains sulphate of lime.'* There can be no hardship in this to the druggist, but without such label I think it ought to be sold as milk of sulphur. I should be very glad if the trade generally would have consented to adopt such a distinctive label."

The learned judge thus reiterates the opinion which we have always expressed, and which indeed, is the only one consonant with honesty and justice; but we have no expectation that the druggists will take his advice, for they knew very well that the public does not want to buy sulphur and plaster of Paris, and will refuse to have it if it be properly labelled.

This judgment has created a stir amongst the chemists and druggists, whose special organ is at its wit's end to escape the logical dilemma upon which the judge's decision has impaled them. It endeavours to show that the sale of sulphur and plaster of Paris is quite orthodox, because that compound was contained in a Pharmacopœia of the year 1746, an argument which illustrates the straits to which the trade are put to defend the adulteration. The article set down in the Pharmacopœia of 150 years ago is, says the *Chemist and Druggist*, "a combination of sulphur and lime. *We are not called upon to explain why this combination has acquired such favour; the fact properly supported ought to suffice to settle the case.*" We venture to supply the explanation of the fact which our contemporary is "not called upon to" give. A hundred and fifty years ago the formula for precipitation of sulphur from a lime solution by means of sulphuric acid got into the Pharmacopœia because at that time the compilers were ignorant of the use of hydrochloric acid for such a purpose, and of the fact that sulphur precipitated by it contained no plaster of Paris. As soon as the discovery was made the formula was amended: but the druggists found it more profitable to adhere to the obsolete formula, which paid them much better than the new one. The *Chemist and Druggist* says that "to talk of fraud in this connection is puerile." We emulate puerility in this matter, and assert that the sale of "milk of sulphur" without notice to the customer of its nature is a deliberate fraud, and we do our contemporary the justice to believe that it is not without serious apprehension that the transaction may be properly described as such. Trade money interests die hard, and it is astonishing how much killing the "citrate of magnesia" and "milk of sulphur" adulterations have taken. It is to be expected that individuals who are making money by the traffic will resist and struggle, but it is melancholy to observe that councils and journals which have custody of the morality of the pharmaceutists are not above protecting these abuses and dishonesties for the benefit of their constituents.

Dr. John Wickham Legg, Casualty Physician and Demonstrator of Morbid Anatomy at St. Bartholomew's Hospital, was elected a Fellow of the Royal College of Physicians, London, on Friday last.

A City of Health.

Dr. Richardson will doubtless be glad to learn that at least one city in the United Kingdom has arrived at that state of absolute hygienic perfection so vividly sketched by him at the recent Brighton Congress. Carlisle is the happy city; its death-rate is reduced to 11 per 1,000, and according to the report of the Medical Officer of Health even this microscopic rate of mortality does not include one from preventible diseases. What a state of bliss to feel that by living in "Hygeia" people only die of old age, and that the average of life, according to these statistics, is ninety years. What a rush there will be to secure a residence in this favoured spot when these facts become known! Let us hope, in its perennity, and also that a *very* cold shoulder will be given to the Rev Hume-Rothery and the rest of his anti-vaccination agitators should they attempt to establish a *locale* in this "City of Health."

Dr. Deville's Case.

A question having been put to the President of the Local Government Board in the House of Commons last Friday relative to the dismissal of Dr. Deville from his post of Medical Officer of Health for Harrogate, we think it right to furnish particulars of the case lest any misapprehension may exist in the minds of the profession or the public from the necessarily meagre account given in the daily press. At the outset we may remark that from reliable and disinterested information received, we fear Dr. Deville is a victim of petty spite. Recently he read a paper before the Yorkshire Branch of the Medical Officers of Health Association, in which was discussed the Sanitary Condition of Watering Places. The Harrogate Commissioners were annoyed at some of the remarks contained in the said paper, and called him to account for them in a very peremptory manner. Dr. Deville naturally felt annoyed and insulted, that in the due exercise of his functions he was to be denied the privilege of making a communication on so important a subject to a body of fellow practitioners, and refused to meet the Board. Thereupon he was summarily dismissed, and another medical officer sought to fill his post. We believe that up to the present time no one has applied for the appointment, and that Dr. Deville is sustained in—to our minds—the dignified and proper course taken by him by the profession and the public of the locality. We await the result of the Government inquiry with confidence, feeling assured that when the action of the Harrogate Local Board has gone through the sifting of an official investigation, our *confrere* will be found to have exercised a wise discretion in refusing to accede to, or acknowledge the dictatorial interference of the body in question.

Dr. Philipson, of Newcastle-upon-Tyne, has been appointed Professor of Medicine in the University of Durham.

The latest telegrams from St. Petersburgh announce that the black plague has broken out in Persian Kurdistan with great intensity.

LADY SMITH, widow of the late Sir James Edward Smith, President of the Linnean Society, entered her 104th year lately, in perfect health.

H.R.H. THE PRINCESS LOUISE will lay the foundation stone of the New Wing of the Royal Hospital for Diseases of the Chest, City Road, next month.

THE Anniversary Session and Dinner of the St. Andrews Graduates' Association, took place at St. James's Hall, on Monday last.

THE amount received for the Memorial to be erected to the memory of the late Sir J. Cordy Burrows, F.R.C.S., Mayor of Brighton, already exceeds £500.

THERE will be a vacancy for assistant-physician to the Rotunda Hospital shortly, Dr. A. V. Macan's term of office being about to expire. The appointment, we believe, rests with the Master.

BETWEEN twenty and thirty persons, principally women and girls, perished in the fire at a carpet manufactory, Ayr, Scotland, on Friday last, the door of the room in which the poor creatures were working being locked at the time the conflagration occurred.

NOTICE has been given that an examination of candidates for commissions in the Medical Service of the Royal Navy will be held at the University of London, Burlington Gardens, on Monday, Aug. 14, 1876, and following days, at ten o'clock.

HER Majesty's Commissioners have lately announced their intention of realising from their land possessions at South Kensington a considerable sum—it is said about £350,000—and applying it to those objects which promote science and art, as soon as the funds can be obtained.

ON the Cricket Ground of the Hull Church Institute a gentleman, 25 years of age, was batting, when the ball rising sharply from the pitch struck him on the head. He fell to the ground insensible, and in that condition was carried home, were he shortly afterwards died.

THE medical men having seats in the Legislature—39 in the Chamber of Deputies and seven in the Senate—met at Versailles to form themselves into an extra-Parliamentary Committee to confer on all Bills affecting health and pauperism. They elected M. Laussedat as President, and appointed two committees to consider legislative proposals on rural poor relief and on mineral waters.

THE Council of the Irish College of Surgeons has resolved :—"That it be referred to the Education Committee to consider the present course of study required for the licence of this College, and the best means to be adopted to secure a due performance of, and attendance on, such courses of study."

This resoution is a reaffirmation of a former resolution adopted at the time that the certificate system was brought under the notice by the Council of the Rev. Professor Houghton. It was reserved to the new Council to give effect to the resolution, which no doubt they will do immediately upon their reassembling after the summer recess.

Literature.

PHTHISIS. (a)

A TREATISE useful to the practitioner, and most important to the progress of medicine as a science. Dr. Flint has recorded the histories of over 670 cases of phthisis, and this work is the careful analysis of the record, following the example of Louis.

There are six chapters treating of the morbid anatomy, etiology, symptomatic events, prognosis, treatment, and physical signs of phthisis.

Dr. Flint acknowledges that the morbid anatomy is not given by him as completely as it might be, as there is no description of the microscopic appearances, and he has limited the post-mortem examination to the lungs.

As regards the extent of the disease, Louis found that one lung only was affected in seven of the 123 cases he examined. Dr. Flint has found only two cases in eighty in which the morbid changes were limited to one side. And in only three cases of the eighty examined did the deposit of tubercle appear to have begun below and advanced upwards ; in all the others it had followed the general law. Cavities existed in the great majority.

In describing the morbid appearances Dr. Flint uses the term "grey granulation" to apply to the earliest stage of the tubercles, "tuberculous exudation or infiltration" to denote the cheesy exudation. Tuberculous abscesses he speaks of as "liquefied morbid products." Proceeding to consider the importance of grey miliary granulations, whose presence has been exactly noted in twenty-six of the cases, he concludes that in a very large number of instances they are not of sufficient consequence to warrant the statement made by Niemeyer—viz., "the greatest danger for the majority of consumptives is that they are apt to become tuberculous," the term tuberculous being here limited to the miliary disease. Dr. Flint adds : "The greatest danger for the majority of consumptives is due to the amount of injury of the pulmonary structure, from exudation, liquefied morbid products, cavities, interstitial pneumonia, and lobular emphysema, with pleuritic effusions, perforations of lung, pneumo-hydrothorax, intestinal ulcers, enlarged mesenteric glands, peritonitis, and other intercurrent affections."

The pathology chapter includes notices of the presence of these changes, and of pulmonary apoplexy, gangrene, and dilatation of bronchi, but no allusion is made to aneurisms of the pulmonary arteries.

In the second chapter etiology is discussed. The ages of 583 patients are recorded, of whom 39 were from ten to twenty years old, 307 were from twenty to thirty, 132 from thirty to forty, and 67 from forty to fifty.

The disease occurred much more frequently in males than in females, there being 505 cases among the former, 164 among the latter.

The occupation has been recorded in 218 cases, of which nearly one-sixth were clerks or book-keepers, confirming the general opinion that sedentary pursuits and confinement indoors have an important bearing on the disease. The habitual inhalation of irritating particles is associated with only two cases, occurring in stone-cutters.

Pleurisy is noted as having preceded the appearance of phthisis in 22 of the cases, in some of which the author thinks that there was no pathological connection between

(a) "Phthisis : its Morbid Anatomy, Etiology, Symptomatic Events, and Complications, Fatality and Prognosis, Treatment, and Physical Diagnosis." In a Series of Clinical Studies. By Austin Flint, M.D. London : J. and A. Churchill.

the two diseases. He has only found nine instances in which pneumonia preceded phthisis, and having some years ago tabulated 123 cases of pneumonia, has had no reason to think that any of these were followed by phthisis. On the other hand, he confirms the statement made by Louis, that "when persons already tuberculous are attacked by pneumonia, the end is generally in recovery."

As the term bronchitis is used loosely by patients, little value can be attached to their statements about this disease, and very often they would thus speak of the hard dry cough which was really incidental to phthisis.

Dr. Flint appeals to the experience of medical men as to tubercular disease taking its origin from bronchitis, and asks whether bronchitis—a bilateral disease—is likely to give rise to tuberculous exudation, which is generally found on one side much earlier than on the other; and finally, is *bronchitis*, even in the smaller tubes, likely to give rise to "*chronic pneumonia?*"

These arguments against considering ordinary phthisis as a "chronic catarrhal pneumonia" coincide very nearly with the views of the causation of phthisis given by Louis in his work on the disease, and by Ruehle in Ziemssen's "Cyclopædia of Practical Medicine."

Hæmoptysis is not found to be a *cause* of phthisis, but an antecedent event, occurring in sixty-one cases before persistent cough had set in.

Intermittent fever is noted in twenty-five cases as having preceded the phthisis, but in five cases there is some reason to doubt the malarious origin of the attacks. The unquestioned cases are, however, numerous enough to show that this form of fever does not ward off phthisis.

Perineal fistula was found in four cases. Syphilis has preceded in five cases; but the author says that inquiry was not often made on this point.

Diabetes is mentioned in one instance only.

The number of female patients liable to pregnancy was eighty-seven, and of these ten began the disease during, and twelve soon after, pregnancy. Six of the latter cases were in the period of lactation.

There is nothing of great importance on the subject of hereditary tendency in the book, as inquiry was not made in most of the cases.

The symptoms and complications form the matter of the third chapter, commencing with *hæmoptysis*. The whole series of cases was not analysed with regard to this feature, but it appeared in ninety-nine out of 180 cases; in seventy instances it recurred several times. One patient suffered as many as forty times.

Dr. Flint suggests congestion of a section of bronchial mucous membrane as the most probable cause of hæmoptysis, and regards this congestion as an early effect of tuberculous disease. Another view is that the hæmorrhage results from rupture of small arteries, along the course of which tubercles are generally deposited.

The presence of bronchial hæmorrhage "renders the existence of tubercles in the lungs infinitely probable," provided that injury to the chest and vicarious menstruation can be set aside.

And so frequently is it found that phthisis is present with or follows the bronchial hæmorrhage, that it is best to act as though the tubercular disease was impending, even when the physical signs cannot be clearly made out. This bronchial form of hæmoptysis is rarely fatal (unlike the cavernous form in advanced phthisis), and apart from the mental effects of the discharge, is often rather beneficial in its results, as is shown by analysis of the ninety-eight cases in which the symptom was present.

Fifty-eight of these recovered or improved during five years, while of eighty-one cases in which hæmoptysis was absent only twenty-three recovered or improved. The amount of loss of blood does not appear to have had any influence.

On the *treatment* of the hæmorrhage the following suggestions are made:—Encourage the patient by hinting at a favourable result, and do not press rest and other hæmostatic treatment to a degree likely to favour the tuberculosis. In one case the author witnessed the direct benefit arising from tying ligatures round each of the limbs during the hæmorrhage.

Diarrhœa was present in thirty-one cases, and in nearly all those examined after death ulceration of the bowels was found. Moreover, the histories of patients suffering from this symptom lead to the conclusions that the intestinal ulcers seldom heal, and that the complication materially shortens the duration of phthisis. It is to be remarked that, though the ulcers persist, the diarrhœa may cease in some cases.

Perforation and hæmorrhage are among the bad results of this affection.

Pharyngitis is noted in twenty-four cases—probably was present in many others. The sixty-one cases of *Laryngitis* may be taken as the whole number. It caused more distress in the ingestion of food than by permanent dypsnœa.

The laryngeal affection is probably secondary to the lung affection in the majority of cases.

Pleurisy, with effusions, strange to say, does not seem materially to affect the duration of the disease.

Pneumo-thorax appeared in twenty-four cases. Free incision into the cavity of the pleura is recommended by the author.

Perineal fistula (fistula in ano?) existed in thirteen cases, and in some instances seemed to give relief, but, on the whole, did not affect the course of the disease.

Chapter IV. treats of *fatality* and *prognosis*.

Acute miliary tuberculosis has much dyspnœa, febrile excitement, a short course, and after death exhibits miliary tubercles without cheesy exudation, softened products, or cavities. One case seems to have run its course in about eleven days.

In considering the cases of recovery, Dr. Flint states that phthisis may be arrested and recur at a later period, recovery being said to take place if pulmonary symptoms disappear and the general state of health become as good as before the attack, this improvement being maintained for some months.

He then gives details of forty-four cases of recovery, and from his examination of them, concludes that smallness of extent of lung affection, general tolerance of the disease by the system, and resolute character of the patient are the circumstances most favourable to a good end. He also finds that many complications, such as hæmoptysis, perineal fistula, and chronic laryngitis do not much affect the length of the disease.

Arrest of the morbid changes is noted in thirty-one cases in which there was not absolute recovery, but the disease seemed retrogressive or stationary. Ten cases are included in a slowly progressing class, which cases lasted for periods varying from eight to forty years before death supervened.

We may conclude from the histories of these arrested and slow cases that they are favoured by the conditions which seem to lead to recovery.

Statistics do not always afford the results which we expect from them.

The duration of the disease is studied in 112 cases which were observed till death. The commencement of persistent cough is taken as the starting-point of the disease, and the average length is found to be thirty-three months. This result occupies a middle position in the mean durations given by other observers. The extremes in Dr. Flint's fatal cases are eleven days (in acute miliary tuberculosis) and forty years.

The question of free use of alcoholic liquors comes in in several places in the work. In relation to the fatal issue, the author's observations lead him to say that temperance does not delay it; and he has seen cases where as much as a pint of whisky has been taken with benefit daily for years by a girl of 18.

Chapter V. gives the results of treatment.

One remarkable fact is that in many of the instances in which arrest of the disease, partial or complete, took place, there was no medicinal treatment to speak of.

Two cases recovered among the eighty-four in which

cod-liver oil was given ; two cases among the sixteen in which hypophosphites entered into the treatment; and two cases of recovery occurred among the fifteen patients who took alcoholics freely.

The discussion of hygienic treatment includes nothing about the effect of mountain air, which is to be regretted.

The conclusions drawn from a summary of the hygienic treatment are as follows :

1. Benefit is derived in a large proportion of cases from change of residence, and is due more to incidental circumstances than to any special climatic agency.

2. Change of habits from the in-door and sedentary to out-door and active is more favourable than any other hygienic measure.

3. To this last the benefit derivable from a change of occupation is generally due.

4. Sea voyages are very often productive of good.

In suggestions for the treatment of phthisis, Dr. Flint recommends the use of cod-liver oil, either pure or in emulsion, unless the stomach seems disordered by it. Half-an-ounce to be taken three times a day, shortly after meals.

As to pancreatic emulsion, he says that he has seen cases in which it was "apparently useful."

As stated before, the author has seen many cases in which alcohol in large quantities seemed to do good, and he says that he has seen no instances of bad moral effects from the habitual use of stimulants in phthisis.

The subject of tonics and diet is treated in a few words, confirming the usual course of action, viz., to give tonics to help the appetite and digestion, and give such food as can be best taken.

Dr. Flint laments that patients "should be deterred from being out of doors—save under the most favourable circumstances of weather—by the idea that the disease is liable to be increased in consequence of taking cold," as bronchitis is not likely to be caused by ordinary changes in the heat and moisture of the air.

The subjects of cold sponging, gymnastics, clothing, travelling, and sea voyages are fully considered in this chapter. As to marriage, the author concludes that it sometimes is beneficial to the patient, but is often injurious to the other party.

Under the head of "Physical Signs and Diagnosis"—in the sixth chapter—clear descriptions of the indications afforded by percussion and auscultation are given. The difficulty of recognising acute tuberculosis and fibroid phthisis is also alluded to.

In conclusion, we may say that the work does not appear to have been written to float any particular theory of causation or method of treatment, but to add to the clinical knowledge of a most important disease.

DEPUTATION TO THE GOVERNMENT ON THE QUESTION OF VIVISECTION.

On the 15th an influential deputation waited upon the Earl of Carnarvon, who introduced the Bill in the House of Lords with respect to vivisection, to urge upon the Government the medical view of the subject. The deputation included upwards of 70 leading men from the hospitals of London and provincial towns.

Mr. Ernest Hart introduced the deputation, remarking that it was from the Parliamentary Committee of the British Medical Association, which was established for the promotion of medical science, and for the elevation of the character of the profession. They believed that both the advancement of the art of healing and the character of the medical profession were assailed by the measure brought in by the Government. He begged to remind his lordship that the agitation which led to the framing of this Bill was opened by the publication of charges which affected the whole profession, and which were of a nature peculiarly odious to men of sensibility, conscious of having in no way justly incurred them. Mr. Hart then dwelt on those portions of the Bill of which medical men more especially complained, and, in conclusion, pointed out that every one of the bodies and every one of the persons to whom this Bill was to be confided for its execution had protested against its terms.

Letters were read from Sir Thomas Watson, Bart., M.D., Mr. Erichsen, Sir William Gull, and others, warmly approving of the object of the deputation.

Various members of the deputation having spoken,

Lord Carnarvon, in reply, regretted that the shortness of time at his disposal prevented him from speaking as he should have desired to speak of the deputation before him, and of the admirable statements made. He wished to tell the deputation which represented so important and honourable a profession that the representations made to him would receive—not in the ordinary sense of the word, but really—the fullest consideration from his right hon. friend Mr. Cross, the Secretary of State for the Home Department, and from himself. He did not think it would be desirable to discuss now the details of the several objections raised against the Government Bill, but it was only due to the deputation that he should state that in the promotion of this measure the Government would not be insensible to the claims and to the rights of the medical and surgical profession. That was really not the case, and he could answer for it. (Applause.) Mr. Hart had alluded to the treating of medical men under this Bill as if they were, like other people of a different class, to have licenses. Now he wished to repudiate that most distinctly, and at once to assure the deputation that nothing could be farther from the ideas of the Government than to regard the medical profession in any other light than that which was due to a most noble and honourable calling. The Government had no desire to cast the slightest slur upon such a distinguished profession. Without discussing the principles upon which the deputation had spoken, he might mention that there was a very strong feeling in the country upon this subject of vivisection, and it would be the duty of the Government to weigh both sides of the question. That was all he believed he could say, except to assure the deputation, which so ably and so numerously represented the medical profession, that the observations made by them and their proposed amendments should during the next few days receive his most anxious and respectful consideration.

Dr. Quain, referring to one remark made by his lordship, that no one could suppose the Government of which his lordship was a member capable of wilfully insulting and degrading the profession of medicine, said the Bill had that effect. The Bill was the result of an artificial excitement produced in the public mind by unfounded and exaggerated statements, widely circulated, accusing medical men, young and old, as persons constantly engaged in practising cruel experiments on animals. The Government, strong as it was, and supported by the report of its own Royal Commission, could well afford to stand between these well-meaning but mistaken fanatics who got up this excitement and the medical profession.

The force of the arguments employed by the medical deputation which waited on Lord Carnarvon to remonstrate against some of the provisions of the Anti-Vivisection Bill is, in the opinion of the *Standard*, undeniable, and if the question is to be settled by reason, or indeed if reason is to have anything to do with its final adjustment, those objections must be obviated or the Bill must be dropped. It is true that the deputation waived many strong and general arguments which we have employed on various occasions, and with which there can be little doubt that they fully concur. They confined themselves to objections not inconsistent with the general scope of the measure, and with the acceptance of such restrictions on experiment as are not fatal to the very existence of experimental physiology. Even if all the amendments they recommended were made, the Bill would remain a very bad one ; but if passed without them, it would simply annihilate at once physiological experiments and scientific inquiry into the cause and cure of disease. Lord Carnarvon admitted the importance and authority of the deputation. We greatly regret that Lord Carnarvon's reply to the depu-

tation was not of a more satisfactory character. It was mere matter of course that he should promise to consider the arguments pressed upon him by such grave authority. That he should bring into the scale against them, as of commensurable, if not equal weight, the mere clamour of ignorant multitudes is of no good augury; that he should declare his intention to adhere to all the main principles and provisions of a measure which has evidently been drawn up without the slightest knowledge of the subject matter or consultation with well informed persons is a very unpromising indication of his own temper. The absurdities of the Bill are so many and so great that the wisest course would be to drop it altogether, and substitute for it one drawn by intelligent men, not ignorant of science, after hearing all that science and medicine have to say. If this is not to be, it should be referred to a select committee of practical men, careful not to hinder the progress either of abstract or curative knowledge. If it is to be pressed through in the unpliant spirit indicated by Lord Carnarvon's peremptory sentences it will invite defeat in the Lower House, and at any rate will be mercilessly exposed in debate, while its passage would be at once a discredit to the nation, a hindrance to medical knowledge and scientific progress, and a mischievous weapon in the hands of silly and violent partisans of which both the legislature and the country would ere long repent. And above all the enactment by two bodies of sportsmen of a measure professing to protect animals against the cruelty of doctors and physiologists would be a piece of unconscious hypocrisy and sublime Pharisaism that would move the civilised world to contemptuous laughter, and —which is much worse—make the cause of humanity to animals ridiculous for a generation to come. The beasts have good cause, indeed, to pray for deliverance from their present "friends."

Medico-Legal Intelligence.

HIGH COURT OF JUSTICE—CHANCERY DIVISION.

Before Vice-Chancellor Sir ROBERT MALINS.

TUFNELL *versus* THE CROWN.

This case came on for hearing on Thursday last, as a petition of right on the part of Dr. T. Jolliffe Tufnell, who has held the office of President of the Royal College of Surgeons of Ireland, and is very well and favourably known in the profession at home and abroad. The case made by his petition of right was to this effect:—He entered the Army in June, 1841. In 1846 he was stationed in Dublin, as an assistant-surgeon upon the Staff, and was placed in charge of the then existing Provost Prison. Shortly afterwards the new District Military Prison was erected in Dublin. In October, 1846, he applied to the then Secretary at War for the permanent medical appointment to the prison, and wrote to him as follows:—

"Sir,—With reference to my application for permanent appointment to the Military Provost Prison, I have the honour to inform you, with a view of obviating any difficulty that may arise in naming me to permanent employ, that should the Right Honourable the Secretary at War, and the Director-General of the Army Medical Department, be pleased to confirm my present employment in Dublin, I have no objection to forego all further claims to promotion, regarding a permanent appointment as equivalent to increased rank, &c., &c.

"JOLLIFFE TUFNELL."

To this proposition the Government then in power acceded, and Dr. Tufnell entered on the duties of the office, and remained in it till December, 1874. In 1855 Lord Panmure, the then Secretary of State for War, appointed Dr. Tufnell Regius Professor of Military Surgery in Ireland, at a salary of £100 a year, with permission to take pupils not in the service at a fee of £3 3s. for each student. His total official income then was about £250 per annum. In June, 1860, the Regius Professorship of military surgery in Ireland was abolished, the establishment of a military medical school at Chatham having rendered the professorship unnecessary. Dr. Tufnell conceived that the Regius Professorship had been conferred by the Crown upon him for his life. He accordingly requested compensation in respect of its abolition. In July, 1860, he was gazetted as surgeon supernumerary to the establishment. In June, 1861, having completed 20 years full pay service in the Army, he assumed the style of Surgeon-Major. The grades of medical officers in the Army were four—(1) Inspector-General of Hospitals; (2) Deputy Inspector-General of Hospitals; (3) Staff or Regimental Surgeon, who, after 20 years' full pay service in any rank, should be styled Surgeon-Major; and (4) Staff or Regimental Assistant Surgeon. From 1860 till December, 1874, Dr. Tufnell continuously discharged the duties attaching to the medical charge of the military prison at Dublin; but on the 8th of December, 1874, he was compulsorily retired upon half-pay by the *Gazette* of that date. The petition did not state, but Dr. Tufnell said it was the fact, that he received in respect of the military prison a salary of £686 per annum, and that his half-pay now was £365 a year. He complained that, inasmuch as he was by the contract with the Crown in 1846 appointed to the medical charge of the military prison at Dublin during his life or until incapacitated by infirmity or misconduct, his compulsory retirement on half-pay when he was able and willing to do his duty had subjected him to a heavy pecuniary loss. He also said that he had applied, but without redress, to His Royal Highness the Duke of Cambridge; that, between March, 1867, and December, 1874, at least 23 medical officers, his juniors, had been promoted over his head to the rank of Deputy Inspector-General; that the appointment conferred on him in 1860 was no infraction of the condition in his letter of October, 1846, because it was given to him as compensation for the abolition of the Regius Professorship of Surgery—an office wholly distinct from that connected with the prison; and, after submitting that the only ground on which he had been passed over (excepting in the case of promotion for special services) was that he held a special appointment which was permanent and supernumerary, he prayed by his petition that he might be compensated and indemnified for the loss, damage, and injury sustained by him as above mentioned. To that petition of right the Crown demurred.

After hearing the contentions of counsel on both sides, the Vice-Chancellor delivered judgment against Dr. Tufnell, on the ground the case disclosed no real grievance, and that the petitioner being still an officer of the British Army, he was liable to its rules and regulations, and removable at the pleasure of the Crown.

THE PUBLIC HEALTH (IRELAND) BILL

was presented only on Saturday last, and as it contains 272 clauses, and consolidates a great many Acts which deal with a great many subjects, it will be readily understood that it is impossible for us to print any of its sections, or refer at length to its provisions. It is sufficient for the present for us to say that it greatly increases the powers and duties of sanitary authorities, transferring to them the most multifarious functions, in the execution of which the medical officers will be the motive power. If one-tenth of the duties which are imposed upon Boards of Guardians be discharged, it is entirely impossible that their sanitary officers can continue to act, except they be handsomely remunerated. To suppose that they will undertake such labours for the £5 or £10 now voted as salary, or even for the maximum which is awarded by the Local Government Board, is simply preposterous. Next week we shall give an abstract of those clauses of the Bill which are of special interest to the profession, and meanwhile, we trust the Bill will not be pushed through its stages before time has been given for its due consideration.

THE DUBLIN CORONERS BILL.

THE second reading of this Bill in the House of Lords is not fixed, and the Council of the Irish Medical Association have made arrangements to have its rejection or

amendment moved when the proper time comes. Meanwhile there is every reason to hope that fate has brought the measure to an untimely end. It was, as our readers are aware, a legislative job introduced by Mr. Sullivan for the purpose of giving his friend and *quondam* co-litterateur, Dr. Whyte, the coroner of the city, a monopoly of the coronership at a double salary, the job to take effect upon the death or retirement of Dr. William White, the second coroner, whose state of health was at the time quite hopeless. Within the last week the intentions of the Bill were anticipated by the death of Dr. White, and the Dublin Corporation, who would gladly have co-operated in this or any other little family job, had no option but to declare the place vacant, and to fix the 26th for the election of a new coroner. Before the Bill can be committed in the Lords, a fresh and sturdy coroner will be in office, and the contingency of a double salary for Dr. Whyte will be indefinitely postponed. The Council of the Irish Medical Association having taken the subject in hand, are not going to let it drop, but will contest both in Parliament and before the fiating judges the grossly illegal and corrupt system which has existed for so many years under the patronage of the Dublin Town Council.

In our last issue the circumstances of a case were narrated in which an operation had been performed by London surgeons upon a patient whose case had been declared hopeless and entirely unsuitable by the highest surgical authorities in Ireland, the result being speedy death to the patient. The case thus referred to was that of the Reverend Mr. Longfield, of the county Cork, and, though intended merely as an illustration of the same method of practice which is stated to have been pursued in the more recent case of Captain Leader, it was inadvertently made to appear as a statement of the circumstances attending that gentleman's death. The facts as stated by us last week are accurately true as regards the Reverend Mr. Longfield. In Captain Leader's case the disease is stated to have been cancer of the testis, extending up the cord, and capable of being felt in that position and up in the iliac regions, by the surgeons and the patient himself. He was seen, after attendance by the local practitioner, first by Mr. Butcher, and afterwards by Mr. Porter, the two highest surgical authorities in Ireland, who concurred in opinion as to the hopeless extent of the disease, and strongly advised against any operation. Nevertheless the patient was operated on in London, and with a fatal result. We are ourselves cognisant of more than one case in which patients declered by a concurrence of the best ophthalmic opinions in Ireland to be hopelessly blind, were operated on in London, apparently without hesitation, and certainly without the least benefit. As we have said, these cases, and others of similar import, have created in Irish surgical circles an unpleasant feeling.

Correspondence.

THE PROFESSION OF DENTAL SURGERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The attempt to bring the influence of the medical profession to bear upon the training of dental surgeons can be of advantage only when medical men are made fully acquainted with the scope and requirements of dental surgery, an accurate knowledge of which they do not at present possess. The existence of special journals, while they render great service in bringing before the dental practitioner all that relates to his calling, tends to remove from the eye of the general practitioner much that he well might know, and more that it is needful that he should know if he would form a just opinion of the present state of dental surgery. The absolute necessity for a long special training in order to acquire moderate capabilities as a dental practitioner is very generally overlooked, and the power to pass an examination in surgery and to write a prescription is accepted as a sufficient education for the dental surgeon. But those whose powers constitute them efficient judges know full well that there is little difficulty in recognising what is required in the treatment of a case, but very great difficulty in acquiring the power to carry it into effect. To take out a large portion of the softened tissue from a carious tooth and to fill up the hole with a plastic material requires little skill; but to remove the diseased part as fully as may be, to leave the cavity in a form capable of retaining a long-lasting plug, and to introduce that plug—in fact, to perform the operation up to the highest standard of excellence, without an undue expenditure of time exhaustive to the patient and operator—requires great skill, a degree of skill gained only by patient training over at least two years in pupils naturally not inapt. Let any one interested visit the Dental Hospital, and watch the performances of students of one year, then those of two years' training, and, if possible, the operations of the more skilful teachers, let him then try his own hand, and all I have stated will be admitted. That which is true respecting filling teeth applies also to other dental operations. But the dental surgeon will be occupied three-fourths of his time in treating carious teeth, and, if his operations are rightly performed, he will have rendered good service, and secured the lasting gratitude of his patients.

Were it otherwise we should find medical practitioners using the leisure hours of their early professional life in the performance of dental operations. In truth the education of the surgeon does not embrace dental surgery. A man may be a member of the College of Surgeons or Physicians or of the Apothecaries' Company, and yet know nothing of dental surgery; and it would be unreasonable, and, consequently, all but impossible, to impose upon him a long and expensive training in a speciality he is not specially destined to practise; and, again, the knowledge acquired would be speedily lost unless constantly practised. That which would be true of the general surgeon applies with equal force to the dental surgeon, whose knowledge of general surgery fades from disuse by the time he acquired his general diploma; for his speciality will, if rightly practised, demand all his time and thoughts. He cannot remain an effective general surgeon if he would be a faithful dental surgeon. He may be a legally qualified practitioner, but, without use, the knowledge he acquired up to the level of a pass examination will speedily waste, and he will become morally disqualified.

These facts were fully recognised twenty years ago, when the College of Surgeons instituted its department of dental surgery, laid down a curriculum to be followed by students, and after examination granted a diploma of fitness to practise, under the title of Licentiate in Dental Surgery. In this curriculum certain subjects embraced in the general medical education, but scarcely needful to the dentist, such as midwifery, forensic medicine, and botany, &c., were left out, and in their stead special dental subjects were introduced, leaving the time and cost of the profession strictly unaltered. The wisdom of this course is shown in the fact that the Dental School, formed to meet the requirements of the curriculum, has from year to year increased the number of its students, who at the present time nearly approach one hundred; and that the education meets the necessities of the dental surgeon is proved by its voluntary acceptance by those whose purpose it is to follow dental practice. For it must not be forgotten that the legal powers given to the colleges in the dental charter are permissive only, hence the education is offered, not enforced. The value of the diploma has been steadily advanced by extending the educational opportunities, by gradually increasing the strictness of the examination, and by the addition of written to the *vivâ voce* questions. And the preliminary examination in arts now required of the medical student before entering upon professional studies will also be required of the dental student from October, 1877.

The licentiateship is the qualification needed by the dental surgeon, for no other indicates that the possessor is practically acquainted with dental surgery; and, surely, if we would gain our living by dental practice, we must before all else be skilful dentists. I use the word *dentist* because the public will call us dentists do what we will, just as they call the opthalmic surgeon an oculist; and if we suffer, it will not be by the name but by our want of worth.

I do not for one moment argue against the dental student taking a general medical qualification; on the contrary, I would urge the student whose means and time will allow, to take the membership or fellowship of the College of Surgeons or Physicians, and I would further advise him to take the B. A. of one or other of our Universities. But I do protest against

the student making a general qualification stand in the stead, and take the place, of the special one if he proposes to gain his living by our speciality.

Dental surgery some years back suffered greatly from one or other of two conditions. The practitioner had at the outset only a general medical education, or, in many cases, he possessed no education at all, and the suffering is not yet at an end; but the wise course taken by the College of Surgeons has already very greatly reduced the evil, and will doubtless ere long, to the exclusion of the incompetent, provide the public with a very efficient race of practitioners.

It is reasonably hoped that the permissive education, the success of which no well-informed person can deny, will become compulsory, and that a distinctive line will be drawn between the competent and incompetent practitioner, recognisable by the public.

The membership and licentiateship jointly may be said to meet the case, but they involve a higher and more costly education than either taken singly, and it is not reasonable to expect that all dental students will be prepared to meet the demands of the double qualification. For such, and they will probably form the majority, at least for some time to come, the licentiateship will suffice, as being the educational equivalent of the single qualification in the general practitioner.

There has been much loose talk about the status of the dental practitioner. We had better work more and talk less upon the education of ourselves and our fellows. The Legislature can neither give nor withhold social status. The public will settle the question, and our position will be determined by our individual and collective professional and general culture, by our professional usefulness and scholarly attainments.

I remain, Sir, yours truly,

June 14th, 1876. JOHN TOMES.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

A STUDENT.—We will give your question our consideration.

COMMUNICATIONS, Enclosures, &c., have been received from Mr. Erasmus Wilson, London. Dr. Tatham, Salford. Mr. W. MacCormac, London. Dr. Braidwood, Birkenhead. Dr. Hughlings Jackson, London. Dr. McClintock, Dublin. Dr. O'Gilvie Will, Aberdeen. Dr. Law, Brompton Consumption Hospital. Dr. Edmunds, London. Mr. Sewill, London. The Secretary of the Statistical Society. Dr. Brewer, London. Mr. E. F. Flower, London. Dr. Handsel Griffiths, Dublin. Mr. Kemp, London. Dr. Griffiths, Sheffield. Mr. C. J. Fox, London. Mr. H. Constable, Athenæum Club. Dr. Myrtle, Harrogate. Mr. Lankester, National Health Society. Mr. Hyslop, Church Stretton. Mr. Watson, London. Dr. Scraggs, Clogher. Dr. Wheeler, Dublin. Dr. Heeney, Belfast. Dr. Doherty, Dublin. Dr. Denham, Dublin. Dr. Armstrong, Trillick. Dr. O'Dea, Spiddal. Dr. Harley, Dublin. Dr. Woodhouse, Westport. Dr. O'Leary, Milford. Mr. Holmes, Dublin. Dr. Langley, London, &c., &c.

VACANCIES.

Salford Fever Hospital.—Resident Medical Officer for the new Fever Hospital. Salary, £100, with board and residence. (See Advt.)

Downpatrick District Lunatic Asylum. Assistant Resident Medical Superintendent. Salary, £100, with board, &c. (See Advt.)

Owen's College, Manchester.—Demonstrator and Assistant Lecturer on Anatomy. Salary, £100 per annum. Applications, under cover, to the Registrar.

Liverpool Dispensaries.—Assistant House-Surgeon. Salary commencing at £108. Applications to be sent to the Secretary.

Birmingham General Dispensary.—Resident Surgeon. Salary £170. Applications to the Secretary.

York Rural Sanitary Authority.—Medical Officer of Health. Salary, £150. Full particulars of the Clerk, 1 Museum Street, York.

Lancaster County Lunatic Asylum.—Resident Medical Superintendent. Salary commencing at £400. Mr. Sharp, Solicitor, Lancaster, will furnish full information.

Hants Lunatic Asylum, Knowle. Two Assistant Medical Officers. Salary of Senior, £150; Junior, £100, with board. Address Dr. Manley, Knowle, Hants.

Ipswich Asylum. Assistant Medical Officer. Salary £100, with board. Apply to the Medical Superintendent.

St. Thomas's Hospital.—Resident Assistant Physician, and a Resident Assistant Surgeon. Salary £100 in each case, with board. Full information of the Treasurer's Clerk.

West London Hospital, Hammersmith.—Assistant-Surgeon. Particulars of the Secretary.

Warwick County Lunatic Asylum. Junior Assistant Medical Officer. Salary £100, with board. Address the Medical Superintendent.

Hospital for Sick Children, Great Ormond Street, W.C. Third Assistant-Surgeon. Honorary. Candidates must be Fellows of the College of Surgeons of England.

APPOINTMENTS.

ATKIN, N. E., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer for the Hill District and Vaccinator for the Brynmawr District of the Crickhowell Union.

BAYES, F. W. H., M.R.C.S.E., Medical Officer for the Snoring District and the Workhouse of the Walsingham Union, Norfolk.

BOWES, J. I., M.R.C.S.E., Assistant Medical Officer to the Northampton County Asylum.

Marriages.

CROSS—PARKER.—On the 14th inst., at S. James's Church, Paddington, John Cross, B.A., M.D. Cantab, of 7 Stanhope Terrace, Regent's Park, to Marianne, second daughter of T. R. Parker, Esq., of Maida Hill, W., and niece of G. Henderson, M.D.

MANNING—THORNE.—On the 15th inst., at the parish church, Shifnal, Shropshire, Leonard Archibald Manning, M.A., M.B. Dub., of Llanymynech, Shropshire, to Essie Anna, elder daughter of the late William Thorne, of Haughton, Shifnal.

NEWMAN—CUMMING.—On the 12th inst., at Milverton, Somersetshire, Wm. Newman, M.D. Lond., F.R.C.S.E., of Stamford, to Charlotte, daughter of the late Walter Cumming.

Deaths.

BROWN.—On the 12th of June, at Lewisham, Samuel Stainton Brown, M.R.C.S.E.

DAVIES.—On the 3rd of June, at Warrington, John Davies, M.D., aged 71.

MYRTLE.—On the 6th of June, at Rutland Street, Edinburgh, John Young Myrtle, M.D., aged 64.

PECK.—On the 8th of June, at Richmond Road, Barnsbury, William Ralph Peck, M.R.C.S.E., aged 61.

PERKINS.—On the 9th of June, at Rye Bank, Wem, Richard Steele Perkins, M.R.C.S.E., aged 65.

SMITH.—On the 2nd of June, at Tonge, Bolton, Lancashire, William Smith, Surgeon, aged 33.

STEAD.—On the 9th of June, at Southport, Joseph Stead, M.R.C.S.E., late of Cheetham.

WHITLOCK.—On the 4th of June, at sea, on board the R.M.S.S Para, Hubert Carlton Whitlock, M.R.C.S.E., Health Officer of the City of Demerara, British Guiana, son of the late Hubert Whitlock, Exeter, Devonshire, aged 42.

OBSTETRICAL SOCIETY OF LONDON.—The Quarterly EXAMINATION for MIDWIVES will be held on Wednesday, July 12th. Candidates should apply at the Society's library, 291 Regent street, W., on or before July 1st.

GENERAL NURSING INSTITUTE for TRAINED HOSPITAL NURSES.
5 Henrietta Street, Covent Garden, W.C.
A. EBSWORTH, F.R.C.S., Director.

DR. TAMIN-DESPALLES, of Contrexéville (Vosges, France), requests his English *confrères* who desire information respecting this hydro-mineral station for cases of gout, gravel, liver complaints, vesical catarrh, habitual constipation, leucorrhœa, &c., to specify their questions in a letter, or to merely forward their names, that he may send them advice as to the cases in which the uses of the waters of Contrexéville are indicated.

ADMIRALTY.—MEDICAL DEPARTMENT OF THE NAVY,
9, New Street, Spring Gardens, S.W. 6th June, 1876.

NOTICE is hereby given, that an EXAMINATION of CANDIDATES for Commissions in the Medical Service of the Royal Navy will be held at the University of London, Burlington Gardens, on Monday, 14th August, 1876, and following days, at ten o'clock.

Candidates must present themselves at this Department at eleven o'clock on Thursday, 10th August, 1876, when, should they be found in all respects eligible, they will be permitted to appear for examination.

The necessary forms to be filled up by candidates will be supplied on application to this Department, and should be returned as early as possible.

A. ARMSTRONG, Director-General.

BOROUGH OF SALFORD FEVER HOSPITAL.—The General Health Committee of this Borough are desirous of receiving applications for the appointment of RESIDENT MEDICAL OFFICER for their new Fever Hospital. Salary £100 per annum, with board and residence in a house separate from the Hospital.

Also for the appointment of MATRON and HOSPITAL SUPERINTENDENT for the same Institution. Salary £40 per annum, with board and residence.—Applications, with testimonials, to be sent to me not later than the 24th instant.

JOHN TATHAM, M.D., Medical Superintendent.

Town Hall, Salford, June 7th, 1876.

TO APOTHECARIES and PHARMACEUTICAL CHEMISTS.—TO BE SOLD, a first-class compounding establishment, fitted up with all modern requisites of the trade, having a good stock of the best drugs. There is a good trade in the compounding of prescriptions and sale of medicines in connection with it. Has been established over ten years, in a city of over 9,000 inhabitants; is well adapted either for an apothecary or pharmaceutical chemist. To be disposed of on account of the Proprietor having accepted an appointment in England. Immediate possession can be given. To an energetic man this would be a splendid opening, as the trade is improving, and has been for years. Application as to terms or for an inspection of the premises to be addressed to the Proprietor, Apothecaries' Hall, Russell Street, Armagh, Ireland.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 28, 1876.

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THE NATURAL HISTORY OF PULMONARY CONSUMPTION. (a)

By A. B. Shepherd, M.A., M.B., F.R.C.P.,
Physician to the Victoria Park Hospital for Diseases of the Chest; Assistant Physician to St. Mary's Hospital; &c.

LECTURE I.—(Continued.)

Mr. President, Fellows, and Gentlemen,—In my first lecture, I attempted to show that certain cases of disease included under pulmonary consumption by writers living in different countries and at different periods of time—all of them workers of the most trustworthy authority—ought not to be classed under that affection. My reasons for taking up that position, were, that in none of them, or at any rate in the most typical cases, could death be said to occur from disease of the lungs; that the series of clinical symptoms was essentially alike in all, and absolutely characteristic of a disease to which the term "tuberculosis," if it be preserved at all, may be given, but given only as a name for a certain and well-defined group of symptoms, and not in relation to any particular growth or product. I stated reasons why I am prepared to hold with Buhl and others, that this disease is one of infection, never causing independently any peculiar destruction of lung-tissue; and I think I demonstrated that, excepting in cases where the disease supervenes, as sometimes it does, on some former destructive affection of the lungs, the most marked characteristics of pulmonary consumption, as defined by Aretæus, by Sydenham by Morton, were absent. Almost every writer without exception tell us that there was no emaciation; that the lungs, beyond being more red than normal, and surcharged with innumerable minute granulations, were sound. Bayle (b) in contradiction of his own definition of phthisis, exclaims in reference to his second case, that of a postilion aged 24, who died from apnœa twenty-two days after being attacked by a dry cough, his lungs being found crammed with miliary granulations, "In the beginning of November, the cough not having yet commenced, where is the physician who, on examining this young man, who seemed to enjoy the finest health, and whose chest was perfectly well-formed, would have suspected a consumption?" And it was from cases of this kind, as compared with others of which I shall speak today, that I hoped to show that this is never the commencement of the ordinary phthisis of this country. Therefore it was that I insisted that the terms "tubercle" and "tubercular," vague in their primary use, have become vaguer in their secondary one; and if in any degree I have been able to assist in encouraging some strict definition of terms so commonly used, I shall not have wasted time in a fruitless strife of words.

I pass on to consider the ordinary form or forms of consumption, keeping before me the definition of Morton, to which may be added the sanction of Bayle: "The lung is the only organ which constantly undergoes organic change in pulmonary phthisis;" and that of Portal,(a) who, in his chapters on the examination of bodies dead of this disease, says, "The lungs always undergo change."

One of the great facts which Addison set himself to demonstrate was, that pneumonia (b)—I quote his own words—"leaves behind it divers forms of induration of the pulmonary tissue, all of which have been somewhat indiscriminately, but I believe erroneously, regarded as modifications of tubercle or of tubercular infiltration. Such indurations of the pulmonary tissue, altogether independent of tubercle, are, I am more and more persuaded, of very common occurrence; and moreover venture to predict that the time is not far distant when it will be generally acknowledged that they have not by any means commanded the attention they deserve." I am content to confess my

(a) Goulstonian Lectures.
(b) *Op. cit.*, p. 130; Barrow's translation, Liverpool, 1815, p. 143.

(a) *Observations sur la Nature et sur la Traitement de la Phthisie Pulmonaire.* Paris, 1792.
(b) *Guy's Hospital Reports*, ser. ii, vol. iii, p. 3.

belief in Addison's prediction, though its fulfilment is hardly yet come. But since the time of Morton with sixteen varieties of phthisis, Sauvages with twenty, Portal with forty, Baumes with three, Bayle himself with six, and yet doubting whether there may not be more, the tendency has certainly been to arrive at some simpler and truer statement of the phthisical process; even though Buhl, perhaps the clearest writer of to-day on the subject, must needs divide and subdivide varieties. The division I take to-day for my own convenience is to some extent similar to that adopted by Dr. Peacock in the paper to which I have already referred, though I must still insist upon distinguishing between the effect of intra-alveolar and extra-alveolar products; and so far, in its larger characters, my division agrees with that given by Buhl. At any rate, I cannot but feel that the clinical corresponds here with the pathological grouping.

All forms of phthisis may, I think, be classed according as to (1) whether dead or dying tissue-elements are found choking up the alveoli and bronchi, and leading to further destruction of the respiratory organ; (2) whether changes occur in the walls of the vesicles and bronchi, robbing that organ of its function in a different way; or (3) whether the interstitial tissue undergoes metamorphosis, interfering in yet another fashion with that same necessary function—on the imperfect and abnormal performance of that function depending all the symptoms of innutrition and fever which go to make up pulmonary consumption. To the first group belongs that form of the disease to which Buhl has given, I think correctly, the name of "desquamative pneumonic phthisis;" to the second is due that form next common in frequency, caused by long-standing bronchitis and emphysema; and to the third, those fibroid changes resulting in the same true symptoms of consumption, differing somewhat clinically and pathologically, as they are caused by alcoholism, syphilis, or anthracosis. All these forms of consumption fall under the definition of Morton: all owe their origin to primary disease of the lungs; all are accompanied by symptoms due to that lung disease; all alike bring in their train that general wasting of the bodily structure and strength which is included in the very term "phthisis"—"consumption." Upon the first and second forms, if not upon the third, a further process, resembling that of "acute tuberculosis," may and does frequently supervene, constituting Waldenburg's "phthisis combinata;" but the series of symptoms in these cases is in strong contrast to those alluded to in my first lecture. I need scarcely state, after what I have already put forward, that my own work, clinical and pathological, leads me to support the proposition of Addison (*a*), "that inflammation constitutes the great instrument of destruction in every form of phthisis."

I proceed to speak of the first form of morbid change, which, leading to destruction and death of the breathing surface, originates, as I believe, in catarrhal inflammation of the epithelium lining the alveoli and smaller bronchi, and is the form under which the common pulmonary consumption of this country most frequently occurs. This view I do not intend to support by reference to the numerous authorities who from the time of Broussais downwards have upheld the inflammatory origin of phthisis. I propose, on the other hand, to show, from writers who uphold the tubercular origin, how far their descriptions are consistent, as they profess them to be, with the supposed development of an extra-alveolar miliary nodule into an intra-alveolar and interstitial exudation or infiltration. I shall, however, press into my service especially such plates as exist, by whomsoever prepared, in illustration of what certain writers mean by certain *post mortem* appearances, the correctness or the reverse of such appearances being open to the judgment of those who inspect them. The agreement of these drawings with what each of us can see for ourselves in the *post-mortem* room being allowed, the general experience of all is conclusive that a drawing, however inartistic, represents those facts which the draughtsman most certainly appreciates for himself,

> "Quæ sunt oculis subjecta fidelibus, et quæ
> Ipse sibi tradit spectator."—Hor., *A. P.*, 181.

Of the clinical symptoms of the ordinary phthisis of this country it is not for me to speak. The sequence which Morton sketched—the general wasting of the body, due in the very first instance to the local mischief in the lungs, and accompanied from the very commencement by cough, dyspnœa, and other signs pointing to those organs, joined with symptoms of pyrexia, at first of a low and hectic type, but increasing in intensity as it becomes also more frequently remittent — such is the every-day picture of that phthisis which, as Hippocrates noticed, occurs most frequently between the ages of eighteen and twenty-five, and of which Sydenham declares, "Atque hæc est præcipua Tabis species" (*a*). Modified by age, at any rate, in its rapidity of march, here swiftly striking down the young and growing, there clinging to the full perfected man, till, with a grim satire on the "survival of the fittest," it robs him of the later years of manhood—it preserves, with this one exception of rapidity, the same marked outlines to recall which further to your minds would savour of impertinence on my part. It is on the interpretation of the morbid appearances found that differences of opinion alone arise. Death in this form of phthisis is brought about, as Aufrest (*b*) has already stated, either, though this is rare in adult life, by the supervention upon pulmonary disease of longer or shorter standing of what, with Empis, he calls "granulia"—that is to say, of "acute general tuberculosis;" secondly, as an acute galloping consumption; or thirdly, as the termination of a long chronic process.

The appearances found in the second and third class of cases seem to me to be the most unmixed, though more difficult to unravel in the type of galloping consumption, and are, as far as I can see, the probable key to the commencement of this affection. The signs during life are, of rapid consumption, those of consolidation at the apex generally of both lungs, followed very rapidly by signs of breaking down of the lung-tissue, both consolidation and destruction creeping swiftly downwards to the base. The signs in chronic consumption are a very slow procession of the same features over one or both lungs. On *post-mortem* examination, these organs, in addition to the cavities of larger or smaller size present, and portions of tissue in a condition easily broken down by the finger, exhibit here and there those grape-like masses which are most marked in the chronic form of the disease. To this arrangement in the latter form Laennec evidently refers when, in a description of one of his plates, he recognises it as a collection of "crude tubercles," at the same time comparing it to the club on playing cards, drawn even at this day more correctly on the cards of Paris than on those of London, as a stalked trefoil. (*Op. cit.*, plate i, fig. 7.) This same racemose arrangement is seen in Carswell's plate (*c*) which he describes as a delineation of tubercle, a delineation which Sir Thomas Watson praises, and adopts as a representation of his own views. Bock, in his *Atlas of Physiological Anatomy*, published at Leipzig in 1855, gives in Plate xxiii. a very good illustration of a most common *post-mortem* appearance—cavities in the apex, and in the base clusters of round bodies. With him, again, these latter are "tubercles." Colberg (*d*) in 1867 gives the naked-eye appearances of chronic catarrhal pneumonia (phthisis pulmonalis), in which the same clusters are said to be due to the cheesy degeneration of the contents of the

(*a*) *Guy's Hospital Reports*, ser. ii, vol. iii, p. 29.

(*a*) *Proc. Integri*, cap. lx, [1].

(*b*) *Die chronische Bronchopneumonie* [*Lungenschwindsucht*] *und die Granulie* [*Tuberculose*]. Magdeburg, 1873.

(*c*) *Physiological Anatomy*. Lond. 1838, "Tubercle," plate i. figs. 1 and 3.

(*d*) Beitrage zur normalen und pathologischen Anatomie der Lungen, *Deust. Arch. für Klin. Med.* 1867, vol. ii, p. 486, taf. vii. fig. 7.

alveoli: and Thaon (*a*) in 1873 gives a plate resembling Colberg's in everything but colour, the description of which reads as follows: "Fibrous granulations, or the granulations of Bayle arranged in clusters; isolated clusters: confluent clusters: bronchial ramifications: normal pulmonary tissue." But, whether called by the various names of tubercle, chronic catarrhal pneumonia, bronchopneumonia, it must be conceded that all these plates have these points in common: they profess to represent the appearances found in the bodies of those who die of pulmonary consumption; they represent the naked-eye appearances of what we find to-day on the *post-mortem* table in bodies dead with the same symptoms described in connection with these cases; they represent an intra-alveolar and intrabronchial product, with more or less surrounding inflammation and more or less surrounding induration.

To Addison's lithographs I have already referred. Bayle gives no plate of his own; but Barrow (*b*), who translated his work in 1815, gives two woodcuts of a lung containing ragged cavities of different sizes and bronchi cut transversely; the latter being, according to him, tubercles. Not only do the woodcuts, but the very words of the late Dr. Hughes Bennett, (*c*) point to the same intra-alveolar, intrabronchial production of what he names "tubercle." He asserts: Numerous successful injections of pneumonic, tubercular, and cancerous lungs, in my possession, demonstrate that the exudation in all is poured out in the same manner, and occupies the same position in the pulmonary textures;" that is, as the preceding sentence tells us, fills the interior of the air-vesicles. The same growth of "tubercle" in the lung from the intra-alveolar epithelium was the view of Schrœder van der Kolk. (*d*) The same too, had been apparently (*e*) Virchow's earlier view, though, (*f*) later, in his criticism of Reinhardt, he held the "tubercle to originate from connective tissue." Such, if I may be allowed to state my belief, is the view held by a large number in this room; viz, that the product is intra-alveolar.

This intra-aveolar origin of the pathological products of the commonest form of phthisis being for the moment allowed, the rapidity of proliferation of the epithelial cells, growing closely side by side, may easily be judged of by comparison with the rapid enlargement and proliferation of the cells of irritated articular cartilage, or with that of the cells of the inflamed cornea. But, with this rapid proliferation of cells, the portions of lung attacked begin to lose their function as breathing surfaces, and to take on the function of secreting glands. It is scarcely possible, I I think, to overlook the likeness there is between, at any rate in their pathological aspects, the inflamed lung and the inflamed sebaceous follicle. The lung, in a state of chronic inflammation and of epithelial—or, if the word be better chosen, endothelial—growth, is very like a racemose gland, also in a state of chronic inflammation. In the description of one of his lithographs (*g*) which to my eye represents lobular products with recent pneumonia, or, in his own words, "a form of phthisis in which the disorganisation results partly from the softening of recent hepatisation, and partly from the disintegration of pneumonic induration more or less ancient," Addison draws what he conceives to be, "although rude and incorrect, some sort of analogy" between his "sthenic tubercles"—*i.e.*, the result pictured—and facial acne. I confess that I fail to see either the rudeness or the incorrectness of the comparison. A lung-alveolus is not so unlike a sebaceous follicle that its contents, like those of the latter, proliferating more rapidly in a condition of inflammation, and, to quote Morton again, "having a difficult exit," lead to further inflammation. Both become plugged with their contents; the contents of both undergo the same cheesy (oily) change, and set up the same inflammation and death in the secreting wall itself and the immediately surrounding tissues. And, as increased cell-growth cannot but be influenced to a very large degree by the simplest mechanical processes—of which fact no histologist can doubt—we might easily expect that in the loose and spongy tissue of the lung, as compared with the dense structures outside sebaceous glands, the death of the parts engaged is at the same time more rapid and more wide-spreading.

And this, as it seems to me, is the process—the great fault of which is its simplicity—which really does occur in the very large majority of cases of ordinary phthisis. If we take a portion, which seems most recent, of one of those grape-like clusters to which we have referred, we shall find pretty well the same microscopical appearances which Professor Klein has drawn in this vertical section through the lung of a child which died of acute tuberculosis. Here the masses found agree with Buhl's description of desquamative pneumonia. The alveoli and infundibula are distended by abnormal material. The intra-alveolar capillaries, as the disease advances, are no longer permeable, seem to disappear; as does the epithelial lining of the alveoli, still visible in the regions of latest change. Here is no stubborn tissue opposing its own vitality of the invading change. The cell proliferation in a few alveoli leads not only to its own death, to the death of the capillaries which first fed it, and to the death of the wall which supported those capillaries: by easy extension, it passes onward to more alveoli, more infundibula, till bronchioles and bronchi are caught in the devastation; or it may be that the bronchioles are the first parts affected and the catarrhal proliferation in the alveoli due to an extension of the inflammation from them. The microscope only tells us this: that these grape-like masses consist of intra-bronchial and intra-alveolar products, in a more or less advanced stage of cheesy degeneration.

It is scarcely needful in these days, I suppose, to say much with regard to that distinction laid down by Rokitansky (*op. cit., Syd. Soc. Trans.*, iv. 106) and Skoda (*a*) and followed by numerous writers and teachers, between pneumonia and what they called pulmonary "tubercle;" namely, that the former began, as a rule, at the base; the latter at the apex. Skoda himself narrowed this question very much by begging the larger premiss, and asserting that, pneumonia being an acute affection, and tuberculosis only seldom acute, healthy persons were attacked most often by apicial pneumonia, while any acute apicial infiltration in persons suffering from chronic "tuberculosis" was "tubercular," *i.e.*, phthisical—leading to destruction of lung-tissue. At any rate, from the time of Morgagni downwards to a paper published in 1873 by Schlesinger (*b*) the latest paper I think I have seen on the subject—there are numerous statistics to show that apicial pneumonia is very far from being an uncommon thing. And there is a class of cases to which I think sufficient attention has not been paid, of which the following is an example. For being allowed to examine the case, and for some of the notes, I am indebted to my colleagues, Dr. Broadbent and Dr. Cheadle. I may mention, in passing, that, judging probably from the sharply defined distinctions of books, the house-surgeon who first saw it took it for a case of phthisis: an opinion which in lapse of time, will probably, I think, be justified by the result. A married woman, aged 22, whose father was said to have died of consumption, was admitted into St. Mary's Hospital, having been perfectly well up to a week before, when she complained of pain under her right clavicle. The physical signs were impaired resonance with bronchial breathing at the right apex, and

(*a*) *Op. cit.*, plate ii. fig. 3.
(*b*) *Researches on Pulmonary Phthisis*, from the French of G. L. Bayle, D.M.P., by William Barrow, M.D. Liverpool, 1815.
(*c*) *Clinical Lectures*, 1859, p. 711.
(*d*) Paget's *Surg. Path.*, ed. 1863, p. 815.
(*e*) *Ib.*, p. 814.
(*f*) *Cell-Path.*, p. 474.
(*g*) *Guy's Hospital Reports*, ser. ii. vol. iii. plate 6, page 3.

(*a*) *Differential Diagnose zwischen Pneumonie und Tuberkulose*, viii. 46, 1862.
(*b*) *Zur Statistik der genuinen fibrösen Pneumonie.* Berlin 1873.

general bronchits of the smaller tubes. The same night, she was delivered of a six-months' birth. A month later, I examined her. There was no difference on percussion on either side; but, in addition to a general bronchitis which still existed, there was feebler inspiratory murmur at the right apex, as compared with the left.

I have notes of cases similar to this, seen in my out-patient practice—cases which all agree in the presence of a more or less general capillary bronchitis, with localised dulness at the apex of a lung. I have not been able myself as yet to follow out any one of these cases; but in a series of American lectures now being published there is one by Dr. Colwin Ellis on the frequency with which capillary bronchitis is complicated with changes in the air-vesicles, and on its relation to catarrhal pneumonia. In this paper, five cases of the kind I am speaking of are given, two with *post mortem* results. Rindfleisch (*a*) writing on "chronic tuberculosis of the lung," and intending by that name the ordinary form of phthisis we are now considering, supports this view in so far that he places the original seat of his "tubercle-granule" at the passage of the finest bronchi into the air-vesicles, into which its further infiltration proceeds. With the statements of Rindfleisch, Jürgensen, and Buhl, agrees the opinion of Dr. Hughes Bennet (*b*) that in the phthisical process "the bronchi are necessarily involved; their terminal extremities are among the first structures affected"—those parts of the tubes which, says Andral (*c*) "are on the point of froming the air-vesicles."

I have at this present moment under my care at the Victoria Park Hospital two cases in one family which link together in a very interesting way the form of phthisis I have thus slightly sketched and that other form which, exhibiting all the clinical symptoms common to the two classes, does not depend, I think—at any rate, originally—on intra-alveolar changes, but on changes in the walls of the alveoli and bronchi themselves, *i.e.*, on chronic bronchitis and emphysema. Laennec had noticed the strong likeness between his "pulmonary or tubercular phthisis" and this "chronic mucous catarrh"—a common infirmity of old age. (*d*) He says: "There exists, in fact, the most perfect similarity between these two affections, whether it be in the sputa, the emaciation, or all the other symptoms." Of the two cases to which I referred, one is that of a lad aged 16, who presents all the signs of what I am in the habit of calling cheesy pneumonic or broncho-pneumonic phthisis, with, the last time I saw him ten days ago, marked pyrexial symptoms. The other is that of his father, aged 54, who declares that up to last winter—at the very most a year ago—he was perfectly well; while, as to his son, he asserts that, after an attack of scarlet fever, "he was pretty hearty till he catched a cold." The father's father had died at the age of thirty-five from "rupture of a blood-vessel." The two cases stand in strong contrast, yet in strong similarity; the younger dying in no long time from, it may be, the engendered phthisis, "quæ quidem leni catarrhi nomine à miseris istis ægris signari solet; donec tandem negligentiâ incurabilis evadat;' (*e*) the older surviving beyond the life of his son, to wait the close of a chronic and incurable phthisis, "quoniam omnes senes, qui aliquo acuto morbo non corripiuntur, hoc modò phthisicè languentes tandem ultimum claudunt diem" (*f*) It is not true, as Morton seems to have thought, at any rate to some extent, that old age itself is a chronic and incurable phthisis of this kind; but it is true, as he laid down, that the "asthmatic phthisis" of which he writes is marked off from other forms of phthisis by the presence of wheezing and intense dyspnœa throughout the whole course of the disease. I should but waste the time of the College were I to enlarge further on this form of consumption. There is one fact to which I cannot but draw attention; and I think it is important, because it throws some light upon a theory which, for myself, I have utterly discarded: the relation between phthisis—consumption—as with Morton I have defined it, and the presence and development of so-called tubercle. I do not remember to have seen, though I have heard of, cases of old people dying of acute tuberculosis. But, even in those who die in the ordinary course of a chronic bronchitic phthisis, there may be seen scattered round old cavities, or in the neighbourhood of dilated tubes and patches of emphysema, more especially at the bases of the lungs, certain bodies, to the naked eye like miliary tubercles—like well-boiled rice-grains—but under the microscope vesicular lobular pneumonias. The evidence of other observers goes to show, what I have not yet been able to prove to myself, that, in addition to these alveolar proliferations, there are also perivascular products; and in so far I readily accept Dr. Klein's statement with regard to their occurrence in artificial tuberculosis, as probably true also here, that these semitransparent nodules, "due to catarrhal pneumonia, depend on the spreading of the perivascular cords" (*a*), and, to quote Rokiansky again, "are usually secondary processes" (*b*)

But, beyond this, they have no special meaning; they are but the common accompaniments here, as always, of any affection whatsoever of the lungs. The font to which they owe their origin is probably, in these cases, some cheesy focus in some dilated tube: a mechanical process to which the next set of cases may lend at least a possibility.

To be continued.

(*a*) *Deut. Arch.*, vol. xiii. p. 43; *see* Ziemssen's *Cyclop*,
(*b*) *Op. cit.*, p. 713.
(*c*) *Clin. Med.* ed. cit., vol. iv. p. 3.
(*d*) *Op. cit.*, vol. ii. p. 76, 77.
(*e*) Morton, *op. cit.*, p. 334.
(*f*) *ib.*, p. 226.

OPHTHALMOLOGY IN ITS RELATION TO GENERAL SURGERY. (*c*)

By Mr. Brudenell Carter,
Hunterian Professor of Surgery and Pathology to the Royal College of Surgeons.

The subject of the first lecture was "Ophthalmology in its relation to General Surgery." Mr. Carter began by observing that he believed there was no previous example of the office which he held having been conferred upon a surgeon whose hospital and private practice were alike limited to a single department; and that therefore, regarding himself as in some degree a representative of specialism and of specialists, he should hope to be pardoned if he devoted a short time, by way of preface, to the consideration of special practice from the point of view of those who followed it, and to the inquiry within what limits, and for what reasons it should either be fostered or discouraged. He described the problem which he thus stated as one urgently pressing for solution, on the ground that the prevailing tendency to the formation of special hospitals, and special departments of practice, unless it was the legitimate outcome of a division of labour rendered necessary by the progress of science, could not be otherwise than injurious, alike to the profession and the public. He glanced briefly at the popular notions about the necessity or advantage of specialism, and passed in review the state of ophthalmic surgery prior to the invention of the ophthalmoscope, and its rapid development subsequently, dwelling especially upon the tendency to exactness of thought and language which was produced by the exact and minute character of the observations which it became possible to make. He differed absolutely, however, from those who traced the great and sudden progress of ophthalmology to the influence of a division of labour, and attributed this progress mainly to the sudden acquisition of a new and improved method of research. He even went farther, and expressed the opinion that the influence of specialism had been an inju-

(*a*) *Op. cit.*, ii. 60.
(*b*) *Op. cit.*, iv. 83.
(*c*) Abstract of the First of the Hunterian Lectures at the Royal College of Surgeons.

rious one, by reason of its having diminished the number of labourers in the field, and also by its having diminished the opportunities of those labourers to regard the facts before them from a standpoint of general pathology. As an illustration, he referred to the clinical history of optic-nerve atrophy, and showed that the true nature of this affection had been concealed or misunderstood as long as the investigation rested in the hands of specialists, who did not see the cases until impairment of vision became a prominent symptom, and that it was only made clear when physicians, who were not specialists, began to use the ophthalmoscope in the examination of all cases of brain disease. They then discovered the occurrence, as a common precursor of nerve-atrophy, of a swelling of the optic discs which was at first limited to their connective tissue elements, and which, as long as it was so limited, did not at all affect the sight. In the same way, he believed, the discovery of the true nature of many ophthalmic maladies would reward those practitioners who would first accept the ophthalmoscope as an instrument of ordinary diagnosis, to be habitually used without any reference to the state of vision, as a means of inspecting nervous and vascular tissues in the only situation in which they could be seen. He next glanced at the uses of specialism, in conferring manual dexterity and operative experience, and also in leading to the mastery of a great number of details of different degrees of importance, and also at its necessity, as something which supplied an imperative public demand. He did not think, however, that the demand was one which should be conceded blindly, nor without a full consideration of its tendencies and effects, and he therefore proposed to inquire what were the precise claims of ophthalmology upon the attention of the profession. He divided this part of the subject into two heads; first, pointing out that the frequency and variety of the diseases and injuries of the eye were such as to render it certain that every general practitioner would often be called upon to encounter them; and secondly, by calling attention to their great pathological interest and importance, as conditions which allowed a large number of common morbid processes to be watched and studied with an accuracy not attainable elsewhere. In this relation he spoke of the facilities for observing degenerative processes, and also for observing the existence and effects of high arterial tension, which are afforded by the retinal vessels, and quoted Von Graefe with regard to the liability of these vessels, and of the tissues nourished by them, to participate in many constitutional or systemic maladies. He referred to Dr. Wharton Hood's felicitous use of the results produced by iritic adhesions in order to explain analogous results within the large articulations, and then passed on to speak of the light which had been thrown by study of the ocular muscles and of their motor nerves, upon the whole question of muscular paralysis in other regions of the body. Finally, he declared that the diseases of the eye presented, in a concise and legible form, the very alphabet of medicine and surgery, and claimed to have established that the place assigned to them, as matters calling for the attention of students, should be somewhat the same as that which was assigned, by common practice and consent, to the diseases peculiar to women. If they were neglected in the future to the same extent that they had been in the past, he predicted that ophthalmology, cut off from its only proper root in general medicine, would soon languish and decay, and that those who followed it, under such circumstances, being deprived of the stimulus to good work which is afforded by the intelligent appreciation of the profession generally, would be tempted to supply the deficiencies of knowledge by the arts of quackery. He appealed to the rulers of the medical corporations to assist in rendering such a state of things impossible, and to support, by means of the ordinary examinations, the efforts which were now made at all schools of medicine to render instruction in the principles and the details of ophthalmology accessible and sufficient. He announced that the subject of the second lecture would be "Glaucoma."

CASE OF MULTILOCULAR TUMOUR, COMPLICATED WITH PREGNANCY, RUPTURE OF THE CYST, AND PERITONITIS. (a)

By George H. Kidd, M.D.,

President of the Royal College of Surgeons in Ireland; Obstetric Surgeon to the Coombe Hospital.

The case was that of a lady, thirty-eight years of age, who resided in the south of Ireland. He (Dr. Kidd) was asked to see her early in the month of March, and on visiting her he found her confined to bed, the abdomen being exceedingly large, measuring somewhere about forty-four inches in circumference—so large, in fact, that it interfered seriously with respiration, with the heart's action, and with the digestion of food. The lower part of the abdomen, thighs, legs, and feet, were very œdematous. The whole surface of the abdomen was tender to the touch (the patient shrank from having it touched), and her expression was one of great anxiety. She was very much emaciated, and there was a considerable amount of fever, the pulse being about 112. She suffered very much from night sweats, and the urine was loaded with lithates. He was asked to see the lady chiefly to determine whether she was pregnant or not, and if pregnant, he was asked to induce labour. On making an examination, the conclusion he came to was that the greater portion of the abdominal tumour was formed by an ovarian tumour, that there was a large quantity of fluid in the cavity of the peritoneum, and that if she were pregnant it could not be for more than between four and five months. Having arrived at this conclusion, he recommended, instead of inducing labour, that they should in the first instance tap the abdomen which would afford some relief to the constitutional disturbances which she was suffering from, and at all events allow us to arrive at a more complete knowledge of the case, and would also afford time for consideration as to the further steps to be taken. Accordingly he tapped the tumour the day he first saw her, and drew off about five quarts of fluid. The greater portion of this fluid was from the cavity of the peritoneum. It was thin and serous, but a considerable portion of it also came from the ovarian tumour. He tapped first the cavity of the peritoneum, and drew off as much as he could, and he then passed the trocar on into the tumour, and he succeeded in tapping four cysts of multilocular ovarian tumour. After that he was able to trace the outline of the uterus and confirm the opinion that he had already arrived at in consultation on the the case, that the uterus was enlarged to about the fourth or fifth month of pregnancy. He was able to hear the placental murmer, and very faintly a fœtal heart. He could not say with absolute certainty that he heard a fœtal heart, but he believed he heard it. At all events, he felt then in a position to express his opinion that she was pregnant about five months. The result of the tapping was to afford her very great relief. She slept well that night, and was so much relieved, that a week afterwards she was enabled to undergo a railway journey of six hours and come to Dublin. Of course she came with every means that could be used to lessen the fatigue of the journey, and to enable her to bear it, which she did remarkably well. He saw her afterwards and expressed his opinion that the only possible chance for her life was the removal of the tumour, and it was for the purpose of having this done that the lady was brought to Dublin. When she arrived in town he found that she had again so much increased in size that the abdomen was again 44 inches in circumference. It had increased four inches from the time he had tapped her, from the Sunday until Tuesday week following. The breathing was again becoming difficult and oppressed. At this period she was seen by Mr. Spencer Wells, and he took the same view that he (Dr. Kidd) had done, only as to the question of pregnancy, the question of the multilocular ovarian tumour, fluid from the cavity of the peritoneum, and some peritonitis consequent upon it. He suggested as he (Dr. Kidd) had done before that this fluid was from the rupture of one of the cysts of the multilocular tumour. On that Tuesday Mr. Wells again tapped the cavity of the peritoneum, and drew off about five pints of fluid. On the following day he proceeded to operate, and performed the major operation, and to remove the tumour. When the cavity of the abdomen was laid open there came a large quantity of fluid out of the peritoneum, then the pregnant uterus came into view, and after-

(a) Abstract of a communication made to the Dublin Obstetrical Society, specially reported for the Medical Press and Circular.

wards the tumour. Mr. Wells then proceeded to remove the tumour. He found it in an exceedingly soft condition—so friable that it broke down under his hands. There was distinct evidence of recent peritonitis. There were bands of lymph tying coils of the intestine to one another. There was an effusion of the lymph on the parietal surfaces of the peritoneum, and soft adhesions between the abdominal wall and the tumour. However, these adhesions yielded very freely; but the tumour was so soft that it came away, in fact, piecemeal. As there was no possibility of removing it entire, there being some firm adhesions between the omentum and the tumour, it had to be torn away, and portions of the omentum in two places had to be ligatured and cut away. Mr. Wells ligatured these, and round the pedicle he passed a double ligature, drew it tight at each side, cut the ends of the ligature short, and dropped it back into the peritoneum. He then closed up the wound in the ordinary fashion by sutures passing through the whole thickness of the abdominal wall, drawing them into a series of surfaces in contact with one another. The operation took place about twelve o'clock on Wednesday. In the course of the afternoon labour pains set in, and at six o'clock in the evening a five months' fœtus was expelled. Fortunately no hæmorrhage occurred, and there seemed to be no collapse or other inconvenience to the mother on account of the labour. The progress of the case from the day of the operation until the following Sunday was exceedingly favourable. The poor lady herself said that she was more comfortable than she had been for months. The œdema of the abdominal walls and the extremities quite disappeared, and the pulse became lower than it had been for some time before the operation. The temperature varied from 100°, 101°, 102°, on Sunday it was 103°, and ultimately it came down to 99°. Everything seemed so favourable that he (Dr. Kidd) was speaking to a medical friend on the subject on the Sunday after his visit, and he could not help saying to him that he thought she was safe. However, there was fluid accumulating to some degree in the cavity of the abdomen during this time, and in the course of Sunday a quantity of fluid was forced out through the abdominal wound, and the result of this was a considerable amount of collapse. When he saw her he found her very pale and shrunken, and in a state approaching syncope. By giving her stimulants, tightening the binders of the abdomen, and injecting ether she rallied. And while speaking of ether he might say in passing that its effect was not very beneficial in this case. The patient rallied and after a few hours seemed nearly as well as before. The collapse on this occasion seemed to him to be due rather to the sudden removal of the pressure on the abdominal vessels; it was like a patient being tapped with a large trocar in the upright position, and when pressure is taken off, the vessels allow a quantity of blood to accumulate in the *vena cava*. After this there was a sudden discharge of serum from the abdominal wound, and it was evident that this was running the patient down. It was simply debility. However, the constant flow of serum from the abdominal wound and the emptying of the blood-vessels produced this prostration. It occurred to him that perhaps if he could stop the secretion of the fluid it might improve her chance. The idea that presented itself to his mind was that he might inject some iodine into the cavity of the peritoneum, which was, of course, a very serious experiment, but one that he thought advisable. He communicated with Mr. Wells, and decided to support her strength. They gave her as much nourishment as they could, but the prostration continued, and the lady sank and died a week after the operation. He thought this was the first occasion in this country in which ovariotomy had been performed during pregnancy. Mr. Wells in his book gave six cases in which he operated during pregnancy; it was remarkable that in all six the patients recovered. The farther complication in these cases was peritonitis and the rupture of the cyst. That, too, however, was not an unexampled instance, for at the meeting of the British Medical Association at Oxford, a case was detailed where ovariotomy was performed notwithstanding the presence of peritonitis, and then a few hours after the woman was delivered of a full grown child. So that he thought they had sufficient grounds for going on to say that the operation was not prohibited either by the pregnancy or by the existence of peritonitis. This subject he had occasion to bring before the Society at a former meeting. In 1870 the subject of the operation of ovariotomy during pregnancy was under discussion in London, and before 1870 there was a very important paper read by Dr. Playfair on ovarian diseases as complicated with pregnancy. In the discussion which took place at that period, of which Dr. Playfair's paper formed a part, and in which Mr. Wells and Dr. Barnes also took part. He (Dr. Kidd) had the report of his own paper read before this Society in 1870 on "Ovarian Tumour, Complicated Labour," and in the first place he referred to Dr. Playfair's paper, by some of which he thought he showed that Dr. Playfair had collected details of 57 cases, in which he told them that the tumour was pushed down before it into the pelvis in front, presenting an ovarian tumour, and not causing any detriment to the birth of the child. In reference to that subject, he (Dr. Kidd) might mention that he had brought forward a case in which he had succeeded in operating on a tumour of this description, and in which the labour terminated favourably. The question remained whether the labour should be induced with a multilocular cyst or the ovarian tumour removed?

Clinical Records.

CASES IN PRACTICE.

Reported by JOHN W. MARTIN, M.D.,

Assistant-Surgeon, Mayfield Factory Dispensary, Portlaw, &c.

CASE XVI.—*Typhus Fever—Character of the Eruption doubtful in the Commencement—Recovery.*

M. Q., æt. 9, a well-nourished little girl, was attacked March 5th, 1876, with rigors, pains in the limbs, general lassitude, headache, nausea, and vomiting, and other symptoms of general constitutional disturbance. She was seen for the first time March 10th, the fifth day of illness. Her face, neck, and upper portion of the body were covered with an abundant rash, distributed in crescentic-shaped patches, with sound portions of skin between, and presenting features closely simulating the appearances of the rash accompanying an attack of measles. This eruption had appeared on the morning of the 10th, the date of my first visit; accompanying it were intense suffusion of the conjunctivæ, lachrymation, photophobia, and coryza. She complained of a short hard cough, unaccompanied by expectoration; there was no soreness of the throat. Respiration was short and hurried; pulse rapid and weak. Bowels had been well moved two days before my visit. I confess to have been much puzzled by the character of the eruption, its general features and accompanying symptoms favouring the idea of its being the rash of measles. I prescribed the following mixture:—

℞ Liq. amm. acetat., ℥vi.;
Vin. ipecac., ℥ij.;
Syrupi, ℥i.;
Aquæ ad ℥viij. M.

Two tablespoonsful to be taken every fourth hour.

The next day, Saturday, March 11th, sixth day of illness, she was raving constantly, headache very severe, tongue glazed, bowels confined, and only a very scanty supply of high-coloured urine was passed during the preceding 24 hours. The eruption was very dark-looking. Pulse very weak and shabby; in fact, scarcely countable. Respiration very short and shallow, performed entirely by the voluntary muscles. She had not been receiving one-fourth her proper dose of the medicine ordered. I directed the full complement to be given at regular periods, and ordered her feet and abdomen to be well stuped with a strong mixture of mustard and hot water. I also prescribed hyd. c. creta, grs. v., to be given at once. At the evening visit I found her much improved. Pain in the head relieved, tongue moistening; no motion from the bowels; passed an abundance of high-coloured urine free from deposit; and the rash had become much brighter in colour; it had also lost much of its crescentic appearance, taking on the usual characteristics of the typhus rash pure and simple.

Sunday, March 12th, seventh day of illness, she was admitted to hospital. Pulse 148, resp. 52, temp. 104.3.

Tongue moist, great thirst, raving constantly, rash copious over the whole body. Passing plenty of water.

March 13th, eighth day. Had one solid white-coloured motion; tongue moist and coated with a white fur. Free from headache. Respiration laboured, inclined to snoring; no chest complications. Passed over a pint of clear high-coloured urine. Slept well. Pulse 140; resp. 48; temp. 104·1. Mist. acidi sulphurici prescribed.

March, 4th, 9th day.—Doing well. Rash fading from the arms, face, neck, and surface of the chest; still very thick on the hips and lower extremities. Urine a pint, still clear and high-coloured. No motion. Pulse 128; resp. 52; temp. 103·4.

March 16th, 11th day.—Tongue glazed, and typhoid in appearance, brown and dry along the centre and at the tip, white along the edges; abdomen tympanitic; one large white-looking solid motion. Urine a pint and a-half. There were several spots out, over the abdomen and chest, which my father and I thought suspiciously like the "rose spots" of typhoid fever; but we hesitated pronouncing definitely upon them. The typhus rash was fading rapidly from the lower portions of the body. There was no "gargouillement." Pulse 112; resp. 48; temp. 100. Directed a wet compress to be applied to the abdomen, and ordered spirits of turpentine in five drop doses, every fourth hour, and four ounces of wine to be given in the course of the 24 hours.

March 17th, 12th day.—Much improved; tongue moist and cleaning; tympanitis disappearing from the abdomen; had one solid motion; general appearance greatly changed for the better. Pulse 104; temp. 98·4; resp. 44. Water broken.

March 20th, 15th day of illness.—Convalescent. Skin quite clear of eruptive-looking spots; tongue clean; treatment stopped; good nourishment ordered. Pulse 84; resp. 18; temp. 98·4.

The subsequent course of the case was one of steady convalescence.

The following is a tabular statement of the pulse, respiration, and temperature, taken regularly but once a day throughout, at about 12 o'clock each day. Evening temperatures were taken irregularly, and have not been noted. I also regret that accurate notes of the pulse and respiration and temperature for the first two days were not taken and kept.

Day of month.	Day of illness.	Pulse.	Resp.	Temp.
March 12th	7th	148	52	104·3°
„ 13th	8th	140	48	104·1
„ 14th	9th	128	52	103·4
„ 15th	10th	120	40	99·4
„ 16th	11th	112	48	100·
„ 17th	12th	104	44	98·4
„ 18th	13th	100	28	98·4
„ 19th	14th	84	20	98·4
„ 20th	15th	84	18	98·4

The family to which this child belonged was a very large one, consequently there was some overcrowding in the sleeping apartments. The house itself, with beds and bed-linen, were, all things considered, as well and cleanly kept as could be expected. The rooms were well whitewashed, and the state of the yard in the rear was satisfactory. I am convinced that the true source from whence this patient contracted the disease was the woman who was acting as help and general servant. She was the wife of a pensioner, who died some four or five weeks before the commencement of this girl's illness, from a most virulent attack of typhus, one of the worst cases I have seen for a long time. In the same house in which this man died, two other very severe cases of this fever occurred, in the persons of the occupier and his wife, both of whom were removed to hospital and recovered. After her husband's death, this woman left the village for a fortnight or more, then returned, and was a week or ten days in service before my patient showed the first symptoms of being affected. After removing the little girl to hospital, the following sanitary measures were observed: The straw in the bed was taken out and burned. The bed-clothes were steeped in boiling water for some time. A plate of chloride of lime and sulphuric acid mixed was placed in the room; the window and door were then closed, and the fumes from the mixture were allowed to fill the room for over two hours. At the expiration of this time the window and door were opened, the plate removed, and free access of air was permitted for the next 24 hours. The walls were then well whitewashed, and the room re-occupied. Since then no other case has occurred in this house.

Transactions of Societies.

DUBLIN OBSTETRICAL SOCIETY.

THE concluding meeting of the session was held on Saturday, June 10, 1876, the President, Dr. LOMBE ATTHILL, in the chair.

The PRESIDENT (Dr. More Madden, Vice-President, being in the chair) exhibited a recent specimen of an ovarian cyst which had been removed from a patient in the Rotundo Hospital on the previous Tuesday.

Dr. MORE MADDEN thought the Society owed the President its thanks for the details he had given of the interesting case, and still more for the candour and courage with which he had come forward and detailed the circumstances of an unsuccessful case—a candour which, if more frequently imitated, would lead to better results in medical statistics at large. As the President was willing that there should be a discussion on the communication, he (Dr. More Madden) had no douht that some of those present (who like himself had had the opportunity of witnessing the skill which the President exhibited in the operation in question) would be happy to bear testimony to the ability with which the case was treated, notwithstanding its unfavourable termination.

The PRESIDENT intimated that as the next business on the paper was the adjourned discussion on Dr. Kidd's case of "Ovarian Disease (Multilocular Tumour) complicated with Pregnancy, Rupture of a Cyst, and Peritonitis" (communicated at the April meeting of the Society), it would be better that the discussion on that paper should now proceed, and the two cases could be dealt with at the same time.

At the request of Dr. Denham,

Dr. KIDD gave a brief *résumé* of the chief points touched on in his communication, which will be found on page 525.

Dr. DENHAM said he would be very slow to operate on pregnant women with ovarian tumours, and he generally preferred waiting until the result of the pregnancy had been attained, and then when the proper time arrived—if it was thought right—that would be the suitable time for operative interference. The whole subject was so fraught with interest that one scarcely knew where to commence in dealing with it. The whole question involved was the propriety of the operation. He felt that the subject was so important, that it was difficult to discuss it with calmness. Baker Brown, one of the first operators in the world, had nine cases of ovariotomy, seven of which were fatal. Only two, therefore, recovered, and he was so shocked with the result that he ceased to operate altogether. Mr. Bird also, a very able surgeon, had operated on thirteen cases, but the mortality was so great, that he either ceased to record his cases, or he ceased to operate altogether. There might be something in the atmosphere of this country; but he believed Mr. Spencer Wells had come over to Ireland on five different occasions to operate, and four of the patients died. He knew that Mr. Spencer Wells' operations in this country had been anything but successful.

Dr. GEORGE JOHNSTON said he had not had much experience of ovariotomy, never having performed the operation. In cases such as the President had described he did not think he would be justified in operating. At the time that patient first came to the Rotundo Hospital it was considered that it would not be justifiable to operate on her, inasmuch as she was in good health and suffering no pain, the only inconvenience she suffered from being her large size. It could be distinctly diagnosed that the case was one of unilocular tumour, and the result of the tapping showed that the diagnosis was a correct one. He must say that he would have been very tenacious about operating in that case. With regard to the

early operation he did not consider that it would be at all prudent that they should do so. He had a case under his observation at present which showed this. The patient was still in good health, and it was now nearly 18 years since she first came under his notice. He had got the late Dr. Johnston to see her, and he wisely said, with his characteristic bluntness, "There is just one little remedy that will be of great use in this case, and it is a very valuable one; It is the "tincture of time.'" (A laugh.) That lady was actually smaller now than she was at that time. He had another case—it was one of fibroid tumour—and that patient either had not very much increased in size, and she enjoyed good health. She was of very large size, and she had had the opinion of several, and they did not consider it prudent to attempt to operate. At any rate, the patient was surviving it. He did not wish to say anything further on the subject, except that he would be rather tenacious in operating in these cases unless he saw that really the case was an urgent one, where the patient was suffering extreme pain, and that there was a tendency to an evil result.

Dr. McSwiney thought it would be greatly to be regretted if the operation of ovariotomy were to be discredited by any discussion in that Society. Persons who, like himself, had no experience from personal performance of the operation, but only knew the records as they were to be found in the literature of the subject, could not all coincide in the opinion that it is an operation that should not be had recourse to. On the contrary, as it appeared to him, the records of the operation of ovariotomy clearly demonstrated that when it was performed on those occasions when, he presumed, the skill of the obstetric surgeon alone recommended it to be performed—occasions when it appears probable that the life of the woman would be the forfeit of not performing the operation—that on such suitable occasions the results have been in the highest degree satisfactory. He took it that it was not an operation that was performed merely because it *might* result in the safety of the woman, but an operation performed when, humanly speaking, there seems to be no chance of the woman surviving unless relieved of this tumour; and although there might be something in the atmosphere of Ireland to render the cases peculiarly fatal (a laugh), still he thought they were bound to admit that there had been many successful operations in this country. He was not prepared with the statistics, but he was aware that there were some members of the Society present who had had successful cases, and he had the great satisfaction and pleasure of seeing two successful cases—one an operation at which he was present, and the other he saw prior to the operation, both of these operations being performed by the President of the Society, and both resulted in the recovery of the patients. He (Dr. MacSwiney) would venture to raise his voice against any attempt to discard the operation of ovariotomy in suitable cases.

The President said the discussion had taken two aspects—1st, as to the advisability of operating during pregnancy, and 2nd, as to the justifiability of ovariotomy at all. As to the first aspect, that was one of the most difficult questions which he thought the obstetric surgeon could be called upon to decide. It fell to his lot within the past week to decide on that question. A patient was sent to him with a well-marked ovarian tumour. She was also, he believed, pregnant some eight or ten weeks—at least, so he believed—but at that period of pregnancy, with a large ovarian tumour in front, it was out of his power to say definitely whether the patient was pregnant or not. He believed in that case it was his duty to wait and see what effect pregnancy and the co-existence of the tumour would have, and certainly unless grave symptoms arose he, did not intend to interfere in that case; but it was exceedingly probable that he might be compelled either to tap her or have recourse to the operotion. He, however, certainly thought that he ought to wait, and not perform ovariotomy on a pregnant woman unless the symptoms demanded it. He thought that those were the views of Dr. Kidd and Mr. Spencer Wells. Dr. Kidd's case was one that must have terminated fatally if left alone. With regard to the question of whether ovariotomy was justifiable or not, he did think that the statistics of Mr. Spencer Wells were sufficient justification of the operation. Mr. Spencer Wells' mortality did not exceed 20 per cent. in a list of 100 case, and Mr. Keith, of Edinburgh, in 50 cases, had only 8 deaths. He (the President) did not think the air of Ireland had anything to say to the success or non-success of the operation; he thought some of the causes of the latter result were preventable. His own very limited experience was such that he did not put himself forward as an authority at all. He had, however, had the good fortune to save two patients. One of those patients would certainly, in his opinion, have been dead months ago if it were not for the operation. The other woman, though actually not dying, still had a rapidly increasing tumour, and he thought her end would have been as the average of those had been. With reference to the case he had detailed that evening, he had no hesitation in saying that he believed he was justified in the performance of the operation. This was a woman who measured round the waist not much under two yards, was quite unable to walk with any degree of comfort, and whose size was rapidly increasing. When she was tapped in the Rotundo Hospital some months ago, in the course of four weeks the tumour was distended, and the large amount of twenty-one quarts had been removed. He wondered how long the woman would have losted after the removal of twenty quarts of fluid every three months. He had before him the results of 500 cases tapped by Mr. Spencer Wells, and the mortality of those cases was 25 per cent.—a mortality greater than that which was the average of the operation of ovariotomy. Allusion had been made to the *éclat* of the operation and the temptation of large fees. He did not think any thing could be more discreditable to a medical man than the performing of the operation for the mere question of *éclat*. He did not think there was one member of the Society who would operate in an improper case for the sake of *éclat*. He (the President) had been asked to operate twice within the last three years, and he refused, because he saw that the cases would in all probability terminate fatally. On the other hand, nothing would ever deter him from performing an operation that he believed himself called upon to perform with the view of saving a life which otherwise must perish.

Dr. Kidd, in the course of his reply, said that the discussion had taken a turn which had surprised him very much indeed. How they should go back to discuss the propriety of ovariotomy at all—he could not understand. If there was any question in surgery which could be proved to demonstration, he believed it was the propriety, and not only the propriety, but the absolute duty, of the surgeon to perform ovariotomy. Mr. Wells said in his book that he was brought to see a patient by one of the leading physicians in London, who spoke to him about the risks of the operation, and as to how any man could dare to undertake the operation. The reply he received was, how could any man dare "to leave the poor woman to die without an effort to save her?" And he (Dr. Kidd) believed that was the more important question when they remembered that the average duration of life in cases of ovarian tumour was under two years. It was the most painful death perhaps that one ever witnessed. He thought there were very few surgeons of the present day who did not recognise the propriety of this operation; but at the same time he quite concurred with Dr. Denham and Dr. Johnston that there were many cases in which the operation should not be attempted, He had himself declined to perform ovariotomy in a case in which another surgeon in Dublin operated upon the patient, and successfully. In that case the woman gave him (Dr. Kidd) a history of having had a tumour for fourteen years, and even after that time it was not a large tumour. Its rate of growth was not great, and her health was not bad, and in consequence he strongly advised that there should be no operation. However, the woman went into another hospital, and in a few days he was present, and saw the tumour removed. He must say that he thought in that case the operation entailed an amount of risk that he would not recommend a patient to undergo. He had seen many other cases where he had advised the patients not to undergo the operation, the health not being seriously injured by the tumour, which was not rapidly growing. There were certain cases where an ovarian tumour might go on for a number of years without imperiling the patient's life, and in those cases the operation should not be performed. But if a tumour were rapidly growing and a woman's health suffering, then he said that it was evidently going to run her into her grave within a few months, and he did not hesitate in such a case to recommend the operation; but it was an operation that he thought should not be undertaken without the patient's being made fully aware of the risk she incurs by its performance, and she herself must decide as to whether she will risk a few months of life and suffering against the prospect of perfect recovery, and it was to be re-

membered that recovery in these cases was perfect recovery. That was a very important point. A woman, if she recovered after the operation, might enter into all the relations of life. But the case which formed the subject of his communication, was as to the operation taking place during pregnancy. Now Dr. Denham had spoken about the risk of abortion coming on after the operation, and had recommended that the operation should be postponed until after the termination of pregnancy. He quite agreed with Dr. Denham with regard to that, and that was the point that he (Dr. Kidd) brought before the Society so long ago as 1870. If the case were one of multilocular cyst, and that they could not reduce the size of the tumour by tapping, the risk in that case was very much greater. But if in addition to that they had a case of multilocular cyst, and that the tumour had ruptured, the contents escaped into the peritoneum, and the woman would die in a few days, probably, and they knew in similar cases that the operation had been performed and the patients had lived, surely it was their duty to recommend the operation? That was the first case recorded where an abortion took place after the operation, and in all the other cases the patients went on to their full term of pregnancy after the operation. Dr. Johnston had spoken of cases running on for 18 years, and he had also referred to cases of fibroids. Cases of ovarian diseases that run on for 18 years are exceedingly rare. He believed that in many of those cases of very prolonged duration that there had been an error in diagnosis. He did not say that with regard to Dr. Johnston's cases, but it was very doubtful whether they were cases of ovarian tumours. If they were subperitoneal fibroid tumours, he did not think they should be operated upon. That, however, did not involve the question of ovarian tumours. The President had alluded to a case of pregnancy of 8 or 10 weeks. He (Dr. Kidd) could scarcely imagine the question of ovariotomy arising in that case, unless the ovarian tumour was in a condition requiring operation. If it was a case of 8 or 10 weeks' pregnancy, and if the ovarian tumour did not require the operation, he did not think they should interfere, and in that case he would prefer the chance of inducing abortion to attempting the operation, if he saw there was necessity for it. The object of his paper in 1870 was to show that in a number of cases they might have pregnancy run on perfectly safely and well to the full term, notwithstanding the presence of the ovarian tumour, and his paper was drawn forth by the remark of Dr. Barnes, that it was impossible for an ovarian tumour and a pregnant uterus to exist in combination.

Dr. JOHN A. BYRNE then detailed the history of a very interesting case, a sequel to one which he had brought before the Society at a previous meeting, He gave a brief *résumé* of the former case, which had occurred in his practice. The woman was pregnant of her second child; her first child, a male, was delivered by cephalotripsy, the forceps having been tried by him and Dr. Kidd, who assisted him, without success. On examination by himself and Dr. Kidd, it was ascertained that the conjugate diameter was somewhat less than three inches. He recommended to her to have premature labour brought on if she again became pregnant at the end of the seventh month of gestation. He accordingly at the expiration of that time induced premature labour by the use of Dr. Barnes' hydrostatic dilators, and when the os uteri was fully dilated, he performed version by the bipolar combined method as recommended by Dr. Braxton Hicks. The child, a female, was born alive, and lived six hours. Dr. Byrne recommended in the strongest manner the adoption in suitable cases of Dr. Braxton Hick's plan to the members of the Society, and he illustrated by drawings the different stages of the operation. This patient again became pregnant, and on the 204th day labour came on spontaneously, and a male child was born, which presented by the feet; the child lived six weeks, and eventually died from bronchitis. Dr. Byrne dwelt upon the singularity of the phenomenon of the uterus taking on expulsive spontaneous action at the same period exactly in a labour subsequent to that in which he had induced it by operative means; he also discussed at some length the proper mode of treatment in those cases where we are certain from measurment and the history of previous labours that the conjugate diameter is narrowed, and concluded a very interesting and really practical paper by recommending that labour should be induced and version be performed, thereby giving a chance of life to the child, rather than resort to the dreadful alternative of craniotomy, after the unsuccessful application of the forceps, in those cases where the conjugate diameter was somewhat less than three inches.

Dr. KIDD, after corroborating the facts contained in Dr. Byrne's description of the case, thought if they had experience of a previous difficult labour, and they were quite satisfied that they had a small pelvis, it was a great deal safer for both mother and child to induce labour at the seventh month.

Dr. DENHAM considered inducing labour at the seventh month in such cases as the one described by Dr. Byrne an excellent practice, the chances for the safety of the mother being greater, and he believed the chances for the child were tenfold.

The PRESIDENT showed one of the largest intra-uterine polypi he had yet removed. Its substance was not dense, but its thickness was so great that on attempting to use the écraseur the resistance was something tremendous. It was removed from a married woman aged 38 years, who had never been pregnant. She suffered from profuse menorrhagia—so profuse that menstruation became almost continuous. She was in good health up to four years ago. She was at the time of the operation in the most anæmic condition in which he ever saw a patient.

The Society then adjourned until next session.

MEDICAL MICROSCOPICAL SOCIETY OF LONDON.

AT the last meeting of the Society, MR. NEEDHAM communicated the particulars of a case of

SCIRRHOSIS OF LIVER IN A CHILD

and showed specimens both of the liver and other organs. The child, æt. six years, was admitted as a patient in the North-Eastern Hospital, Hackney Road, on June 23, 1875. Her antecedents were good, and the child's health had never suffered till lately, when she was observed to be losing flesh, and six days before admission her abdomen began to swell. She had always been well taken care of, and had never taken spirits in any form. In July the abdomen was tapped, but soon again refilled. 42 oz. of fluid were removed. The child rallied and returned home, but was re-admitted in December, 1875, much worse, and suffering from attacks of epistaxis and hæmatemosis; and in January, 1876, she died in convulsions, after having vomited a quantity of coffee-ground material.

Post-mortem examination showed the liver to be "hob-nailed," indurated, and weighing 19½ oz. It was uniformly straw coloured, no puckering of Glisson's capsule, and a section appeared fleshy, intersected with bands of a tough material. Spleen firm; 6 oz. in weight. Other organs healthy but anæmic. Stomach contained food and streaks of blood; but the source of the hæmatemesis could not be found.

A section of the liver showed with the microscope liver structure cut off into island glands of connective tissue, in which were elongated cells that readily were stained with carmine; and besides these, dotted about, and easily stained, were very many round cells, like white blood-corpuscles, to which they seemed more related than to the long cells above mentioned. The liver-cells were often confused by this new growth, and were undergoing fatty degeneration in some places. Glisson's capsule was healthy, and had taken no part in the process. The kidneys showed proliferation of connective tissue, as did also the spleen; and between the gastric tubes in the stomach was much of the small cell growth such as was seen in the liver.

The various organs have been prepared with chromate of ammonium and also with spirit, and had been stained in various ways; but the same appearances always presented themselves. In between the muscular fibres of the heart, and in the brain, especially about the blood-vessels, the same small cell growth could be well seen.

Dr. PAYNE had never heard of a case where the changes were so universal. Similar conditions in the stomach and kidney had been before described, but never, as far as he was aware, in the heart; it would be extremely interesting if scirrhosis of the liver could be made a general disease. He had also seen a case of scirrhosis of the liver at the age of four years.

Dr. PRITCHARD suggested the presence of the small cells in the various organs pointed only to some nutation of the blood-vessels, and to no particular diseased condition.

Mr. NEEDHAM, in reply, stated that in another case of scirrhosis that he had examined he had found all the changes here described. The proliferation of small cells was equally around arteries and veins.

The session will wind up on Friday the 30th, with a *conversazione* at 6 Pall Mall Place.

METEOROLOGICAL SOCIETY OF GREAT BRITAIN.

At the last meeting of the Society, June 21st, a paper was read by Mr. F. Shaw on

THE CLIMATE OF SCARBOROUGH,

of which the following is an abstract.

Scarborough is situated in Lat. 54° 17′ N., Long. 0° 23″ W., on the North-East coast of England, and contains a resident population of about 27,000. The thermometers used were placed in a louvre boarded case, fixed to the north side of a stout wooden structure, having an open grass plot in front of them. The garden is about midway between the north and south sides of the town, and about 150 yards from the shore, and as both residents and visitors are continually passing along this line, the observations may be taken as fairly representing the temperature of Scarborough as a watering place. The mean monthly temperatures, based on an average of eight years ending 1875, are as follows :—

Jan. 38 8°	Apr. 46.6°	July 60.4°	Oct. 48.2°
Feb. 39.7°	May. 50.5°	Aug. 58.9°	Nov. 42.2°
Mar. 41.6°	June 55.9°	Sep. 55.1°	Dec. 39.0°

Mean for the year—48.1°.

The maximum temperature on any day in July, the warmest month, does not exceed on the average 78.0°, the highest in the eight years being 85.5°, which occurred in 1868. The mean of the monthly minimum readings in January, the coldest month, is 24.2°, the lowest during the whole period being 13.3°, on Jan. 1st., 1875. The moderate and agreeable summer temperature is due to the close proximity of the town to the ocean, which, in the warmest month of this season, is about 5° below the air. Another noticeable fact is, that in hot weather, with a tolerably clear sky and a temperature between 8 and 9 a.m of 60°, rising to a maximum of nearly 70°, the wind which in the morning is blowing from the S.W., or W.S.W., generally backs to the S.S.E. by the middle of the day, bringing in a cool, refreshing breeze from the sea; it however gradually resumes its normal S.W. direction during the night. The autumn and winter temperature are also much influenced by the sea on the one hand, and the shelter afforded by the surrounding hills on the other. The sea is about 5° warmer than the air in the autumn, and 32 in the winter, whilst the prevailing winds are south-westerly, and not felt in their full force. The annual rainfall, on the average of the last ten years, is 28.29 inches, which falls on 167 days.

Vital Statistics.—From the Registrar-General's return we earn that during last week 5,317 births and 3,253 deaths were registered in London, and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 24 deaths annually in every 1000 persons living. The annual death-rate was 20 per 1000 in Edinburgh, 19 in London, 28 in Glasgow, and 26 in Dublin. The annual rates of mortality during the same period in the other large towns were—Norwich 18, Hull 20, Leicester 14, Portsmouth 21, Newcastle-upon-Tyne 19, Birmingham 20, Brighton 22, Leeds 21, Wolverhampton 21, Bradford 26, Sheffield 21, Plymouth 26, Bristol 19, Oldham 24, Manchester 27, Salford 23, Nottingham 21, Sunderland 17, and Liverpool 22. The annual death-rate from the seven principal zymotic diseases averaged 2·9 per 1000 in these towns, and ranged from 0·6 and 1·0 in Norwich and Sunderland, to 7 5 and 8·0 in Portsmouth and Plymouth. Scarlet fever continues fatally prevalent in Portsmouth, and measles both in Plymouth and Portsmouth ; it is much on the decline in London, 33 deaths only having occurred last week. In Manchester and Salford, 11 deaths were referred to small-pox ; since the beginning of the year 242 fatal cases of this disease have been recorded within those two municipalities, in addition to 75 in the Monsall Hospital, which is situated outside the city of Manchester. The fatal cases of small-pox in Liverpool were 15, against 2 and 11 in the two preceding weeks. Two deaths only from small-pox were registered in London.

Hospital for Diseases of the Throat.—On Wednesday last the biennial festival of this institution was held at Willis's Rooms, St. James's, under the presidency of Earl Cowper, who made an earnest appeal for funds to enable the committee to proceed with the new building of which they stood so much in need. Before separating subscriptions were announced from those present amounting to £1,490.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 28, 1876.

VIVISECTION.

LIFE is short, art long, opportunity fleeting, experiment slippery, judgment difficult. These are the first words of the aphorisms of Hippocrates, inscribed on the porch of the Temple of Healing, and they are likely to have a new meaning conferred upon them should the Cruelty to Animals Bill, introduced into the House of Lords by Lord Carnarvon, unfortunately become law. That measure will certainly make experiment more than ever slippery, and in so doing it cannot fail to enhance the difficulty of judgment, and to postpone that curtailment of art and prolongation of life, towards which science and benevolence have been recently striving with vigour and with sanguine expectation. "A great scientific revival," said Lord Cardwell, quoting one of the witnesses before the Royal Commission on Vivisection, "is going on," or more properly speaking, "has begun in this country." That we are on the eve of important discoveries in physiology and pathology will be acknowledged by all who can discern the signs of the times. In respect of the nature and habits of contagium, the actions of remedies, the functions of the nerve centres, we are justified in looking for revelations that will circumscribe and perhaps abolish some of the worst scourges of our race ; that will wipe away much misery and suffering, and help us to solve some difficult problems in education and sociology. But this fair prospect must be abandoned if Lord Carnarvon's project is to be adopted. The measure for which he is responsible is really a bill to put down physiological and medical research and to cripple

physiological teaching. Free thought, and free trade, and a free breakfast table are amongst our most cherished privileges, but free science is apparently not to be tolerated, and so our Colonial Secretary applies himself with inquisitorial rancour to retard human progress, and to secure to our children the entail of many of the ills that afflict us. It is as well that we should realise the fact that the *odium theologicum* has played no small part in the agitation that has been carried on against vivisection, and that a foolish jealousy of science, and of its encroachments upon the domain of ignorance has, in some degree, instigated the attack that has been made upon the students of biology in a quarter in which popular passion and prejudice are easily stirred. The anti-vivisection phalanx, led on by the incomparable Jesse, is composed of enthusiasts, crotchet-mongers, and puzzle-brains in about equal proportions. In its rear may be discerned a few worthy men who have not narrowly examined the subject, and who have vivid imaginations or keen sympathies.

That the effect of Lord Carnarvon's Act will be to interrupt all physiological investigations in Great Britain will scarcely be doubted by any one who has glanced at it even cursorily. That that is its set purpose, in spite of all appearances to the contrary, will be admitted by any one who has examined its provisions minutely. Why the very title of the Act at once makes plain its animus. Instead of being described as an Act to regulate vivisection or painful experiments upon living animals, it is called the Cruelty to Animals Act, an act to prevent cruel experiments upon animals. Although the Royal Commissioners on Vivisection failed to obtain any evidence that cruel experiments, *i.e.*, experiments in which pain is wantonly inflicted, have been practised in this country, the Act evidently assumes that such experiments are of frequent occurrence, and proceeds to legislate for their prevention with a zeal as great as was displayed when epidemics of garrotting and kicking called for special interference. It prohibits such experiments and all experiments upon living animals calculated to give pain, except under restrictions of the most vexatious nature, and it punishes by fine or imprisonment any one setting at nought that prohibition. The investigator, forsooth, who henceforth desires to interrogate animated nature must only do so in a registered place, subject to inspection, and after he has received a Secretary of State's licence, which may be revoked at any moment without reason or redress, and which may have attached to it any conditions which the Secretary of State may think fit, and which may, of course, be of such a character as to render the licence practically useless. Not only so, but before obtaining a licence, he must show that his experiments will tend by new discovery of knowledge to save or prolong human life or alleviate human suffering, a provision which, according as it is freely or stringently interpreted, may cover or exclude all possible experiments. Then the investigator is to be watched at his work, to ensure that he employs anæsthetics from first to last, and that he kills the animal when the experiment is over. He is not to be permitted to demonstrate his results to his professional brethren or pupils, nor to repeat any experiment which he may formerly have tried with success. When he is once known as a vivisector, even although he has not renewed his licence, he is liable to have his house searched at any time by a policeman on the motion of any suspicious neighbour, and if he resists this intrusion he is again mulcted in a fine. Experiments without anæsthetics or protracted after the effect of the anæsthetic has worn off, or that are essential as class illustrations or as confirmation of previous discoveries, may be sanctioned under certificates signed by the President of the Royal Society or of one of the Colleges of Physicians or Surgeons, and a professor of physiology, medicine, anatomy, or surgery, but such certificate may be at any time disallowed or suspended by the Secretary of State.

It cannot be necessary to enumerate other indignities and hardships to which this Bill would subject our scientific explorers, for it must be clear that these already referred to are sufficiently intolerable to put a period to scientific exploration in the department of physiology in these kingdoms. Our physiologists will not with arduous labour and self-sacrifice pursue researches that can only be carried on by means that this act makes odious. They will not submit to harassing limitations and interference, or to be branded as licensed vivisectors, and thus be associated with licensed victuallers. They will not expose themselves to the risk of having to defend their proceedings in a police-court, or to expiate their discoveries in the House of Correction. We speak not without authority when we assert that in the event of this Bill becoming law, some of our physiologists will withdraw to other countries where unctuous sentimentality is not so powerful as it is with us, and their exodus will be a perpetual disgrace in the history of England of the nineteenth century, whilst others will abandon physiology and devote themselves to other departments of medicine which are likely to be more remunerative to them, if not to mankind. Italy is at this moment strenuously endeavouring to induce Schiff, the Arch-Vivisector of the age, to remain with her, and to postpone his proposed return to Germany. England is about to banish all physiologists from her shores.

But Lord Carnarvon's Act is not only bad in spirit, but contemptible in execution, so much so indeed as to be occasionally unintelligible. It is pervaded by that reckless carelessness that has been denounced by judges and other eminent legal authorities as a discreditable and perplexing characteristic of so many modern statutes. It is presumptuous, when it declares that curari is not an anæsthetic, and glaringly defective in that it affords no definition of its most momentous terms. It does not define an anæsthetic, nor enumerate the agents that may be used as anæsthetics, so that we are left in doubt as to whether morphia, codeia, aconite, croton, chloral, and a score of other agents that might be named, are included in that class. It does not define an animal, but is all-embracing, as the Duke of Somerset sagaciously pointed out, so that after it has received the Royal assent the unlicensed microscopist who crushes a diatome or boils a bacterium will be liable to condign punishment. It does not define pain, nor provide any test by which its presence may be determined; and this is no mere quibble or frivolous objection, for as *painful* as distinguished from *painless* experiments are dealt with by the Act, we are entitled to know how we shall recognise that superadded quality which shall bring an experiment within its mean-

ing. If mere struggling and contortions are to be the measure of pain, then we must believe that a decapitated animal is more sensitive than one with its head on; while if cries are to be its guage, then we may as well dispense with anæsthetics, for a rabbit profoundly unconscious from the effects of chloral cries more piteously when its tail is pinched than an unanæsthetised rabbit does during the amputation of a limb. The Act, indeed, is entirely vitiated by the omission of any indication of what is meant by an experiment calculated to produce pain, and this omission common sense—that refuge of common fools—cannot supply. Is the administration of a drug to an animal an experiment calculated to produce pain? It would seem so, for the 12th section provides that a judge may sanction experiments upon living animals when he is satisfied that it is essential for the purposes of justice in a criminal case that such experiments should be performed. As experiments to aid the purposes of justice can only be required in cases of suspected poisoning, and as special sanction is necessary for such experiments, it is evident that the Act contemplates and forbids the experimental administration of drugs to animals. If it is necessary to be in possession of a licence or judge's order before administering opium, or belladonna, or Calabar bean to an animal, it is of course requisite to be protected in a similar manner before administering experimentally ether, chloroform, or other anæsthetics, so that the Act includes amongst the experiments calculated to cause pain the very practice which it enjoins with a view to the abolition of pain. A physician has lately been administering daily small doses of absolute alcohol to a number of young animals, with the view of determining accurately the effect of alcohol upon nutrition and development. These experiments have certainly been calculated to produce pain, as the alcohol has had to be given by force and as several of the animals have died in convulsions influenced by it. Such experiments unauthorised will therefore after the passing of this Act become illegal, and the physician will be liable to punishment for doing what dog-fanciers have done with impunity for generations to correct the growth of their pets, and what they will probably continue to do for generations to come. But of course dog-fanciers are an influential fraternity! Lord Shaftesbury cannot fail to be aware of the fact that the volume of pain endured by any one pack of fox-hounds in this country in their training and discipline in the course of twelve months is infinitely greater than that suffered by all the animals subjected to vivisection in the same period. But then fox-hunting is a noble sport, and the fox, an animal somewhat larger than a common cat, as we all very well know, keenly enjoys being pursued and torn in pieces, and having his tail cut off. It is remarkable that the fox has not been specially exempted from vivisection, and the pigeon, too, that is so largely in demand at Hurlingham. The apotheosis of the dog has been accomplished—why should not a few wild animals be made sacred also? It is enough, to use Mr. Ruskin's formulary, to make a man wish himself a dog, or a fly, or even a black-beetle! The dog and cat are, with the rabbit and guinea-pig, almost the only animals that are available to the physiologist for his experiments, and the higher differentiation of their structure and functions renders certain classes of experiments possible in them that would be impossible in the rabbit and guinea-pig. The exemption, therefore, from experiments extended to them by Lord Carnarvon, at the dictation of the Editor of the *Spectator*, is equivalent to the total abolition of two-thirds of vivisection as practised in this country.

So wholly unwise and objectionable is the Act before us that it is scarcely worth while to criticise it in detail, It ought to be opposed in its entirety, or to be subjected to amendments so considerable as to amount to complete reconstruction. One or two, however, of its worst features may be referred to first to illustrate its general tendency. It provides that inspectors are to be appointed by the Secretary of State, and that they are to visit from time to time all places registered for experiments, and it is in keeping with the slovenliness of the measure that it does not further specify the duties to be performed by these inspectors, nor require of them any particular qualifications for their office. It would be open to the Secretary of State under the 10th clause, to nominate as inspectors, naval or military officers, excisemen or even letter carriers, or to select for supervision over physiologists, men of the class whence the Society for the Prevention of Cruelty to Animals derives its officials; some of whom have been convicted of having trumped up accusations in order to extort money. Those who practice vivisection have no reason to shrink from inspection; many of them desire it and have asked for it, but surely they are justified in demanding that the inspection shall be conducted with intelligence, fairness, and competent knowledge. No one but a medical man is capable of appreciating the nature and drift of an experiment upon a living animal or of saying whether or not it is accompanied by pain.

Then, again, this Act orders that the results of all experiments upon living animals shall be reported to the Secretary of State, by whom they shall be utilised for the public good. It is designed that the Secretary of State shall become a great scientific luminary, and that physiogists, pathologists, and therapeucists, shall in future have no property in, nor credit for, their own discoveries. When their modest confiscation is accomplished, he who is afflicted by toothache, or any other variety of human suffering, will only have to write to the Secretary of State, enclosing a stamped envelope, in order to be put in possession of the very newest method of alleviation.

We have at present neither heart nor patience to expose more of the weakness and absurdity of the Cruelty to Animals Act that is now under the consideration of the House of Lords. An uncompromising opposition ought to be offered to it by the medical profession. If it cannot be defeated—and as a Government measure it will command much blind support—it may be at least modified in such a manner, as to make it not altogether and absolutely prohibitive of physiological research in this country.

To find an ex-premier casting doubts upon vaccination, and a minister of Lord Carnarvon's supposed enlightenment introducing a measure of this kind, is enough to make one ashamed of his country. This Bill will undoubtedly make England the laughing stock of scientific Europe.

THE METROPOLITAN HOSPITAL SUNDAY FUND.

We may, we believe, fairly congratulate the Committee of the Hospital Sunday Fund on the success of this year's collection. Up to the time of our going to press, the sum paid into the Mansion House, exceeded £22,000. This is a larger sum than that received in the same number of days, last year. The collection is such an one, as will justify the anticipation that this year's total will be higher than in any former occasion; although, with our lay contemporaries, we feel sure that the whole sum will not be as large as it ought to be. However much Londoners may pride themselves in supporting their great hospitals, they must be judged to have done far too little for them, and nothing by comparison with what is actually done by the gratuitous services so freely given by the profession. The vivisection agitation may possibly have done something to check the flow of charity, for here and there we hear of a minister having refused to join in the collection, least he should thereby give some indirect or vert encouragment to the alleged practice of vivisection. The vicar of a large parish in the North-West of London has even accused the Council of the Fund, of "ostensibly collecting money for the benefit of the poor, and actually appropriating it to the purchase of animals for vivisection purposes; in other words for the instruction of medical students in physiological cruelty." It would be useless to attempt the task of convincing a man of this stamp of the baseless injustice of his argument; he is evidently wanting in the promptings of a charitable heart, and although "one rose from the dead," he would probably refuse to admit that those who are foremost in all good work and in the alleviation of pain and sickness, are incapable of the acts of cruelty laid to their charge. Another instance of perverseness has come to our knowledge in the case of an incumbent of a church in that fashionable quarter, Pimlico, who, availing himself of all the effective machinery put into motion by the Committee of the Hospital Sunday Fund, preaches a sermon and collects a considerable sum, which he has since determined to hand over to some pet institution far away from London. This will, we fear, appear to common-place illogical minds as a case of misappropriation. On the whole, however, the clergy and ministers of all denominations, have done their work nobly and with a heartiness beyond all praise, and although there have hitherto been grumblings against the Distribution Committee, this body cannot go far wrong, as they are not only guided by fixed rules laid down for them by those who elect them, but are also governed by an earnest desire o act justly and kindly in every instance. The general terms laid down for their guidance, are that "the total expenditure of each hospital on its patients is to be taken as the chief factor, in determining the share each is to receive from the Fund.' As mere expenditure, however, is no measure of its uaefulness, "the hospital most deserving of public support is that which does the most work, and does it at the least cost." The expenditure of a hospital is, after all, as *the Times* justly observes, "a good deal more easy to calculate than the work of a hospital; and since expenditure derived from endowments and realised property, is not taken into account, it is no unfair test of the general verdict of the subscribing public, and it is not easy to see in what better way the distribution could be made. On the whole, the task has been well done, and the fact furnishes not the least argument in favour of Hospital Sunday and its promoters."

RECENT REPORTS ON CHOLERA.—III.

CONDITIONS OF ITS TRANSMISSIBILITY (*concluded*).

In a former article on cholera we endeavoured to draw attention to the more important and best known conditions of the transmissibility of that disease, as illustrated by some excellent Reports that have been recently published both in this country and in the United States. The effects, however, of impure water, of the elevation of the ground, and of personal predisposition upon the prevalence, or transportation, of cholera were then but cursorily glanced at.

With regard to the influence of impure water, the investigations of Dr. Snow long ago showed what an important part this agent may play in the diffusion of cholera; and Mr. Simon, in an inquiry into the relative mortality from the disease in a district one part of which was supplied by pure and the other by impure water, found that the population drinking the foul water suffered three and a-half times as much as that drinking the pure water. Now in turning to the American Reports, we find that they furnish some striking illustrations of the power of impure water in disseminating the disease. Thus during the epidemic in Central Kentucky, "several isolated cases of cholera had occurred in the town of Lebanon near to a small creek which forms one of the drains of the town. A few days after their occurrence the Marion county fair was held upon the grounds near Lebanon. As the water supply was less than the demand the deficiency was supplied from the town. Unfortunately a well was selected on low ground and quite near to the banks of the creek. On the second day of the fair a violent rain-storm deluged the country. The creek was filled to overflowing, and it was impossible that the surface-washings should not have infected this well. On the third and fourth days of the fair the water of the well was served as usual, and on the night of the last day (August 31) cholera, malignant in its type, was developed in all localities inhabited by those who had visited the grounds and drunk the water."

As to the influence exerted by the elevation of the land above the sea level, very little can be said, inasmuch as all communities and centres of population are in towns and villages, and nearly all towns and villages are situated either by the banks of rivers, or in valleys and low-lying plains. These Reports afford abundant evidence of the fact that the most favoured seats of cholera are along the banks of rivers and in the lowest district of towns and other places, but they also incontestably show that the greater mortality from the disease observed in the latter situations is not so much owing to any difference of elevation and of barometric pressure as to the unfavourable sanitary conditions characterising, and the density and character of the population inhabiting, such districts. In many instances mentioned in the American Reports, a district which was highly favoured by Nature with respect to its elevation and surface drainage, had by the neglect

and filthy habits of its inhabitants, been converted into a hotbed of disease and pestilence. Moreover, in one instance it is well shown what danger there may be in the importation of a case of cholera, "even at a point upon a mountain, well drained, and free from all insanitary influences." Major Adair, being suddenly seized with cholera while travelling, was taken to the house of a friend, situated on one of the spurs of the Cumberland Mountains, Clinton County, Kentucky, twenty-six miles from the nearest point infected with cholera. The position of this house was so isolated that the owner first learned that cholera was in the country by the arrival of the Major. A few days afterwards—September 8th—the owner of the house was attacked with the disease, and died after a few hours' illness. On September 10th his son was taken ill, but recovered, and on the 12th his daughter was attacked with the same complaint, and died. This case not only shows that salubrity of situation is of itself no safeguard against cholera, but that the law laid down by the German physicians, and unanimously adopted by the Vienna Conference, is open to many exceptions, and that man *may* be considered as the specific cause of cholera *apart from the influence of locality*. In the above case the American reporter attributes the contagion to the fact that the dejections of Major Adair were not treated with disinfectants, but were thrown out into the privy and upon the ground. Whether the dejectione were or were not the medium by which the disease was transmitted to the other occupants of the house we will not stop to inquire, but it is pretty clear that in this instance the transmission took place quite apart from the influence of locality. It is mere sophistry to say with Pettenkofer that in such cases "the patient had conveyed with him from the cholera-district so much of the cholera poison that there was enough cholera poison to infect the other persons who were attacked."

That some persons are more susceptible to the contagion of cholera than others is a fact which is as well known as its causes are obscure. Whatever, remarks Pettenkofer, is required in addition to the specific germ (which is spread by traffic), and the local and temporal disposition (which depend on the locality), in order to produce an outbreak of cholera in the individual, is termed *individual disposition*. Whether or not the influence of locality is in itself an essential factor in the propagation of cholera is a question on which, as we have already remarked, much doubt may be reasonably entertained. No one, on the other hand, would deny that much depends upon the peculiar susceptibility of the individual. Unfortunately very little is known of the nature and conditions of this individual disposition, or indisposition, to the contagion of cholera, and as it is a subject on which our Reports are for the most part silent, we must at present dismiss it from consideration. We may, however, suggest that, in the event of another invasion of this country by cholera, there could not be a better subject for investigation than the conditions which, in respect of the constitution, habits, temperament, mode of living, and previous health of the individual, appear to predispose to the disease. It would, for instance, not only be interesting, but in a hygienic point of view, of some importance, to know if a disposition to an attack of cholera was traceable to hereditary or acquired weakness of constitution, to indulgence in intoxicating liquors, to a too full, or to a too spare habit of living, or to an habitually relaxed state of the bowels.

Notes on Current Topics.

The Antivivisection Society.

STARTING a society, or floating an association, seems to be a very peculiar business, although to the initiated it is evidently simple enough. Take for the purpose a subject temporarily occupying public attention, a home to be found for lost dogs, or Contagious Diseases Act to be repealed, women's rights to be ventilated, or a vivisection craze to be promoted, and up starts some disinterested person equal to the occasion, and who by dint of impudence and a few sensational advertisements, the thing is at once set going. The advertising columns of the daily press are open to schemers and quacks alike, and heigh presto! the thing is done, and any number of benevolent people are ready to be imposed on and fleeced; but, in the upshoot, it turns out that the greater part of the money obtained finds its way into the pockets of an individual who is nominally described as promoter or secretary of the scheme.

It now turns out, as we have before intimated, that the antivivisection society found its promoter in a Mr. Jesse, who, from what transpired last week before the Vice-Chancellor, constituted himself chairman, committee, and secretary. With but little difficulty, and with the aid of a few startling advertisements, and grossly exaggerated statements of cruelties practised by the medical profession on cats and dogs, succeeded in abstracting in a few months, several thousand pounds from the pockets of Lords and Commons. Mr. Holt, a member of Parliament, was amongst his victims, and he, in a moment of weakness, consented to allow his name to appear as the associate of Jesse, but soon discovering that this person was carrying the joke a little too far, insisted upon withdrawing himself from so questionable a position, and upon having a statement of the receipts and expenditure. This, however, proved no easy matter, for Jesse treated him and his communications with contemptuous silence, and therefore poor Mr. Holt was put to the trouble and expense of appealing to the law. The counsel who conducted the case stated, that Jesse had received about £2000 for the purposes of the society, and all attempts to make him give an account of his stewardship had proved ineffectual. The Vice-Chancellor said, "It was evident from his conduct that Mr. Jesse was a man who liked to have his own way." We should rather think so, for he still retains upwards of £1,400, and has hitherto succeeded in resisting an order of the Court made upon him in May last, positively refusing to disgorge. This Mr. Jesse, it will be remembered, forced himself before the Royal Commissioners as a witness and the representative of a society which had, it now appears, no existence.

THE will of Sir Cordy Burrows, F.R.C.S., was proved last week under a personalty of £5000.

The Debate on Vivisection in the House of Lords.

On Wednesday last, the Lords went into committee on the Vivisection Bill.

The Earl of Carnarvon stated that at the proper time he intended to propose that the title of the Bill be changed from "An Act to Prevent Cruel Experiments on Animals," to "An Act to Amend the Law relating to Cruelty to Animals." He would do so in deference to an opinion expressed by a deputation of the profession.

Clauses 1 and 2 were agreed to.

On clause 3 the Duke of Somerset called attention to the term "living animal," and thought that it should be more clearly defined, as a jelly-fish was certainly a living animal, but the law could scarcely touch a physiologist for experimenting upon a jelly-fish. Lord Kimberley could not see the use of the word living as vivisection would not be performed on a dead animal, but Lord Carnarvon considered it better that the word living should be retained as many animals, even with the head cut off, showed signs of sensation.

Lord Rayleigh proposed as an amendment on the clause to strike out the words restricting vivisection to experiments for the saving or prolonging human life or alleviating human suffering, and insert words permitting of vivisection for the advancement of medical or physiological knowledge.

The amendment was strongly opposed by Lord Coleridge, whose illogical arguments are worthy of note. He said "We do not know what the lives of the lower animals really are, we cannot describe their interests, whether they have or have not any glimmer of the light of reason, whether they have any share of responsibility imposed upon them, we do not know. Some persons say that they have no feeling in the sense that we have feeling, because they have no reflection and no foresight. But I know, on the other hand, that whether they perish altogether seemed to so great a man as Bishop Butler very far from clear; and to my mind it is extremely doubtful whether we have the moral right which is asserted, and which underlies the whole of this discussion, to put them to torture, even if it turns out for our benefit."

In the same breath he says, a short time since, slaves were as mere chattels, yet no man would dare to suggest that it is morally lawful to put to torture persons of that condition, even though by so doing we can prolong the life or mitigate the sufferings of a superior race.

If Lord Coleridge expects to meet lower animals in a future world, his objections to vivisecting them in this world may be excused.

Thus he reasons, because we would not perform vivisection experiments on slaves—who we may recall to his mind are human beings—surely we have no right to do so on cats and dogs, &c., animals more tied to man by friendship than slaves, to be consistent he must at the same time raise his voice against them being killed for food. For ourselves we should not take the life of a lower animal into consideration where that of a man was concerned, and slaves we should class as men, but we would refuse to receive into our society any individual who would inflict pain *unnecessarily* upon any creature.

Lord Cardwell had given notice of an amendment almost identical with that moved by Lord Rayleigh, and the Bishop of Peterborough supported Lord Cardwell's amendment, on the ground that it would check the continuance for mere purposes of instruction of experiments on living animals in reference to physiological facts and phenomena which had already been settled. The amendment was agreed to.

The Earl of Lansdowne drew attention to the next subsection, which provided that the places in which experiments were made should be registered. The effect of the provision would be to limit and obstruct useful and beneficial discoveries.

Lord Kimberley regarded the limitation as an outrage on the learned professions affected by it.

The Lord Chancellor said if they did not register the place in which vivisection was to be done, inspection could not be made, and the Bill might as well be given up altogether. If the restriction to a licensed place were retained, there would be a protection offered by the licensed place, but if the restricting clause were removed, the Secretary of State in granting the license for vivisection, must rely on the character of the person applying for the license, and would be inclined to grant licences to those only who were known to be men of honour. In this way the removal of the restricting clause would be the worst possible thing for the medical profession.

The Earl of Carnarvon spoke to the same effect, adding that the worst cases of abuse had occurred not in public institutions, but in private lodgings. It was suggested by the Lord Chancellor that as inconvenience might arise if experimentation with drugs were required to be made at licensed places, words might be added in another part of the Bill to the effect, that any person holding a license under the Act, might, in any place licensed or not, administer drugs to animals for the purpose of ascertaining the effect.

The sub-section restricting vivisection to licensed places was ordered to stand part of the clause, and the clause to stand part of the Bill.

Clause 4 provides that the substance known as urari or curari shall not for the purposes of the Act be deemed to be an anæsthetic.

This clause was agreed to.

The Earl of Harrowby moved, that the horse, ass, or mule, should be classed with the cat and dog, on which experiments should not be performed.

This amendment likewise was agreed to.

It was afterwards proposed by the Earl of Carnarvon to amend the clause by inserting after the words dog, cat, horse, ass, or mule, the following words;—

Except in such certificates being given as in this Act mentioned, and that for reasons specified in such certificates, and where the object of an experiment would be necessarily frustrated unless made on an animal similar in constitution to a dog or a cat, &c., &c., and no other animal is available for the experiment. The addition of his words will be again brought forward on the report.

The clause was therefore agreed to as also clauses 6, 7, 8, 9, 10.

On clause 11 some discussion took place upon the addition of the names of certain scientific bodies who may give certificates for the making of experiments. The clause as it stands was ultimately added to the Bill as also the remaining clauses.

The Shower of Flesh.

THE reports that reached us from America some months ago of the descent of a shower of flesh in Kentucky—probably the *débris* of a monster explosion some hundreds of miles away—have received elucidation by Mr. Brandeis in the *Sanitarian* for May last. It appears that in 1537, while Paracelsus was engaged in the production of his "elixir of life," he came across a very strange looking vegetable mass, to which he gave the name of "Nostoc."

The want of rapid transportation, combined with the perishable nature of the substances fallen, have hitherto prevented a complete and exhaustive examination. The specimens of the "Kentucky shower" were well preserved in glycerine, and it has been comparatively easy to identify the substance and fix its status. The "Kentucky wonder" is nothing more or less than the "Nostoc" of the old alchemist. The Nostoc belongs to the confervæ; it consists of translucent, gelatinous bodies, joined together by threadlike tubes or seed-bearers. There are about fifty species of this singular plant classified; two or three kinds have even been found in a fossil state. Like other confervæ, the Nostoc propagates by self-division as well as by seeds or spores. When these spores work their way out of the gelatinous envelope they may be wafted by the winds here and there, and they may be carried great distances.

Wherever they may fall and find congenial soil, viz., dampness or recent rain, they will thrive and spread very rapidly, and many cases are recorded where they have covered miles of ground in a very few hours with long strings of Nostoc.

On account of this rapidity of growth people almost everywhere faithfully believe the Nostoc to fall from the clouds, and ascribe to it many mysterious virtues. In New Zealand it is found in large masses of quaking jelly several feet in circumference, and covering miles of damp soil.

All the Nostocs are composed of a semi-liquid cellulose and vegetable proteine. The edible Nostoc is highly valued in China, where it forms an essential ingredient of the edible bird-nest soup. The flesh that was supposed to have fallen from the clouds in Kentucky is the flesh-coloured Nostoc (*N. carneum* of the botanist); the flavour of it approaches frog or spring chicken legs, and it is greedily devoured by almost all domestic animals.

Norwegian Lepra.

DR. NEUMANN, of Vienna, has published in the *Allg. Wien. Med. Zeit.* (March 7th, 1876) an article on the etiology of this disease. Authors are not quite agreed whether it is hereditary or not; but it would appear that it is contagious. Low lands on the coast and bad food and shelter have much to do with the appearance of the disease in both hemispheres. The prognosis is generally very bad; the patients mostly perish of marasmus, pneumonia, phthisis, albuminuria, &c. The author makes a statement which, at least, as regards Scotland, would require confirmation. He says that in Norway the vas deferens of boys affected with lepra is tied, to arrest procreation, and that in *Scotland* castration is performed upon leprous lads for the same purpose.

The Profession and Quackery.

THE President of the Sacramento Medical Society, in his annual address, published in the *Pacific Medical and Surgical Journals*, discussing the claims of the profession, says:—"'It is the duty of physicians, who are frequent witnesses of enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess as professors in colleges of pharmacy, and by exercising their option in regard to the shops to which their prescriptions are sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture or sale. Physicians are seldom found backward or unwilling in the performance of these duties to the public. Although it would appear to be against their own pecuniary interests to preserve the public health, yet it is notoriously true that they are ever vigilant in this labour of love."

Hospital Saturday Fund.

LAST week the fourth meeting of the board of delegates for the current year was held at the Metropolitan Convalescent Institution, Walton-on-Thames. After some routine business had been transacted, the Chairman, Captain Mercier, reported that Mr. Hally, the organising agent, had visited the employés of nearly 1,000 large firms who did not contribute to the fund last year, and had obtained the co-operation of nearly all, having succeeded in placing a very large number of the weekly collection sheets—amongst these firms were many who had subscribed in the first year, but had not last; that active preparations were being made in the office for the issue of collection sheets to domestic servants and tradesmen, and it was expected that these would result in a very large return to the revenue of the fund. The rest of the report consisted of routine matter. In conclusion the Chairman said it was a great gratification to him to be able to show the members another instance of the great progress the movement was making. This was a *bon-mot* which appeared in last week's *Punch*, in the following words, viz., "The best lifts for Hospitals, Hospital Saturday and Hospital Sunday."

Homœopathic Advertisements in Medical Journals.

WE observe that a contemporary acknowledges the receipt of a copy of the correspondence between a member of the profession and the proprietors of a monthly journal of therapeutics, respecting the publication of advertisements of the London Homœopathic Hospital and the courses of lectures to be delivered there. We feel convinced, says our contemporary, that the proprietors in question need only to be again reminded of the strong feelings entertained by the medical practitioners of this country on the subject of homœopathy, to discontinue their encouragement of the homœopathists and their doctrines. Those who are able to refer to our past utterances upon homœopathic principles will scarcely suspect us of coquetting with that form of quack-

ing, yet we feel that there is no more powerful stimulus to infinitesimalism than that derived from unreasonable treatment on the part of the profession. Homœopathic advertisements published in the columns of a medical journal, may be accepted as *ex parte* statements made to a well-informed audience. Their insertion does not pledge the journal in whose columns they appear to any approval of them, and will not—in the remotest degree—recommend them to the credulity or approval of readers. We cannot see that there is any infraction of professional etiquette in the insertion of such advertisements which amount to nothing more than announcements which—we confess—seem to us thrown away upon medical constituencies. It is too late for medical journals to taboo such advertisements when they have—after warning—advertised, each week for long periods, the sale of sham diplomas in London.

Milk of Sulphur.

We regret to observe the *Lancet* engaged upon an apology for the "milk of sulphur" fraud. "People who want pure sulphur," our contemporary says, "can always, it appears, get it by exercising due care." We would be glad to know how "due care" is to be exercised. Is it by purchasing Macnamara or Pereira, and reading up the subject? or is it by a plain, honest description on the label? If the latter, we cordially agree with *Lancet*. If the former, we protest against a materia-medica education being expected from the uninstructed public.

A Foul Spot.

"How are we to dispose of our town refuse?" is a question as often askedas "What are we to do with our sewage?" Certainly it is of almost equal importance in large towns. There is no difficulty in the disposition of cinders, rags, and the ordinary contents of dustbins; but when we come to think of the thousands of dead cats and dogs, the tons of fish, garbage, condemned meat from the markets, and the sweepings of the streets, we often wonder what becomes of it all. We are not, however, left long in the dark, as the Vestry of Islington unvitalised itself on Saturday by explaining *what it did* in the matter, and how "the cheap and nasty business" had prompted its action.

The said vestry was represented by Mr. John Layton, vestry clerk and solicitor, of Islington, the summons being taken under the provisions of the Nuisances Removal Act, for allowing a nuisance to exist at the rear of the houses in Ashburton Grove, Islington.—Mr. Rickets, solicitor, represented the complainant, who was an inhabitant of that parish. In opening the case he remarked that the magistrate might be surprised to find that the vestry, who were supposed to be the guardians of the public health, were now themselves committing as abominable a nuisance as ever was committed, and had the hardihood to attend the court to defend their proceedings. The nuisance complained of arose from an immense deposit of decayed and decaying animal and vegetable matter on a large piece of enclosed land, about three acres in extent, in a populous part of the parish of Islington—viz., on a piece of land between Ashburton Grove and Queensland Road. This plot abutted on a thickly populated district, and the houses forming one side of Ashburton Grove were only divided from it by a low fence, and the small back gardens of the houses. In the month of March last the Vestry of Islington took this land from the Great Northern Railway Company, and had made of it a shoot for all the refuse of their parish, and thousands of loads of rotten fish, fish entrails, decayed animal and vegetable matte, including dead dogs and cats, besides the ordinary contents of dust-holes, were deposited there. Some of this refuse was thrown up into embankments for the purpose of forming bays into which the liquid slop from the parish roads was emptied. This huge mass emitted the foulest smell, and polluted the atmosphere for a considerable area. Between 2000 and 3000 loads of this abominable mixture were now lying in a heated and festering state under the very noses of these poor people, who had petitioned the vestry, and who he was sorry to say, had petitioned in vain—to do away with this nuisance, but the vestry carts still continued to empty their foul contents on this land. The only object to be served by not taking away the parish refuse into the country was something like a saving of 4s. per load, which he (Mr. Ricketts) was instructed the vestry declined to pay, but the public health ought not to be sacrificed on the ground of saving expense. In conclusion, he had to ask that the case might be remitted to the quarter sessions for trial.—Mr. William Irish, a carpenter, residing at Ashburton House, Ashburton Grove, Islington, gave a description of the objectionable heaps. A school was close to them, and the playground, in which upwards of 100 children disported themselves, directly bordered upon them. He had continually noticed that a cloud like a fog rose morning and evening over those heaps, and the stench was quite overpowering. When the wind blew in the direction of his house he was compelled to have all his windows and doors closed because of the foulness of the smell. The parish authorities did not use any disinfectants at that spot, and none were ever employed by them. He had signed the memorial to the vestry, asking that the nuisance might be removed or abated, and he had seen many others sign it, but no notice had been taken of the complaint. Since the hot weather innumerable flies had collected, and the heaps were all covered with flies.—Mr. James Glover, surgeon, of Islington, said he knew the piece of land in question, and that morning had seen it. There was a large deposit of material, including putrid animal and vegetable matter, which was full of flies. The smell was very bad, and it had but a superficial covering of ash and dirt. In his opinion the deposit was likely to be a nuisance, and injurious to the health of the persons residing in the neighbourhood, in fact, to the whole parish.—The magistrate said that it was a case that he should, in all probability, have to send for trial, and adjourned the summons for a week.

On Friday last, another victim to the accident at St. George's Hospital died from the effects of injuries received.

Dr. Brewer, chairman, and the members of the Metropolitan Asylum Board, paid their annual visit of inspection on Saturday to the Leavesden Imbecile Asylum, which contains no less than 2,100 inmates, everything was found to be in a most satisfactory state.

Owens College and the Royal Infirmary, Manchester, are about to come into possession of a magnificent legacy. Mr. C. F. Beyer, a wealthy Manchester merchant, has recently died, leaving his interest in the Gorton Locomotive works, which is expected to realise nearly a quarter of a million, to these institutions.

The sanitary authorities at Greenock complain that they are unable to subdue scarlet fever in the town, in consequence of the obstinate recklessness of parents, who allow their children to mix freely with others from infected houses, and will neither themselves disinfect clothes and bedding nor allow the authorities to do it for them.

THE grant of a Civil List Pension to Dr. Rumsey, of Cheltenham, which has just been announced, is an act worthy of a discriminating Government. Not a medical man has devoted himself with more unselfishness or with more untiring energy to the advancement of hygienic science and the improvement of sanitary law than Dr. Rumsey, and it is in consequence of his over-exertion in this field of labour that he has—by sickness—been obliged to accept the aid of the State.

THERE has recently been discovered at the Louvre the real portrait of the great anatomist, André Vesale, known by the famous engraving of "The Lesson in Anatomy." It is the work of Jean Calcar, the designer of the anatomical plates of Vesale. The illustrious surgeon is represented at the age of 26, leaning on a column. On a ring on a finger of his left hand the following inscription has been made out:—"A. V. B. Andreas Vesalnus Bruxelliensis," clearly establishing the authenticity of the picture.

Correspondence.

ON SUPPORT OF THE PERINEUM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Writers on midwifery have, of late years, generally speaking advocated the supporting of the perineum, but still among them there is a considerable difference of opinion as to the amount of support, when it should commence, and how long it should continue.

Dr. Ramsbotham says, it should be firm and continuous from the time the head commences to press. Dr. Churchill recommends, very gentle and careful support, and says he has seen cases of rupture of the perineum where it has been excessive and injudicious; Dr. Denman approves of it, only in first cases, while Dr. Leishman goes so far as to say that it is quite useless, and looks upon it as a relic of "meddlesome midwifery."

When I first commenced practice, I considered it was my duty to begin supporting the perineum as soon as ever the child's head began to press. I very soon found out that this was neither necessary or advisable. Since then, I have attended about 1,800 cases of labour, and I don't remember seeing a serious and complete rupture of the perineum, except in one instance, and that was a forceps case in a woman not very young, and in her first confinement; undoubtedly, there were some slight lacerations of the fourchette, which are generally admitted to occur very often in first cases. I have known many instances of women in labour, who had no assistance, except that afforded by some old women who knew nothing about supporting the perineum, and still no laceration occurred.

From this, I would feel inclined to agree with the statement that "the practitioner who never puts his hand to the perineum will have fewer cases of its rupture than he who admits support as applicable to every case from the time the head is pressing." At any rate, I consider that it is rarely, if ever necessary to support the perineum until the head of the child is about to pass the vulva, this is the only time it can be of any service; it is useless to commence it sooner, and it must be positively injurious, as the pressure of the hand, if long continued, heats and inflames the perineum, and if very firm by keeping back the head delays its expansion, and wastes the force exerted by the uterus to expel the child, and so, instead of assisting labour, retards it. I have thought that a small sheet, say about four inches square of vulcanised india-rubber, or some such elastic substance, applied evenly over the perineum by the palm of the hand would be a more satisfactory way of giving support when necessary, and I intend to give it a trial.

W. L.

FRENCH BATHING PLACES—BOULOGNE-SUR-MER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—This little island of ours is so small that, whenever the summer weather becomes genial enough to make travelling agreeable, it is the custom for crowds of British subjects to seek the bathing places of the French Coast, overflowing as it were, from the many charming sea-side resorts of the South Coast.

Boulogne-sur-Mêr is one of the most attractive, gay and pleasant, as well as the most accessible of all French watering places. Its sands are splendid; its bathing regulations excellent: and its casino and theatre quite admirably managed. Probably no English seaside resort presents greater *distractions* than Boulogne.

A year or two ago, however, I had the privilege of calling the attention of yourself and readers in the MEDICAL PRESS AND CIRCULAR to the defective way in which the contents of the drains in Boulogne are conveyed to the sea.

I naturally thought, that it only required that this weak side of Boulogne-sur-Mêr should be alluded to in a medical journal, in order that steps should be taken by the enlightened municipality of that town to put an end to the evil. Has not the town council of Boulogne evinced its respect for hygiene, by erecting a statue to the illustrious Edward Jenner?

Well, no! I happened to be in Boulogne in the month of May and found that the plan of emptying all the sewers of the town into the river still continues, so that, at low water, the effluvia is most unpleasant and unwholesome. Perhaps Mr. Sidney Chater, my former colleague in the Metropolitan Free Hospital, now resident in Boulogne, can explain to us why it is that the wise men of Boulogne-sur-Mêr, who are contemplating the turning of their fair town into a second Marseilles, should be so supine in the matter of health: and whether there may not be some more insuperable difficulties than I can appreciate, in carrying the sewage of Boulogne far away to the sea.

I remain, Sir, yours faithfully,

C. R. DRYSDALE, M.D.

17 Woburn Place, London, W.C., June 15, 1876.

BRITISH MEDICAL ASSOCIATION.—The Annual Meeting will be held at Sheffield on Tuesday, Wednesday, Thursday, and Friday, August 1st, 2nd, 3rd, and 4th, 1876.

President.—Sir Robert Christison, Bart., M.D., D.C.L., LL.D., F.R.S.Ed.

An Address in Medicine will be given by E. H. Sieveking, M.D., F.R.C.P., Physician-Extraordinary to the Queen.

An Address in Surgery will be given by W. F. Favell, Esq., Surgeon to the General Infirmary, Sheffield.

An Address in Public Medicine will be given by Alfred Carpenter, M.D., Croydon.

Local Secretaries.

Arthur Jackson, Esq., St. James's Row, Sheffield.

J. H. Keeling, M.D., 267 Glossop Road, Sheffield.

Tuesday, August 1st.

1 P.M.—Meeting of Committee of Council.

3 P.M.—Meeting of Council, 1875-76.

8 P.M.—General Meeting.—President's Address; Annual Report of Council; and other business.

Wednesday, August 2nd.

9.30 A.M.—Meeting of Council, 1876-77.

11.30 A.M.—Second General Meeting.

11.30 A.M.—Address in Medicine.

2 to 5 P.M.—Sectional Meetings.

9 A.M.—Soirée.—Weston Park Museum.

Thursday, August 3rd.

9 A.M.—Meeting of Committee of Council.

10 A.M.—Third General Meeting.—Reports of Committees.

11 A.M.—Address in Surgery.

2 to 5 P.M.—Sectional Meetings.
6.30 P.M.—Public Dinner.

Friday, August 4th.

10 A.M.—Address in Public Medicine.
11 A.M.—Sectional Meetings.
1.30 P.M.—Concluding General Meeting.—Reports of Committees, &c.
Promenade Concert at the Albert Hall.—Visits to the Works.

Saturday, August 5th.

EXCURSIONS.—Chatsworth, Wentworth, Wharncliffe, and other places.

Mr. Lawson Tait (Birmingham) gives notice that he will move at the annual meeting in August next the following alterations in and additions to the By-laws.

1. That By-law 8 read thus : "That the President shall be elected every year at the last general meeting from among the members resident in the district in which the next annual meeting is to be held, and he shall enter, etc." ; and further to read as it now stands.
2. That By-law 12 shall read : "That the Editor of the Journal shall be subject to annual election at a general meeting of the members of the Association ; that he shall be remunerated as the Committee of Council see fit ; and that he shall be responsible for all that appears in the Journal."
3. That By-law 13 shall read : "The Secretary of the Association shall be subject to annual election at a general meeting of the members of the Association ;" and further as it now stands.
4. That a By-law shall be inserted to the effect that "The Journal shall be considered the organ of communication between the members of the Association ; and that no reasonable communication from any member or members shall be refused admission, without the reason for such refusal being communicated to such member or members."

FRANCIS FOWKE, General Secretary.
36 Great Queen Street, London, June 8th, 1876.

UNIVERSITY OF DUBLIN.—MEETING OF THE SENATE.

THE Senate of the University of Dublin met at two o'clock last Saturday. The Right Hon. Sir Joseph Napier, Bart., Vice-Chancellor, presided.

Honorary Degrees.—Rev. William Roberts, F.T.C., as Senior Proctor, moved that an honorary degree of M.D. be bestowed upon our distinguished Professor of Chemistry, James Emerson Reynolds, a gentleman who, he said, had given ample proofs of his originality and industry in the field of scientific research. He might refer to Mr. Reynolds' important discovery of sulphur urea and his paper on silicates; and if it were true that *les bon elves font la gloire du maitre* he had another high claim to the distinction they proposed to confer upon him, in the list of his pupils who had obtained the highest honours that were conferred in this University for proficiency in chemical science. Mr. Williams also proposed that the honorary degree of Master in Engineering on Mr. Howard Grubb, who, he said, had devoted himself with singular zeal and success to the improvement of optical instrumeuts, and had supplied many such to foreign observatories—thus gaining for himself a well-earned reputation and conferring honour on his country.

The Rev. Dr. Haughton said it should be noted that Mr. Grubb owed his training to Trinity College. He was one of the pupils in the engineering school, and during his collegiate career obtained high distinctions. Although they could not have claimed to have trained him in the speciality in which he distinguished himself, he laid the foundation of his knowledge here.

The degrees were unanimously voted.

Degree of Licentiate in Midwifery.—The Rev. W. Roberts submitted the following statutes :—

DE GRADIBUS ET LICENTIIS IN ARTE OBSTETRICIA CONFERENDIS.

Ad Magisterium in Arte Obstetriciâ ii tantum admittantur qui prius in Medicinâ et in Chirurgiâ graduati fuerint, et qui duos ad minimum annos in studio Artis Obstetriciæ compleverint, secundum regulas a Præposito et Sociis Senioribus præscriptas vel præscribendas.

Priusquam gratia proponatur, Candidatus a Professoribus in Scholâ Midicinæ publice solenniter examinetur et idoneus comperiatur.

Statutum est etiam quod in praxin Artis Obstetriciæ ii admittantur qui in praxin Medicinæ atque Chirurgiæ prius admissi fuerint, et qui duos ad minimum annos in studio Artis Obstetriciæ compleverint atque examinationem sustinuerint, secundum regulas a Præposito et Sociis Senioribus præscriptas vel præscribendas.

Nemo autem admittatur nisi gratia Præpositi et Sociorum Seniorum pro Gradu vel Licentia prius concessa fuerit.

ARMY MEDICAL OFFICERS.

IN the House of Commons yesterday, replying to a question of Dr. Ward, Mr. Gathorne Hardy, Minister for War, said that the arrangement by which, under the warrant of 1873, medical officers were attached to regiments for five years, had been abolished, and the medical officers had been placed in a general rota, in accordance with which those who had served at home longest would be sent abroad first. Those about to be sent on foreign service had not served out of this country for fifteen years.

Medical News.

Royal College of Surgeons of England.—The following Members were elected Fellows of the College at the last meeting of the Council—viz.,

Jennings, Joseph C. S. (M.R.C.S. 1841), Malmesbury, Wilts.
Whitehouse, Edward O. W. (M.R.C.S. 1840), Thurlow Road, Hampstead.

Cambridge University.—At the Congregation on June 15th the following degrees were conferred :—

Doctors of Medicine.

Buck, William Elgar, St. John's College.
Lees, Daniel Bridge, Trinity College.
Moore, Norman, St. Catharine's College.

Bachelors of Medicine.

Barron, Thomas Walter, Caius College.
Smith, Charles Callow, Christ's College.

ON THE ADMINISTRATION OF SULPHUROUS ACID IN ENTERIC FEVER.

DR. J. W. BOTKIN, of Morrisonville, Ill. (*Medical and Surgical Reporter*, May 13th, 1876), writes strongly in favour of the use of sulphurous acid in the treatment of enteric fever, and gives the particulars of several interesting and instructive cases in which its administration was attended by very marked benefit. His attention was first directed to the advantages of this remedy by an article in

Braithwaite's *Retrospect*, from the pen of Dr. G. Wilks. The first case in which he tried acid was as follows: A gardener, æt. 65, ill several days before being seen, alarmingly prostrate both physically and mentally, vomiting and purging, with the abdomen tympanitic and painful to the touch, and distinct gurgling about the ileo-cæcal valve on palpation. The pulse was 125, and alarmingly feeble. The tongue was covered with a dark brown coat through the centre, the tip and edges being red and dry as an oven. There was considerable bleeding at the nose and the eruption was plainly visible. In 18 hours after use of the acid "the vomiting had ceased, the purging was controlled, the tympanitis was much reduced, the feeble pulse was growing stronger, and the parched tongue was moister and the thirst less. He was now able to take the nourishment ordered, which consisted principally of milk and brandy, and the whole aspect of the case was decidedly hopeful. He continued to improve, and in one week was discharged."

Dr. Batkin claims for the acid that "it acts as a specific upon the fever poison, arresting the further development of that poison, and by controlling the arrest long enough, exterminates the fever. In a word, *it is an antidote.*"

He treated thirty cases during a period of eighteen months, and only lost one patient, a fragile girl whose life was gradually wasting away with consumption, but who recovered, then took a relapse and died.

He usually prescribes the acid in lemonade, giving from three to fifteen drops every four hours, and continues it until the tongue is perfectly clean.

When the discharges are very troublesome, the pulse high, and the skin dry and hot, he adds opium, verat. vir., and nitre, according to the age of the patient. In almost all the cases where the acid was omitted too soon a relapse occurred.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat, after it has passed through the post.

F.R.C.S.—Your communication shall appear in our next.

A Dental Surgeon.—Declined, with thanks.

Mr. R. Hanslip Sers' communication shall appear in an early number.

Mr. Jenner.—1. The best work in the English language is "Parrish's Pharmacy." 2. A question the *Pharmaceutical Journal* or the *Chemist and Druggist* are in a better position to answer than we.

The Index for the past volume will be given in our next.

Dr. L.—We have received the local paper, but not being acquainted with the facts of the case, we are unable to pass an opinion. Should there exist any published reports giving both sides of the question, and you will forward them to us, we shall be happy to notice it on its merits.

Dr. M. J. Malone.—Your communication on "Unusual Sequels of Scarlet Fever" will appear in an early number.

Dr. Mapother.—Communication received too late for insertion in the present number. Proofs will be sent in due course.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

On the Wire Ligature in Ununited Fractures. By W. A. Byrd. Quincy, Illinois.

Memoires sur la Galvano-caustique Thermique. Par le Dr. A. Amussat. Paris: Baillière.

Des Sondes a Demeure et du Conducteur en Balaine. Par le Dr. A. Amussat. Paris: Baillière.

The Physiology of Mind. By Hy. Maudsley, M.D. London: Macmillan and Co.

VACANCIES.

Owen's College, Manchester.—Demonstrator and Assistant Lecturer on Anatomy. Salary, £100 per annum. Applications, under cover, to the Registrar.

Downpatrick District Lunatic Asylum. Assistant Resident Medical Superintendent. Salary, £100, with board, &c. (See Advt.)

Hospital for Sick Children, Great Ormond Street, W.C. Third Assistant-Surgeon. Honorary. Candidates must be Fellows of the College of Surgeons of England.

Hants Lunatic Asylum, Knowle. Two Assistant Medical Officers. Salary of Senior, £150; Junior, £100, with board. Address Dr. Manley, Knowle, Hants.

Ipswich Asylum. Assistant Medical Officer. Salary £100, with board. Apply to the Medical Superintendent.

Brighton Hospital for Sick Children. Two Acting Surgeons. Full information of the Resident Secretary.

Royal Asylum of St. Anne's Society, Streatham. Consulting Physician. Honorary. Applications to the Council.

APPOINTMENTS.

Best, G. P., B.A., M.R.C.S.E., a Resident Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton.

Bowes, J. I., M.R.C.S.E., Assistant Medical Officer to the Northamptonshire Lunatic Asylum, Berry Wood.

Davies, N. E., L.R.C.P.L., M.R.C.S.E., a Medical Officer to the Yeatman Hospital, Sherborne.

Davison, F. V., M.B., a House-Surgeon to the Royal Infirmary, Liverpool.

Dean, O., M.R.C.S.E., L.S.A.L., Medical Officer for the United Districts of St. Andrew and St. Jude, Manchester.

Gambie, Dr. C. L., Medical Officer and Public Vaccinator for the Parish of Aberdour, Aberdeenshire.

Gill, S. A., L.R.C.P.Ed., L.F.P.S.G., Medical Superintendent of the Royal Lunatic Hospital, Liverpool.

Gillibrand, W., L.K.Q.C.P.I., L.M., a House-Physician to the Royal Infirmary, Liverpool.

Gorst, H., M.R.C.S., a House-Physician to the Royal Infirmary, Liverpool.

Harris, A. B., M.D., L.R.C.P.Ed., M.R.C.S.E., Medical Officer and Public Vaccinator for the Constantine District of the Falmouth Union.

Jones, J. M., L.R.C.P., a House-Surgeon to the Royal Infirmary, Liverpool.

Lloyd, J. H., M.R.C.S., House-Surgeon to the Tiverton Infirmary and Dispensary.

Maccall, W. N., M.D., C.M., Honorary Surgeon to the Clinical Hospital and Dispensary for Children, Manchester.

Mahomed, F. H. H. A., M.D., M.R.C.P.L., an Assistant-Physician to the London Fever Hospital.

Noad, G. W., M.D., M.R.C.S.E., Medical Officer for the Wokingham District and the Workhouse of the Wokingham Union.

O'Connor, L., L.R.C.S.I., L.K.Q.C.P.I. & L.M., Medical Officer, &c., for the Glenarm Dispensary District of the Larne Union, co. Antrim.

Orpen, A. H., L.R.C.S.Ed., L.K.Q.C.P.I., Medical Officer for No. 1 District of the Chelmsford Union.

Pollock, N., M.D., Medical Officer, &c., for the Barronstown Dispensary District of the Dundalk Union, co. Louth.

Reede, S. T., L.R.C.S.I., L.K.Q.C.P.I., Medical Attendant to the Carrickmacross Fever Hospital.

Savory, W. S., F.R.C.S., Consulting-Surgeon to the London Fever Hospital.

Turner, F. C., M.B., M.R.C.P.L., an Assistant-Physician to the London Hospital.

Will, J. C. Ogilvie, M.D., Surgeon to and Lecturer on Clinical Surgery at the Aberdeen Royal Infirmary.

Marriage.

Walsh—Dudgeon.—On the 14th inst., in Dublin, by special license, Charles J. Walsh, M.D., of Castlebar, to Janet Ritchie, youngest daughter of the late John Dudgeon, also of Castlebar.

Parrott—Norman.—On the 24th of June, at Denham Church, Bucks, Edward J. Parrott, M.R.C.S., of Hayes, Middlesex, to Emma, second daughter of James Norman, Esq., of Southlands, Denham.

Deaths.

Edwards.—On the 18th of June, at Burnley, Lancashire, William Edwards, M.D., aged 58.

Goldwyer.—On the 12th of June, at Clifton, Bristol, William Goldwyer, M.R.C.S.E., aged 78.

Heath.—On the 13th of June, at Chorlton-on-Medlock, Ashton Marler Heath, M.R.C.S.E., aged 73.

Kelland.—On the 15th of June, at Poplar, Charles Theophilus Kelland, M.R.C.S.E., aged 40.

Kittermaster.—On the 18th of June, at Meriden, Warwickshire, James Kittermaster, M.D., aged 87.

Kittson.—On the 14th of June, at Wellington Road, Dublin, Edward John Kittson, L.K.Q.C.P.I., of Nenagh, co. Tipperary, aged 28.

Lloyd.—On the 20th of June, at St. Leonard's-on-Sea, in the sixty-eighth year of his age, Thomas Lloyd, M.D.

Merry.—On the 20th of June, at Marlowes House, Hemel Hempstead, Herts, Robert Merry, M.D., F.R.C.S.E., aged 66.

Ochiltree.—On the 5th of June, at Earsdon, Northumberland, Charles William Ochiltree, M.R.C.S.E., aged 53.

Ogilvie.—On the 12th of June, at Lime Grove, Shepherd's Bush, Alexander Ogilvie, Surgeon, aged 74.

Steel.—On the 11th of June, at Stafford, John Shaw Steel, M.D., aged 53.

White.—On the 16th of June, at the residence of his son (Dr. Wm. Dudley White, 58 Blessington Street, Dublin), William White, Esq., City Coroner, in his 65th year.